

Results Area 3: Fast-track the end of HIV/AIDS

Children, including adolescents, and pregnant and breastfeeding mothers, have access to interventions that fast-track the end of HIV/AIDS, in development and humanitarian contexts.

Context and overview of HIV/AIDS results

The global AIDS response over the past three decades has protected millions of children from HIV infection, saved tens of millions of lives, strengthened health systems, and revolutionized access to life-saving medicines. It has also led to more engaged and empowered communities, who can advocate for their own health and rights. Multisectoral programming has also been implemented to meet the health and well-being needs of children, adolescents and pregnant women living with, and affected by, HIV. Despite tremendous progress in scaling up the HIV

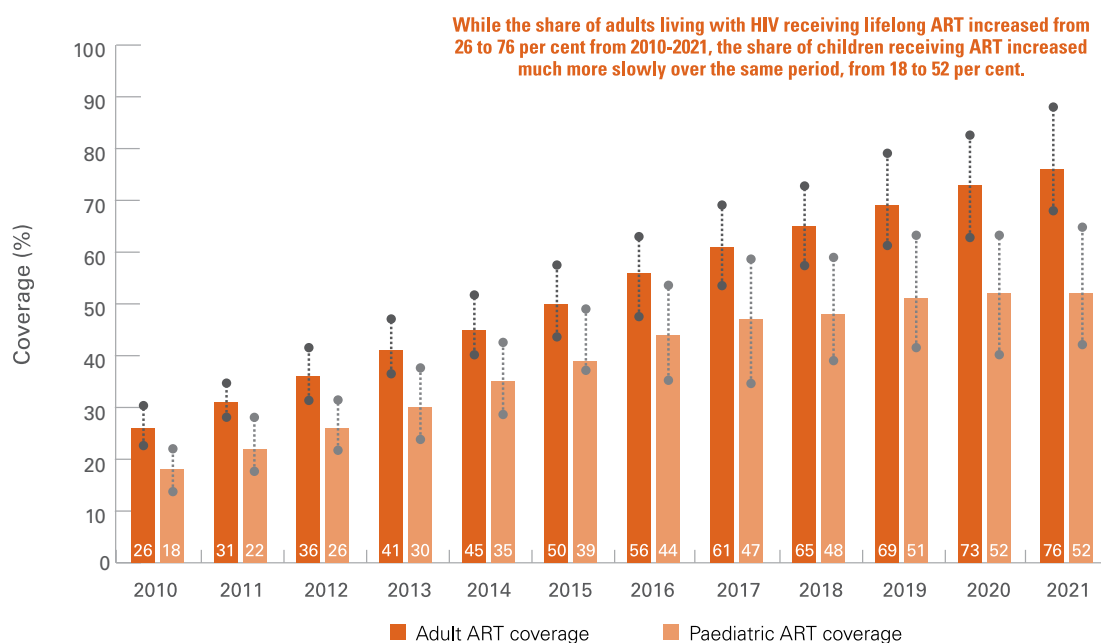


Jordan, a 4-year-old, at his home in Mubende, Uganda. Last year, Jordan tested positive for HIV. Thanks to community service providers, UNICEF and partners, he is healthy and happy.

response, however, critical gaps remain for these groups. In some areas, progress is stalling; in others, it has been backsliding.

Nowhere is this more pronounced than in the widening gap in treatment coverage between adults and children living with HIV. While 76 per cent of adults living with HIV globally had access to life-saving antiretroviral therapy (ART) in 2021, only 52 per cent of children (aged 0–14 years) and 60 per cent of adolescents (aged 15–19 years) living with HIV were receiving ART (see Figure 19).⁴⁴

FIGURE 19. Percentage of children (aged 0–14) and adults living with HIV receiving ART, 2010–2021



Source: Global AIDS Monitoring and UNAIDS 2022 estimates.

Note: Almost all sexually transmitted HIV infections are assumed to occur after age 14, since negligible numbers of sexually transmitted infections occur before age 15. The dotted lines above and below the numbers in the chart refer to the confidence interval.

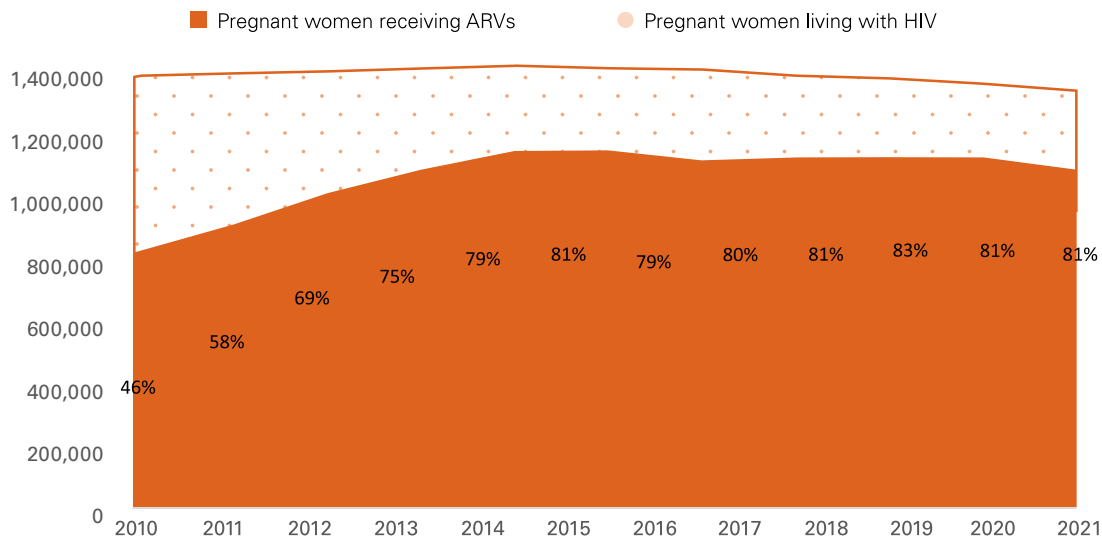
According to new data published by UNAIDS (13 July 2023), an estimated 1.5 million children (0–14 years) were living with HIV in 2022. In the same year, 77 per cent of adults aged 15 years and older living with HIV had access to treatment. But for children (0–14 years) the treatment coverage was only 57 per cent.

An estimated 81 per cent of pregnant and breastfeeding women living with HIV in 2021 were receiving ART to prevent vertical transmission of HIV to their newborns

through prevention of mother-to-child transmission services.⁴⁵ However, this figure has not changed since 2014 (see Figure 20).

FIGURE 20. Number and percentage of pregnant women living with HIV receiving ART for prevention of mother-to-child transmission, 2010–2021

Significant improvements have occurred in access to and uptake of ARVs for PMTCT since 2010, but global coverage has flatlined in recent years. The overall stalled progress obscures some important country-specific trends (both positive and negative), but nevertheless clearly underscores the potential difficulties in increasing global PMTCT coverage to 95 per cent by 2030.

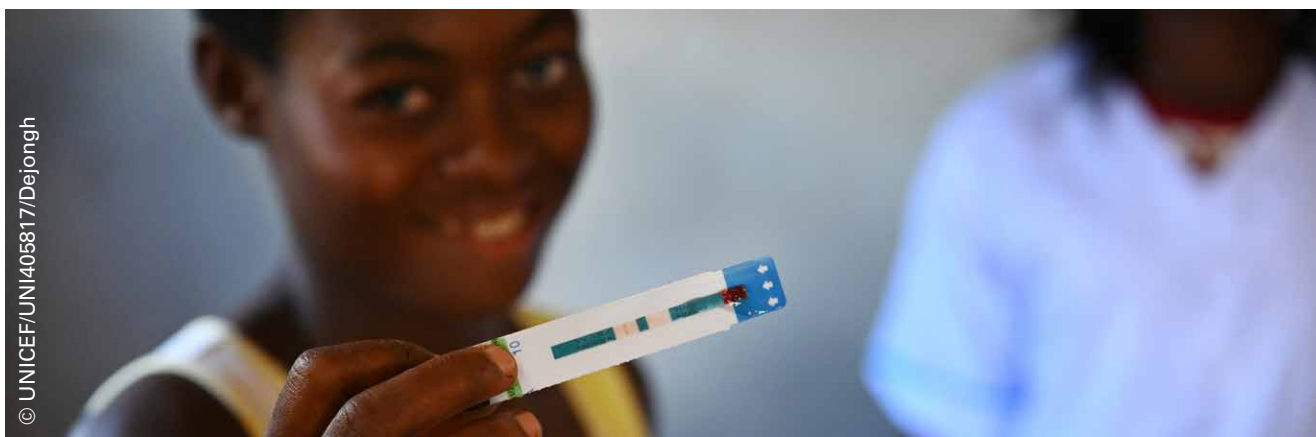


Source: Global AIDS Monitoring and UNAIDS 2022 estimates.

Note: New data published by UNAIDS (13 July 2023) show that in 2022, 82 per cent of pregnant women living with HIV had access to antiretroviral medicines to prevent transmission of HIV to their child in 2022.

New HIV infection rates among adolescents have slowed in the last 10 years. However, key targets cannot be met at the current pace of progress, and long-standing inequities persist. Girls and young women accounted for about three

quarters of all new infections globally among those aged 10–19 years in 2021 (see Figure 21), with more than 80 per cent of new infections occurring in sub-Saharan Africa.⁴⁶

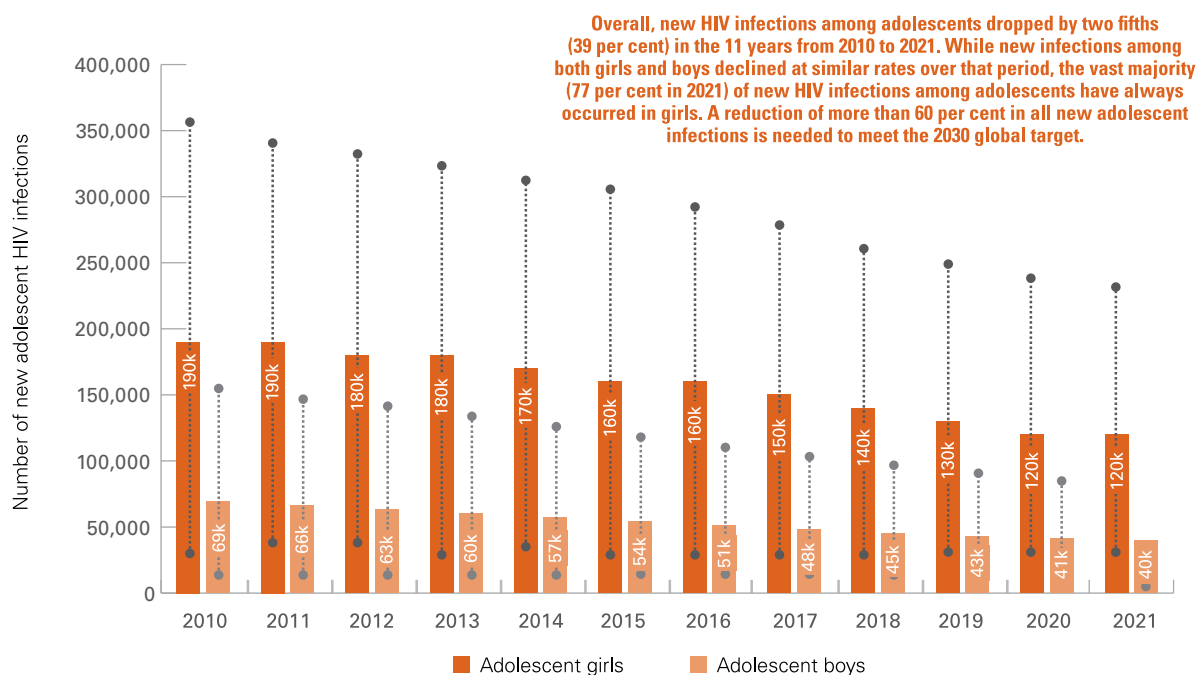


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A young girl was just tested for HIV, in the village of Daguérié, in the East of Cameroon. Thanks to comprehensive sexuality education, prevention and HIV testing services provided by UNICEF and its partners, her result was HIV negative.

For every child, end AIDS.

FIGURE 21. Annual new HIV infections among adolescents aged 10–19, by sex, 2010–2021



Source: Global AIDS Monitoring and UNAIDS 2022 estimates.

Note: New data published by UNAIDS (13 July 2023) show that every week, 4,000 adolescent girls and young women aged 15–24 years became infected with HIV globally in 2022. About 3,100 of these new infections occurred in sub-Saharan Africa.

How UNICEF is supporting and leading the global HIV response: Priority action areas and partnerships

UNICEF, with partners across different sectors, played a major role in driving progress in the HIV response and, in recent years, helping to mitigate the impact of challenges – such as COVID-19 – to the availability of and access to services. In 2022, six strategic actions were at the core of the organization’s efforts to end AIDS among children, adolescents and pregnant women, and to improve the quality and scope of programming for HIV prevention, treatment and care. These were: strengthening integration of HIV into PHC; engaging and empowering communities; leveraging resources for national programmes; mobilizing partnerships at national, regional and global levels; identifying and implementing innovative solutions; and gathering and using data to inform targeted, evidence-based programming.

Advocating for and supporting governments and other partners to strengthen integration of HIV services and programmes within PHC is key to sustaining and advancing the gains made for children, adolescents and pregnant women. To reduce new HIV infections in children and improve maternal and child health outcomes, UNICEF joined forces with WHO to promote integrated ‘triple

elimination’ of vertical transmission of HIV, syphilis and hepatitis B. This was an important advancement, as previous efforts focused on dual elimination of HIV and syphilis only.

Optimizing PHC platforms at scale helps bring HIV services closer to women and children. Decades of established HIV programming, supported by UNICEF and partners, is contributing to strengthening PHC, especially through learnings around how to leverage community platforms to improve health and nutrition more broadly. For adolescents living with, and at risk of HIV, integration of HIV programmes means optimizing a range of platforms, especially in PHC and schools, so that comprehensive services meet a broad range of needs for adolescents, including sexual and reproductive health services.

Engaging communities, especially young people, is a key strategy in UNICEF programmes to support people living with HIV to access testing, treatment and care. Experience shows the value and importance of harnessing the wealth of local experience and expertise among communities.

UNICEF plays a critical role in leveraging countries’ resources to fund national HIV responses. By identifying the needs of children, adolescents, and their families, and providing technical support, UNICEF ensures that resources from the Global Fund and the United States President’s Emergency Plan for AIDS Relief (PEPFAR) is helping to address the gaps. In 2022, investments from the Global

Fund and PEPFAR totalled US\$6.4 billion for national-level HIV programming and health systems-strengthening. In partnership with the Global Fund, UNICEF provides timely technical assistance to 13 countries in sub-Saharan Africa, to accelerate multisectoral programming for adolescent girls and young women.

As part of the United Nations Joint Programme on HIV/AIDS (UNAIDS), UNICEF leads and contributes to key partnerships – at global, regional and country levels – to ensure that the needs and rights of children and adolescents are addressed in national HIV responses. This led to a strong focus on children in the new Global AIDS Strategy 2021–2026. In 2022, UNICEF served as chair of the Committee of Cosponsoring Organizations of UNAIDS, working to ensure that children were central to the global HIV response. UNICEF and global partners launched the Global Alliance to End AIDS in Children, which is galvanizing country-led efforts to close the treatment gap and improve the health and well-being of children and adolescents living with HIV. Other strategic partnerships that UNICEF leads and contributes to include: the Global HIV Prevention Coalition (which focuses on adolescent girls and young women); the Accelerator for Paediatric Formulations Network (a WHO-convened group that supports the development of child-friendly medicines and formulations for children); and Education Plus (a joint initiative focusing on girls’ education and empowerment).

It is essential to promote innovation by developing and scaling up novel tools and technologies to facilitate more effective and efficient HIV responses. In 2022, UNICEF continued to work to strengthen national laboratory systems using point-of-care technologies for multiplex diagnosis of HIV, tuberculosis, SARS-CoV-2 and the Ebola virus, among others. In the years leading up to and including 2022, UNICEF has supported governments to

generate and use high-quality data, including age- and sex-disaggregated data. This will facilitate the effective use of resources by allowing programmes to target interventions and efforts, and to support the scale-up of promising practices.

In recent years, up to and including 2022, decades of investment and experience in combatting HIV have substantially contributed to COVID-19 responses. For example, the laboratory systems and services UNICEF put in place for diagnosing HIV in infants have been deployed for large-scale COVID-19 testing, allowing governments to better respond to the pandemic. Also, the youth networks that UNICEF established to support young people living with HIV have been mobilized to provide critical community support during lockdowns, and to facilitate roll-out of COVID-19 vaccinations.

In 2022, UNICEF’s extensive field presence in all countries in which HIV is a high priority has enabled the organization to respond rapidly to emergencies or other disruptions that threaten progress. For example, in Ukraine, UNICEF worked closely with the government, the Global Fund and other partners to quickly procure essential HIV supplies, so that continuity of treatment for people living with HIV could be maintained.

UNICEF’s HIV programme is guided by, and aligns with the UNICEF Strategic Plan, 2022–2025. Four indicators within Results Area 3 are specific to enhancing the HIV response for children, adolescents, and pregnant and breastfeeding women. Results against those indicators are highlighted (see Figure 22). The results are relevant for the 37 UNICEF countries in which HIV is a high priority, as all together, they carry over 88 per cent of the global burden of HIV in children.

FIGURE 22. Output results for fast-tracking the end of HIV/AIDS

Output indicator	Baseline (2021)	2022 value	2022 milestone
1.3.1 Number of countries implementing a comprehensive package of interventions for paediatric HIV treatment as part of PHC (UNAIDS, WHO)	31	32	33
1.3.2 Number of countries integrating and rolling out innovative HIV diagnostic platforms in PHC (UNAIDS, WHO)	26	35	28
1.3.3 Number of countries with at least dual mother-to-child transmission of HIV and syphilis elimination policies and services (UNAIDS, WHO)	32	34	33
1.3.4 Number of countries in which UNICEF is supporting combination HIV-prevention interventions, including pre-exposure prophylaxis, targeting adolescent girls and young women and/or adolescent and young key populations (UNAIDS, WHO)	33	33	34

Notes: PHC, primary health care; UNAIDS, The Joint United Nations Programme on HIV and AIDS; WHO, World Health Organization.

Work undertaken by UNICEF in 2022 towards these indicators at country level are summarized in the following.

Implementing a comprehensive package of interventions for paediatric HIV treatment

Almost half of all children (aged 0–14 years) living with HIV, and 40 per cent of adolescents (aged 15–19 years) are undiagnosed and not receiving treatment. UNICEF supports efforts to design and implement strategies to find children and adolescents living with HIV, and connect them with services for testing, treatment and care. This approach, of supporting differentiated service delivery models, seeks to ensure that programmes are tailored to the specific needs of this population and that community members – especially women and adolescents living with HIV – are engaged, to improve adherence to treatment. UNICEF has made a significant contribution to effective service delivery, by building the evidence base on community models. In these models, peer mentors provide care and support for adolescents living with HIV.

In a number of countries, UNICEF has supported efforts to better integrate HIV treatment and care into PHC systems for children and adolescents, including through the development of new guidelines and policies on HIV integration and strengthening the capacity of health-care workers, including CHWs, to diagnose, test, treat and improve access to quality care for children and adolescents living with HIV.

In 2022, UNICEF provided extensive support to enable governments in Eastern and Southern Africa to introduce paediatric dolutegravir (pDTG), a well-tolerated and highly effective ART. In Malawi, Uganda and Zimbabwe, UNICEF served on the national paediatric HIV care and treatment working group to plan and monitor the roll-out of pDTG. UNICEF also supported networks of women living with HIV to promote and encourage uptake of pDTG through peer counselling. In Zimbabwe, 64 medical doctors were trained in effective transition of children and adolescents to optimal HIV treatment regimens, contributing to an increase in the number of children initiated and retained on pDTG. Further, in Kenya and South Africa, UNICEF supported efforts to enhance provider capacity through training and development of a pDTG orientation package for health-care workers.

Integrating and rolling out innovative, community-centred HIV diagnostic platforms

UNICEF worked with national governments, joint programme partners, communities and other stakeholders on cross-cutting initiatives to strengthen national diagnostic



At Ruhocco Health Centre in Uganda, Prima Komugisa, a nurse and ART focal person, counsels one of her clients living with HIV.

systems. This work focused on the decentralized, community health level and contributed to overall health systems-strengthening efforts. These diagnostic systems are used in many health areas, including HIV, tuberculosis, malaria and HPV.

UNICEF's efforts to improve access to and uptake of essential diagnostics, including HIV laboratory tests, focus on two main areas. These are integrating HIV diagnostics within PHC, and developing and scaling up innovative diagnostic platforms and approaches. For the latter, UNICEF provided direct technical and financial support for procuring, deploying and efficiently using tools for point-of-care testing, such as the GeneXpert System. By the end of 2022, some 95 per cent of high-priority countries supported these actions.

Challenges in identifying and diagnosing children and adolescents with HIV is a major obstacle to paediatric treatment. In Nigeria, Uganda and Mozambique, UNICEF supported the introduction of innovative approaches to find children living with HIV who have not yet been diagnosed, through the scale-up of family-based index testing and provider-initiated testing. Community health programmes are essential for connecting with those children who are the hardest to reach, and linking them with critical services. In Côte d'Ivoire, Ghana and Nigeria, UNICEF also worked with governments to strengthen the diagnostic capacity of CHWs, so that they can encourage all household members to be tested. The results can then be captured in real-time and the individual can be referred to care quickly and effectively.

Over the course of 2022, UNICEF delivered 3.7 million HIV rapid diagnostic tests (worth a total of US\$3.88 million) to 26 countries. Of the total, about 672,000 were dual HIV/syphilis diagnostic tests, and more than 58,000 were HIV self-tests.



Naomi Mbewe (age 24) and her baby Critious (6 months old) at the Growth Monitoring Clinic, Feni Health Facility, Zimbabwe.

Policies and services for the elimination of dual mother-to-child transmission of HIV and syphilis

UNICEF, with WHO and other partners, provides leadership in working towards elimination of mother-to-child transmission of HIV (EMTCT). The recently launched triple-elimination initiative provides a harmonized and integrated approach to improving health outcomes for mothers and children. This includes elimination of vertical transmission of syphilis and hepatitis B, in addition to HIV.

In 2022, a total of 78 countries worldwide had a national plan for EMTCT, and 86 were implementing a 'treat all' policy for pregnant and breastfeeding women living with HIV. Nearly all (92 per cent) of UNICEF's 37 high-priority countries had policies or programmes in place for dual elimination of vertical transmission of HIV and syphilis.

In countries with a high HIV burden, coverage of testing and treatment for pregnant women is very high. For example, in Eastern and Southern Africa, over 95 per cent of pregnant women living with HIV were receiving ART in 2021. By contrast, in regions where the prevalence of HIV is lower, treatment coverage for pregnant women is also lower. In West and Central Africa, for instance, ART coverage for pregnant women is only 60 per cent.⁴⁷ To respond to this gap, in 2022, UNICEF and WHO produced guidance on prevention of mother-to-child transmission for countries with low prevalence and/or concentrated epidemics.

UNICEF's data-driven approach to programming has revealed that ongoing new infections in children are often caused by newly acquired HIV infection in pregnant or breastfeeding women who tested negative at their first antenatal care visit. Another source is vertical transmission from pregnant adolescents living with HIV. UNICEF is helping governments to address these issues through innovations such as pre-exposure prophylaxis (PrEP) in pregnant and breastfeeding women who are HIV-free, and HIV self-tests for the partners of pregnant and breastfeeding women. In 2022, in South Africa, 40,000 adolescent girls and young women were initiated on PrEP during pregnancy, with UNICEF's support.

In 2022, a total of 11 UNICEF priority countries reported having policies and services for EMTCT of HIV and syphilis. These were: Cameroon, the Central African Republic, the Dominican Republic, Equatorial Guinea, Haiti, India, Indonesia, the Niger, Papua New Guinea, Uzbekistan and the Bolivarian Republic of Venezuela. Cameroon demonstrates how important progress can be made through renewed focus on dual elimination. The percentage of HIV-exposed infants aged 6–8 weeks, who tested positive for the virus declined from 3.95 per cent in 2021, to 3.22 per cent in 2022, exceeding the milestone of 3.5 per cent.

UNICEF's support for guidelines and policies that contribute to the EMTCT agenda ranged from operational guidelines for integrating comprehensive HIV care for pregnant women, to the revision of reproductive, maternal, newborn, child and adolescent health strategies to better integrate EMTCT interventions.

Combination HIV-prevention interventions, including pre-exposure prophylaxis, targeting adolescent girls and young women and/or adolescent and young key populations

At the end of 2021, an estimated 1.71 million adolescents aged 10–19 years were living with HIV worldwide. Of these, 160,000 were newly infected with HIV. AIDS remained a leading cause of death among adolescents in sub-Saharan Africa. In order to meet the needs of adolescents at risk of HIV, UNICEF supported combination prevention efforts at scale. These include innovations such as self-testing and recency testing (to detect new HIV infection); and newer options for PrEP, such as long-acting injectable cabotegravir, and the dapivirine vaginal ring. UNICEF supported efforts for improved disaggregated, nuanced data generation, to allow programmes to address barriers to services, and effectively reach and support highly marginalized adolescents (including adolescent and young key populations, who are some of the most vulnerable of all who are at risk of HIV).

UNICEF HIV programmes have improved sexual reproductive health and rights (SRHR) for adolescents and young people through several activities, including those supported by the multi-country 2gether4SRHR joint United Nations programme. This programme is designed to improve SRHR in 10 countries in Eastern and Southern Africa. It is particularly aimed at adolescent girls, young people and key populations. In collaboration with networks of adolescents and young people, UNICEF also developed an HIV/SRHR toolkit, which provides high-quality materials on HIV, SRHR, sexual and GBV, mental health and other issues, as defined by young people in the region.

Approximately one quarter of women living with HIV, who have access to ART as part of programmes to prevent vertical transmission, are adolescent girls and young women. UNICEF is leading efforts, with governments and partners, to better understand the challenges faced by pregnant adolescent girls and young women, and those who are parents, so that their unique needs can be met. With UNICEF's support, health-care facilities in Eastern and Southern Africa can offer age-differentiated pregnancy and postpartum care. Meanwhile, peers, mothers who are mentors, and CHWs provide psychosocial and other support, such as nurturing guidance to enhance the parenting skills of young mothers. In Kenya, Malawi, South Africa, Uganda, Zimbabwe and other countries, these interventions have contributed to important HIV-specific impacts, such as increases in viral suppression among adolescent and young mothers living with HIV, and a greater proportion of the children of these mothers receiving an HIV test by the age of two months.



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Sabi Kere, a 20-year-old pregnant woman, in Bobo-Dioulasso, Burkina Faso. Sabi was born with HIV. When she was 10 years old, her mom mentioned it after Sabi asked why she had to take medicines. She was never sick. Sabi looks forward to her first child healthy and free from HIV. UNICEF supports Sabi and young women like her to prevent vertical transmission of HIV and to provide quality health care to children and mothers already living with HIV.

To address barriers to services, in 2022 UNICEF continued to support the establishment and integration of youth-friendly services in health-care facilities. This includes interventions such as: training health workers and supporting the deployment of HIV counsellors who have the knowledge and skills to effectively interact with adolescents and young people; embedding adolescent peers within clinics and expanding clinic hours; introducing measures and structures to better assure privacy and confidentiality; and strengthening referral coordination with social services.

In many countries, UNICEF supported the government and other local partners to develop and implement youth-friendly service packages that covered a much wider range of areas that are relevant to the health and well-being of adolescents and young people. These included efforts to integrate HIV prevention messaging and support with mental health and education support.

UNICEF supports empowering young people to boost ownership and promote active engagement with health services providing HIV prevention interventions. Activities in 2022 focused on including adolescents and youth from vulnerable groups in consultations on the development of HIV prevention and treatment plans at national level and lower. These, and other similar empowerment efforts, contribute to UNICEF's work to support adolescents to fight for their rights. This includes facilitating their access to SRHR tools and support, to ensure their safety from violence and exploitation, and to have the information they need to make decisions about their lives.



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Beatrice, Naomi and Alex are Ariel Peers in Ibanda, Uganda. They engage with adolescents and youth with HIV, run support groups, and follow up regularly, at home and through smartphones, to retain them in care. UNICEF and Breakthrough Project Partners support these peer educators.

As part of its youth empowerment approach, UNICEF supports the expansion and improvement of digital options to reach adolescents and young people, and to boost access to combination HIV prevention interventions. In several countries in West and Central Africa, UNICEF continued its partnership with governments to deploy digital tools across an array of platforms, with the goal of reaching adolescents and young key populations. To date, this platform, ‘U-Test’, has reached over 5 million young people with life-saving HIV prevention and SRHR information, linking over 100,000 of them with essential services. UNICEF supported the introduction and roll-out of specialized chatbots in countries including Brazil and Jamaica, which respond to common questions about HIV and other health and well-being issues, to dispel myths and refer users to services if needed. This tool is not just a HIV intervention; rather, the approach enshrines greater integration of HIV into the broader health system.

Reflections and challenges

Developments in the global landscape are negatively impacting on efforts to end AIDS among children and adolescents. These include: lack of predictable funding, which limits efforts to build and sustain adequate capacity on the ground to support national programmes and to provide technical guidance; waning focus on HIV as a public health, social and economic crisis (which it continues to be in many countries); and other priorities that divert capacity and resources from the HIV response, such as COVID-19, humanitarian crises, food insecurity, and political and economic instability. Moreover, the final stages of ending AIDS will always be the most difficult, since many

of the ‘low-hanging fruits’ that fuelled progress have now been reached. Finishing the ‘last mile’, to reach the most vulnerable requires new strategies and approaches, as well as dedicated resources.

These realities underscore the need for UNICEF to play a vital role moving forward, and to leverage the value of the organization’s unique capacities, approaches and contributions. In 2023, to drive action and to reach targets to end AIDS, UNICEF’s HIV programme will focus on the following key action areas that were prioritized in 2022:

- Addressing the continuum of care throughout the life cycle, from pregnancy to childhood, to adolescence.
- Strengthening HIV integration in PHC and documenting lessons learned from HIV programming to improve PHC.
- Engaging across sectors and leveraging multiple platforms, including health-care facilities, schools and community platforms to address complex needs and risk factors.
- Engaging and empowering adolescents, especially adolescent girls, to lead and implement programmes that meet their needs.
- Generating and using data and evidence to better focus UNICEF’s efforts, to develop context-specific, tailored programmes that meet the specific needs of children, adolescents and pregnant women.
- Leading strategic partnerships for collective advocacy to put children and adolescents at the centre, and leveraging HIV investments to scale up activities, and to innovate the HIV response for children and adolescents.

Case Study: Expanding access to integrated HIV prevention and treatment in Mozambique



A mother and her child attending the health and social services fair, organized by UNICEF Mozambique, which is a commitment under the HIV sensitive social protection programme.

In Mozambique, 11.5 per cent of the adult population aged 15–49 are living with HIV. The country also has the third highest burden of HIV in children globally. While Mozambique has made tremendous progress in scaling up ART for pregnant women living with HIV, the rate of vertical transmission of HIV from mother to child remains high (>10 per cent). In an effort to support and strengthen PHC for all, UNICEF's HIV programme in Mozambique promotes integration of HIV prevention and treatment services. Integration enables multiple interventions to be provided together to address HIV, as well as the overall health and well-being of women, adolescents, children and families. During 2022, integrated approaches cut across four themes (see Figure 23).

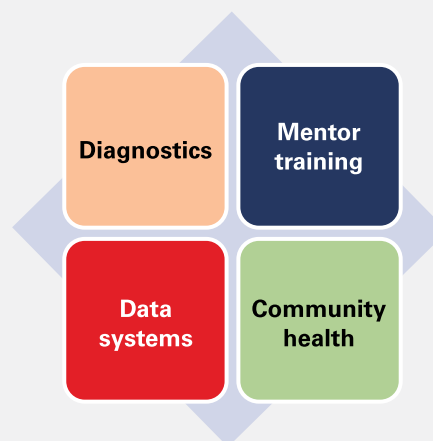
Diagnostics

UNICEF and partners supported Mozambique's Ministry of Health to enhance diagnostic capacity at PHC level. By 2022, 15 facilities in the regions of Inhambane, Manica and Sofala were equipped with point-of-care testing platforms and reagents to enable site-based testing for HIV viral load and HIV infant diagnosis. Almost 5,000 individuals living with HIV had viral load tests performed. Of these, 13 per cent were children, 21 per cent were adolescents and 66 per cent were pregnant or breastfeeding mothers. This contributed to improved management of mothers and children, resulting in lower rates of HIV vertical transmission and better outcomes for children.

Mentor training

UNICEF and partners collaborated to support integrated clinical training for health worker mentors. A total of 57 health worker mentors were trained by doctors, maternal child health nurses, preventive medicine technicians and nutrition officers, across 13 health facilities.

FIGURE 23. Thematic approaches to integrating HIV services in Mozambique



Expanding access to integrated HIV prevention and treatment in Mozambique (cont'd)

Data systems

Integrated data systems-strengthening was supported through the expansion of 'upSCALE', a novel mobile health platform for front-line health staff. Community health workers (CHWs) used this platform to follow up and document cases at community level, schedule appointments for home visits and to provide counselling for ART adherence. In 2022, an additional 1,406 CHWs from seven provinces were trained in 'upSCALE', representing an increase of 135 per cent in comparison with the previous year. Using this tool, CHWs managed or referred more than 109,663 patients, which was an almost twofold increase from 2021.

Community health

In 2022, UNICEF provided support to train 450 new CHWs in iCCM, HIV, nutrition and reproductive health services. Mozambique has over 7,600 CHWs serving over half a million beneficiaries with critical PHC services in their communities.

These integrated HIV approaches are part of UNICEF's larger HIV programme in Mozambique, which also includes innovative strategies to identify previously undiagnosed children living with HIV and links them with the most effective paediatric treatments. Mozambique is a priority country for the Global Alliance to End AIDS in Children. This is a partnership between UNICEF, WHO and UNAIDS, which aims to close the treatment gap for children and adolescents, and to eliminate mother-to-child HIV transmission by 2030. UNICEF's integrated HIV-health programming approach is a strong platform to provide prevention, treatment and care services to children, adolescents and pregnant women, to improve their overall health and well-being.

Results Area 4: Child and adolescent health and well-being

Children, including adolescents, benefit from programmes that improve their health and development, in development and humanitarian contexts.

While children's overall survival remains core to UNICEF's global agenda, increasingly, there is a need to respond to the shifting burden of disease for children aged 0–19 years. UNICEF is working to help all children to reach their full potential in terms of health and well-being, through a comprehensive, multisectoral life-course approach. As part of the 'thrive agenda', UNICEF's programming is progressively focussing on activities in the following areas: nurturing care for early childhood development and disability interventions, NCDs, adolescent health, environmental health, and injury prevention. A key strategy is to prioritize interventions in these areas as part of PHC, including through the utilization of school, community and digital platforms.



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In the Blue Dot Hub at the Sighetu Marmatiei border crossing in northern Romania, five-year-old Zoya smiles as she holds food items after arriving with her mother and younger brother after fleeing the war in Ukraine.