



FIGHTING HIV/AIDS STRATEGIES FOR SUCCESS 2002–2005

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

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HIV/AIDS AND HUMAN RIGHTS

The devastation brought about by HIV/AIDS is a human rights catastrophe. The epidemic has emerged as the single greatest threat to the fulfilment of the rights of children and women in sub-Saharan Africa and increasingly in most other regions of the world. The disease has already claimed tens of millions of lives and, unless dramatic action is taken, it promises to wipe out millions more. As HIV/AIDS sweeps mercilessly through nations, it disproportionately affects the world's most vulnerable: women, adolescents and children. Those affected are routinely denied their rights to education, economic opportunity and health care and to protection from exploitation and harm. They are discriminated against and left powerless to resist the dangers they face.

Yet every government has a responsibility to create an environment where children's rights are protected and defended. Almost every country in the world has ratified the Convention on the Rights of the Child (CRC), which recognizes that children have the right to develop to their fullest potential physically, mentally and socially, and to express their opinions freely. These rights should be guaranteed by the State.

The cost of HIV/AIDS rises with each minute the epidemic grows. As HIV/AIDS spreads, the cost of tackling the epidemic increases. In affected countries, trends in reducing child mortality and malnutrition

and in expanding access to education are being reversed; and the population of orphans and other vulnerable children is exploding. The potential of young people to develop, and to participate in and contribute to society is being threatened as HIV/AIDS kills their mothers and fathers, brothers and sisters, schoolteachers, friends and young people themselves.

Guided by the principles of the CRC and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), UNICEF will over the next several years focus its efforts on HIV/AIDS as one of five priority areas of action where the potential for change and impact on children's lives is considered to be the greatest. The other four priorities are girls' education; early childhood; immunization 'plus' strengthening health systems; and protecting children from violence, abuse, exploitation and discrimination.

The five areas are inextricably linked, and progress in any of them will contribute to progress in the others. These priorities also directly address the underlying conditions that have given rise to — and continue to fuel — the spread of HIV/AIDS. Where these conditions exist — where girls are not educated, children are not healthy, and women and children are subject to persistent violence and abuse — HIV/AIDS cannot be defeated. Achieving and sustaining results in all five priority areas will create a powerful dynamic to help families and societies realize their full potential.

UNICEF'S MEDIUM-TERM STRATEGIC PLAN FOR 2002–2005: FIVE PRIORITIES

Building on more than 55 years of experience, UNICEF is organizing its programmes, partnerships, alliances, advocacy work and internal operations — at the country and regional levels and in headquarters — around five organizational priorities:

1. Girls' education
2. Early childhood
3. Immunization 'plus' strengthening health systems
4. Fighting HIV/AIDS
5. Improved protection of children from violence, abuse, exploitation and discrimination

HIV/AIDS: A GLOBAL DEVELOPMENT CHALLENGE

Across the globe, HIV is threatening and reversing the child survival and development gains of the past decades. Although its impact has been especially devastating across sub-Saharan Africa, the disease is rapidly spreading in other regions. Even in regions where prevalence is still relatively low, millions of people have been infected and affected by HIV/AIDS.

And once the epidemic moves from groups at especially high risk into the general population — which it is now doing in all regions — the number of infections tends to rise rapidly.

Since the late 1970s, over 23 million people have lost their lives to HIV/AIDS. In the worst-affected countries, life expectancies have fallen by an average of 18-23 years. And in many countries trends of declining child mortality are being reversed, with infant and child mortality rates expected to double by 2010 in the countries worst affected.

In 2002, some 800,000 children under 15 years of age were infected with HIV, 90 per cent of them through mother-to-child transmission, and some 610,000 children died of AIDS. Today, young people aged 15-24 make up nearly 12 million of those already living with HIV and more than half of those newly infected — more than 6,000 young people aged 15-24 become infected with HIV every day. And while HIV prevalence among 10- to 14-year-olds is not generally known, studies indicate that a

significant proportion of younger adolescents are sexually active and therefore at risk.

The impact on children is seen most dramatically in the rising numbers of those orphaned by AIDS. Today, there are 14 million children under the age of 15 who have lost one or both parents to the epidemic, and approximately 80 per cent of them live in sub-Saharan Africa. By 2010, it is projected that as many as 25 million children will be orphaned as a result of the disease. Orphans and other children made vulnerable by HIV/AIDS are stigmatized, isolated, discriminated against, disinherited and often deprived of basic education, care and financial resources.

Around the world, the risk for girls and women of contracting HIV is compounded by their generally low economic and social status and by pervasive gender discrimination. Girls and women are often denied access to critical information, education and knowledge about sexuality and how to protect themselves from HIV/AIDS. They often lack the power to say no to sex both within and outside of marriage, to choose their own partners and to influence sexual behaviour. Widows are often denied their rights and property, an injustice that can force them and their children into exploitative situations, dramatically increasing their risk for contracting HIV. And during civil unrest and armed conflict, young women and girls are even more likely to become victims of sexual violence and coercion.

This pervasive denial of basic human rights is deadly. In some countries in sub-Saharan Africa, HIV prevalence among teenage girls is five times higher than among teenage boys. Most of these infections occur as a result of unprotected heterosexual sex, often with older men.

The danger of infection is highest among the poorest and least powerful. Young people who inject drugs, are affected by armed conflict, suffer sexual exploitation, or live on the streets or in institutions have even less access to information, skills, services and support than young people normally do.

HIV/AIDS arises from and exacerbates many of the interlocking problems that affect children, including poverty, malnutrition, discrimination, inadequate access to basic services, armed conflict, gender inequities and the sexual exploitation of girls and women. At the same time, the pandemic overstretches and depletes the capacities of government services, communities and families to ensure the protection and fulfilment of children's rights in the face of these challenges.

HIV/AIDS: THE GLOBAL PICTURE IN 2001*

Regions	People living with HIV/AIDS	% of adults (15–49) living with HIV/AIDS	Number of young people infected (15–24)	% HIV-positive young people who are female	Number of children (0–14) living with HIV/AIDS	Number of HIV-positive pregnant women	Number of orphans 2001
CEE/CIS and Baltic States	1,000,000	0.45	430,000	35	4,700	<3000	<5000
East and Southern Africa	20,000,000	11.80	6,100,000	67	1,800,000	1,600,000	7,300,000
East Asia and Pacific	2,150,000	0.18	740,000	49	40,000	45,000	480,000
The Americas and Caribbean	1,900,000	0.66	560,000	31	56,000	56,000	580,000
Middle East and North Africa	510,000	0.30	160,000	59	30,000	38,000	65,000
South Asia	4,500,000	0.63	1,200,000	62	170,000	150,000	1,300,000
West and Central Africa	8,500,000	5.20	2,400,000	67	810,000	750,000	3,500,000
Industrialized countries	1,500,000	0.34	240,000	33	17,000	5,000	470,000
World	40 million	1.20	11.8 million	62	3 million	2.6 million	14 million

Source: UNICEF/UNAIDS/WHO 2002. *These data, which refer to the year 2001, show the global picture of HIV/AIDS at the start of UNICEF's medium-term strategic plan for 2002–2005.

WHAT WE HAVE GAINED FROM EXPERIENCE

Over the past five years, there has been a significant increase in the level and reach of UNICEF's work on HIV/AIDS.

UNICEF has expanded its support to programmes working with young people to inform them about HIV/AIDS, develop their life skills, encourage them to adopt healthy and safer behaviours, and increase their access to youth-friendly health services. Prevention of mother-to-child transmission of HIV has also been expanded. Pilot projects initiated in 12 countries are now being replicated and scaled up in nearly 50.

And increased assistance has been provided to respond to the growing orphan crisis, particularly in Africa. Governments have been helped to assess the situation of children orphaned by AIDS, develop national policies and strategies, introduce legislation to protect the rights of orphaned children, and support and expand basic services and community efforts to recognize and care for children and families in need.

Partnerships have been strengthened in this work. Stronger links have been forged, for example, with faith leaders in Asia, traditional leaders in Africa, and people living with HIV/AIDS in all regions, as well as with politicians and non-governmental organizations (NGOs), the private sector and development partners. UNICEF has also collaborated closely with fellow UNAIDS co-sponsors and with bilateral and multilateral organizations.

LESSONS LEARNED

UNICEF's success in expanding its programme activity reflects the organization's commitment to ensuring that HIV/AIDS is mainstreamed as an organizational priority and to applying lessons learned.

1. Strong and sustained leadership, at all levels, makes a crucial difference.
2. Clear goals and targets — established and committed to by nations themselves — are vital to focus attention and orient partnerships.
3. Adequate investment in the design of programmes is key to building the capacities required for implementation success. The programme design needs to ensure good situation analysis and technical support, and those concerned and affected by HIV/AIDS need to participate in the design process.
4. Initial design stages of programmes must take into account how pilot or demonstration experiences will be mainstreamed and taken to scale.
5. Developing broad partnerships — with government, NGOs, faith-based organizations, youth organizations, people living with HIV/AIDS and other groups — is essential to scaling up and sustaining actions.
6. Research, monitoring and evaluation are important to guide thinking and programmatic decision-making.
7. Assuring adequate resources is critical to support, sustain and expand programme implementation.

GOALS AND TARGETS

UNICEF is committed to an aggressive response to HIV/AIDS not only because of the extraordinary threat posed by AIDS to children, but also because HIV infection is preventable. Throughout the world, families and communities are successfully confronting the epidemic. These successes, however, have remained limited and small in scale. Therefore, the principal challenge in the medium term is to mobilize the leadership, partnerships, participation and resources to ensure the intensity and coverage of efforts needed to halt new infections and to provide care and support for those struggling with HIV and AIDS.

Working with national governments, NGOs, other United Nations agencies and private-sector partners, UNICEF is committed to the achievement of a number of internationally agreed-upon goals included in the 'Millennium Declaration' and 'A World Fit for Children'. Both documents set specific goals and targets for child health, education and protection over the next decade. As a global partner in the fight against AIDS, UNICEF has established time-bound targets to meet the commitments agreed upon at the United Nations General Assembly's Special Session on HIV/AIDS and reaffirmed at the United Nations General Assembly Special Session on Children (see page 8). UNICEF's aim in the medium term, as stated in its medium-term strategic plan for the period 2002–2005, is to "support and strengthen the capacities of individuals, families, communities and nations to prevent HIV infection and ensure

protection and care for children and young people infected and affected by HIV and AIDS."

More specifically, UNICEF will support actions to: a) prevent new infections among young people; b) prevent parent-to-child transmission of HIV; c) expand access to care and support for children and their families living with HIV and AIDS; and d) ensure care, protection and support for children orphaned or otherwise made vulnerable by AIDS.

RESULTS BY 2005

UNICEF will intensify its advocacy and programming efforts to help all countries to:

1. conduct a complete impact analysis of HIV/AIDS, broken down by gender and age.
2. develop and approve national policies and implement specific strategies and action plans to reduce the risk and vulnerability of young people, with special attention focused on the vulnerability of young girls and the involvement of male adolescents in the prevention of HIV infection.
3. implement national policies, strategies and action plans to prevent parent-to-child transmission and to ensure protection and care for children orphaned or otherwise made vulnerable by HIV/AIDS.

FIVE GLOBAL GOALS

Selected child and adolescent goals agreed upon in the Declaration of Commitment of the United Nations Special Session on HIV/AIDS, June 2001, and 'A World Fit For Children', United Nations Special Session on Children, May 2002:

1. By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys;
2. By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV-infection; in full partnership with youth, parents, families, educators and health-care providers;
3. By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by: ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV-prevention services available to them, increasing the availability of and by providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counselling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast milk substitutes and the provision of a continuum of care;

4. By 2005, develop and make significant progress in implementing comprehensive care strategies to: strengthen family and community-based care including that provided by the informal sector, and health care systems to provide and monitor treatment to living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/AIDS; improve the capacity and working conditions of health care personnel, and the effectiveness of supply systems, financing plans and referral mechanisms required to provide access to affordable medicines, including anti-retroviral drugs, diagnostics and related technologies, as well as quality medical, palliative and psycho-social care;
5. By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counselling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.

PRIORITIES FOR ACTION

UNICEF's approach to fighting AIDS addresses the realities of the crisis in very practical terms. Each of its priority areas for action directly contributes to the specific goals and concrete targets included in the UN Special Session on HIV/AIDS Declaration of Commitment and the UN Special Session on Children Declaration on 'A World Fit for Children'. Specifically, UNICEF will focus on four key areas to meet these targets:

Prevent HIV infection among young people (aged 10-24 years).

'A World Fit for Children'/Special Session on HIV/AIDS Declaration target: By 2005, ensure that at least 90 per cent of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. UNICEF will support actions to:

1. break the silence surrounding HIV/AIDS, address stigma and discrimination, and widen participation in the response to the epidemic;
2. improve access to and use of quality data and information. This includes conducting a situation assessment and analysis of young people and HIV/AIDS, with a focus on adolescents; supporting behavioural surveillance and behavioural assessments; and developing national targets and monitoring systems;
3. ensure that young people have the knowledge to protect themselves and their peers from HIV/AIDS;
4. equip young people with the life skills to put what they know about avoiding HIV/AIDS into practice;
5. increase young people's access to youth-friendly, gender-sensitive health services that provide voluntary and confidential HIV testing and counselling; other health information and counselling; and essential health services, including provision of condoms and treatment for sexually transmitted infections;
6. increase the proportion of adolescent girls enrolling and staying in school, and strengthen the capacity of schools to respond to the HIV/AIDS pandemic;
7. ensure that young people can develop in a safe and supportive environment that provides protection from HIV/AIDS and care for those affected by the disease: influence social norms regarding sexuality and young people's behaviour as it relates to the epidemic; introduce supportive legislation and policies; and encourage communication and respect between generations;
8. encourage and support the participation of young people, including those living with HIV/AIDS, in the planning, implementation and monitoring of programmes that involve and affect them;

9. reduce the vulnerability of young people at particularly high risk of HIV infection, including injecting drug users, sexually exploited adolescents, children who live or work on the streets, adolescents living in the midst of conflict and other violence, and orphans and young people living in families affected by HIV/AIDS; and
10. empower women and girls to protect themselves from HIV infection, promote responsible male partnership and participation, and address the gender inequities, violence, discrimination and unequal power relations that fuel the epidemic.

Preventing HIV infection among young people will form the core of UNICEF's global response to the HIV/AIDS pandemic, and will be a priority in all regions.

Prevent parent-to-child transmission (PPTCT) of HIV.

'A World Fit for Children'/Special Session on HIV/AIDS Declaration target: By 2005, reduce the proportion of infants infected with HIV by 20 per cent. UNICEF will support actions to:

1. conduct a situation analysis of mother-to-child transmission of HIV;
2. assist national governments in establishing policies, legislation and partnerships and improve the capacities required to initiate and achieve national coverage of their PPTCT programmes;
3. strengthen family and community support for women and their partners to prevent HIV infection and improve access to services to prevent parent-to-child transmission of HIV;
4. expand access to and demand for voluntary and confidential counselling and testing to enable pregnant women and their partners to know their HIV status and to understand how they can safeguard their own health and minimize the risk of passing HIV to their babies;
5. help women and their partners prevent unintended pregnancy by providing them with information to facilitate their decision about childbearing in the context of HIV;
6. improve ante-natal care to improve the good health and nutritional well-being of women and ensure safe delivery of their babies;
7. increase access to and use of anti-retroviral drugs to prevent mother-to-child transmission of HIV;
8. provide counselling and advice for parents on appropriate feeding of infants born to mothers who are HIV positive; and
9. improve the health and well-being of parents and infants living with HIV/AIDS by supporting measures to follow up on their HIV status and health and well-being. Measures should include baby testing, strengthening the Expanded Programme on Immunization, growth monitoring and early childhood care and development projects.

The prevention of HIV among infants will be a particular concern in those regions and countries experiencing generalized epidemics.

Provide care for children and parents living with HIV and AIDS.

'A World Fit for Children'/Special Session on HIV/AIDS Declaration target: By 2005, ensure, in the most-affected countries, that children, young people and parents living with HIV/AIDS will have full access to quality care; and in all countries, ensure that legislation and policies will exist to protect the human rights of people living with HIV/AIDS to be free from discrimination and marginalization. UNICEF will support actions to:

1. strengthen and more fully integrate care and support for people living with HIV/AIDS within current health system initiatives, especially the integrated management of childhood illnesses (IMCI), nutritional support programmes, youth-friendly health services, and pre- and postnatal care services, including prevention of parent-to-child transmission of HIV/AIDS;
2. facilitate countries' access to essential drugs and supplies required for identifying and monitoring HIV status and managing AIDS;
3. strengthen home-based care programmes, nutritional and psychosocial support and family skills in the care and support for children and

Target: By 2005, ensure, in the most-affected countries, that children, young people and parents living with HIV/AIDS will have full access to quality care...

young people who are infected with HIV; and

4. involve people living with HIV/AIDS in planning, implementing and monitoring actions that affect them.

The care of children, young people and parents living with HIV/AIDS will be a particular concern for those regions and countries experiencing generalized epidemics.

Ensure protection, care and support for orphans and for children in families made vulnerable by HIV/AIDS.

'A World Fit for Children'/Special Session on HIV/AIDS Declaration target: By 2005 implement national policies and strategies to strengthen government, family and community capacities to provide a supportive environment for orphans and for girls and boys infected and affected by HIV/AIDS. UNICEF will support actions to:

1. introduce policies and legislation to define standards of protection and care for orphans and other vulnerable

- children based on the best interests of each child and his or her right to family life. These policies and legislation would cover, among other issues, fostering and adoption, birth registration, inheritance and property rights and community-based care;
2. ensure that children's rights to a family, or a family-like environment, are fulfilled, including by developing ways to ensure that institutional care is a last resort — a temporary or transitional form of care until a family environment is found;
 3. ensure that all children have access to essential quality social services (health, nutrition, water and sanitation, education and information, among others) and ensure that orphans and other children affected by HIV/AIDS are not discriminated against;
 4. strengthen and support community efforts to identify and monitor vulnerable households and to provide for orphans and other vulnerable children. Children should be in a supportive environment under the care and protection of a responsible adult; and
 5. ensure that special measures are in place to protect orphans and other vulnerable children from violence, abuse, exploitation and discrimination.

AN ACTION PLAN FOR CHILDREN AFFECTED BY ARMED CONFLICT

In the midst of conflict, UNICEF must ensure that the humanitarian response addresses HIV/AIDS. Conflict creates and exacerbates the conditions — and human rights abuses — in which HIV/AIDS flourishes. These conditions include the disintegration of communities, displacement, the separation of children from their families, rape and other sexual violence, and the destruction of schools and health services. At the same time, women and girls are often left so destitute that, for many, trading sex for money becomes their only survival option. Without addressing these conditions, HIV/AIDS-prevention activities in emergency situations cannot be effective. Because of these factors, UNICEF's priorities in fighting HIV/AIDS in conflict areas differ from those in stable settings. These priorities are to:

1. assess and analyse the extent and causes of children's and young people's vulnerability to HIV/AIDS, particularly that caused by displacement, sexual violence, lack of protection, and economic desperation;
2. advocate for the protection of children and young people from sexual violence and exploitation and for the provision of information, education and services to prevent HIV infection;
3. support the actions of governments, non-state entities, NGOs, civil society and community organizations to prevent and respond to sexual violence and exploitation; inform young people about HIV and how to prevent it and ensure their access to essential health services, including provision of condoms and treatment for sexually transmitted infections (STIs); and ensure protection and care for orphans and children separated from their families; and
4. monitor the effectiveness of actions.

WHAT NEEDS TO BE DONE

PROGRAMMING FOR HUMAN RIGHTS

Human rights guide all programme processes at UNICEF, including how the organization assesses and analyses the situation of children and women; how it designs and supports programmes; how it builds partnerships and alliances with and for children and young people; and how it develops strategies to influence public policy and resource allocation.

A human rights approach recognizes that children and young people are 'rights holders' (and therefore central actors in their own development) and that States, governments, parents and other adults are obliged, in various ways, to ensure the fulfillment of children's human rights, working with children in the process.

Building upon this relationship between 'rights holders' and those who are obliged to fulfil those rights, a human rights programming approach strengthens everyone's abilities to recognize rights violations and threats, and to understand their underlying causes. Through this approach UNICEF can better understand the extent to which families, communities, local governments and States have responded to these threats and violations as well as the factors preventing such action.

Finally, on the basis of this analysis, a human rights programming approach is used to identify actions that will strengthen the capacities of individuals and groups to protect children's rights.

The importance of preventing HIV/AIDS cannot be overestimated, both in countries where HIV/AIDS is already established and in those where its threat is not yet widely felt.

Typically, this programming process is undertaken by teams involving children, family and community members, and key government, NGO and civil society partners. It results in action plans that involve and are supported by a broad range of development partners. Implementation of these action plans is monitored, and adjustments are made based on progress achieved and lessons learned.

COUNTRY, REGIONAL AND GLOBAL ROLES

At the country level. UNICEF's country offices continue to be the front line of its response to HIV/AIDS. At the country level the organization will work towards achieving several goals: to strengthen the capacities of governments and their partners to assess and understand the HIV/AIDS epidemic in each situation and its impact on children; to assess the adequacy of current responses; and to design and implement programmes that

expand the coverage and impact of actions to prevent HIV/AIDS and provide care for affected children, young people, and families.

Concretely, UNICEF will: 1) support situation analyses to deepen understanding of the factors driving the epidemic, their consequences, the adequacy of responses and opportunities for action; 2) support advocacy efforts to increase understanding about HIV/AIDS and mobilize commitment and action; 3) improve the quality and use of information in designing, monitoring and reporting the response to HIV/AIDS; 4) support the creation of policies, standards and legislation to enable an expanded response; 5) strengthen essential services (health care, education, water and sanitation, information and others) and community facilitation; 6) develop information, communication and social mobilization strategies to achieve the goals of prevention, care and support; and 7) develop and maintain partnerships with government, non-governmental and civil society organizations to support community-based action.

Regional support. UNICEF's regional teams will play an important role in advocating for expanded action and collaboration among regional institutions and networks. They will also monitor trends in the epidemic, its impact and country responses; coordinate and facilitate multi-country initiatives; provide technical advisory services and programming support for country programmes; promote networking and

the exchange of information about experiences and research findings; mobilize resources for country programmes and multi-country initiatives; and coordinate with key regional partners.

Global role. Headquarters' key roles include advocacy, the development of policy, programming and technical guidance; the documentation and dissemination of information about experiences and best practices; the development of staff capacities to support this work; resource mobilization; and liaison with key partners.

CUSTOMIZING A RESPONSE

Every country and region will have to refine and balance the corporate strategies outlined above in order to respond to its particular local situation. The first priority, for all countries, is to halt the epidemic or epidemics in their countries and reverse rising HIV incidence rates. This will require large-scale actions for preventing new infections — particularly among children and young people — in Eastern and Southern Africa, West and Central Africa, South and South-East Asia, the Caribbean, Latin America, and Central and Eastern Europe.

The importance of preventing HIV/AIDS cannot be overestimated, both in countries where HIV/AIDS is already established and in those where its threat is not yet widely felt.

UNICEF ACTION ON HIV/AIDS: ALL COUNTRIES

No country can afford to be complacent in the fight against HIV/AIDS and all UNICEF country offices must define their contribution to the national HIV/AIDS response.

The following minimum set of actions is recommended:

For countries with low or concentrated epidemic (less than 1% of the general population HIV infected)

1. Situation analysis of how HIV/AIDS is affecting children and young people.
2. Advocacy to break the stigma and silence and to make young people a priority.
3. Focus on young people to provide them with information, skills, services and opportunities to participate. Target young people most at risk (for example, sex workers, those who use intravenous drugs, and those who live or work on the streets).

For countries with a generalized epidemic (more than 1% of the general population HIV infected)

In addition to the minimum response recommended for countries with lower HIV prevalence, UNICEF offices in higher-prevalence countries should define support for scaled-up actions in:

1. Prevention of parent-to-child transmission of HIV.
2. Provision of care and support for infected children and parents.
3. Protection, care and support for orphans and other vulnerable children.

In areas where HIV prevalence is relatively low or concentrated among particularly vulnerable groups, programmes are likely to have a dual focus: first, to promote the general healthy development of young people and thus prevent HIV infection; and second, to immediately address the needs of people most at risk of contracting the disease. This is particularly important in countries with large populations vulnerable to HIV/AIDS.

In all affected countries, the capacities of groups and individuals at all levels of government and civil society must be strengthened to care for people living with HIV/AIDS, orphans and other groups made vulnerable by the disease, and to address the medium- and longer-term development consequences.

UNICEF will make HIV/AIDS a priority in *all* countries affected by HIV/AIDS. Yet sub-Saharan Africa will continue to stand out as the region in greatest need of resources and attention in the medium term since it is home to some 90 per cent of the world's population living with AIDS and the overwhelming majority of orphans and other children made vulnerable by the epidemic.

PARTNERSHIPS

To effectively respond to HIV/AIDS on a large scale, creating broad partnerships and alliances with a diverse range of collaborators is vital. At all levels — local, country, regional and global — UNICEF will continue to strengthen its partnerships with UNAIDS partners, bilateral

and multilateral agencies, academic and research institutions, non-governmental and civil society organizations, and the private sector to expand the quality and quantity of actions with and for children and young people affected by HIV and AIDS.

MONITORING AND EVALUATION

UNICEF is responsible for supporting governments to monitor and report on progress towards the achievement of goals and targets agreed to by Member States at the UN General Assembly Special Session on HIV/AIDS. UNICEF is also responsible for monitoring and reporting on the HIV/AIDS-related goals and targets of the Medium-term strategic plan. To fulfil these obligations, UNICEF will support national teams to collect, manage and report data related to these goals. Annual reporting at country, regional and global levels will be based on results and indicators.

RESOURCE REQUIREMENTS

The estimated total expenditure on HIV/AIDS is expected to increase to approximately 14 per cent of UNICEF's total medium-term budget. This projected \$620 million budget excludes anticipated expenditures on related efforts such as girls' education and the strengthening of health systems, which have a major impact in improving national capacities to combat and cope with the epidemic.

Published by the
HIV/AIDS Unit of
UNICEF Programme Division

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June 2003

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UNICEF's work with a broad array of partners to fight HIV/AIDS is part of the global campaign to stop the pandemic.