

Investing in the UNICEF HIV/AIDS Fund

An opportunity to achieve an
AIDS-free future for children
and adolescents



INVESTING IN THEMATIC FUNDING

Connecting your passion or mandate with our mission

As donors, you make deliberate choices to use your resources in the way that creates the best results. At UNICEF, we do the same. We are 100 per cent reliant on voluntary contributions and we know what it takes to use resources to achieve the greatest impact for children.

Thematic funding is flexible funding for a cause. It is a solution pioneered by UNICEF to be a win-win for donors and for children. In short, it is where your passion or institutional mandate meets our mission. And it creates sustainable, collective impact by strengthening the systems on which children and their communities rely every day.

We have 11 global thematic funds, one for each of the most pressing issues facing children around the world. Donors can simply select the fund that best reflects their passion or mandate and choose to have their funds used either globally or targeted to a specific country. You can also invest in regional funds, with the choice of supporting either development or humanitarian (emergency) work in a particular region of the world.

Donors with a focus on HIV and AIDS will appreciate the complex factors that make addressing HIV a continued challenge for children, adolescents and pregnant women and

a priority for UNICEF. Based on our 75 years of experience working for and with children, we have seen how powerful it can be to address challenges like HIV by focusing on supporting governments to scale up national responses, engaging and empowering people living with HIV, especially women and young people, and championing the rights and needs of children. UNICEF HIV programming is cost-effective and scalable, and it works.

Thematic funds are a key offering within a larger portfolio of investment options from UNICEF which can also include core resources and earmarked programmes. Thematic funds are unique in that they are spent effectively across the four years of UNICEF's global Strategic Plan 2022-2025 which enables UNICEF to achieve the long-term targets we have set and contribute to specific Sustainable Development Goals (SDGs). Deciding on the overall mix of your investment portfolio with UNICEF will depend on your passion or organizational mandate and your desired level of impact for children.

All our thematic fund partners receive a compelling annual report which demonstrates the collective impact that you and other donors are achieving for children around the world through the thematic funds.


Partnership opportunities and benefits of investing in thematic funding

UNICEF can offer a range of opportunities for partners interested in investing in thematic funding:

- Communicate that they are supporting UNICEF's work globally and be recognized for this partnership in public communications.
- Contribute to the achievement of major global results for the specific thematic fund, which are highlighted in annual results reporting.
- Combine funding with others to leverage greater collective impact than any one partner could achieve alone and claim those collective results.
- Use examples of UNICEF's work all over the world, rather than being limited to specific results.

We have **11 global thematic funds**, one for each of the most pressing issues facing children around the world.

11 global thematic funds

Health	
HIV/AIDS	
Nutrition	
Education	
Child Protection	
Water, Sanitation and Hygiene (WASH)	
Climate, Energy, Environment, and Disaster Risk Reduction (CEED)	
Social Policy and Social Protection	
Gender Equality	
Mental Health ¹	
Humanitarian Action	

1. This new fund is available for investments at the global level only during 2022-2025 to enable scale-up of this critical emerging work.

THE OPPORTUNITY

UNICEF proudly stands alongside committed donors and partners who, like us, want to end AIDS by 2030. This vision is bold, but our approach to strengthen systems and support national responses puts us in a position to be able to make changes at the scale necessary to reach this goal and deliver [SDG 3.3](#).

This approach and our work in countries, at regional and global levels, has resulted in incredible successes – millions of deaths have been averted, millions of pregnant women now receive treatment to prevent vertical transmission of HIV and improve their own health, and programmes that address the unique needs of adolescents, especially adolescent girls, have been implemented. Since 2000, tremendous progress has been made, including:

- a decline in new infections among children 10-19 year by 60 per cent;
- 1.5 million deaths averted among children;
- 80 per cent of pregnant women living with HIV receiving treatment to prevent vertical transmission of HIV to their new borns.

Working at scale saves lives and means children, adolescents and their families can thrive. Our approach builds up communities and unlocks economic gains. Today, preventing one new HIV infection eliminates the cost of a lifetime of treatment and care. Each dollar invested in preventing new HIV infections and AIDS-related deaths generates up to \$6.44 in economic returns in low- and middle-income countries. Critically, your investment will have a long-lasting impact on communities and societies, with benefits for education outcomes and lifetime earnings, as well as ensuring respect for human rights.



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Uganda

Enoch Turyatamba - laboratory technician at the Mbarara RRH (Regional Referral Hospital). Enoch takes blood samples and using the EID (early infant diagnosis) technology is able to test samples and get results on the same day.

UNICEF has been part of the AIDS response for the last three decades. Our efforts to work at scale requires we strengthen systems and ensure nurses in health facilities, teachers in schools and women and young people in communities are supported. We generate data so that programmes are evidence based and global investments are targeted to where the needs are greatest. We accelerate innovations including pre-exposure prophylaxis (PrEP), a medicine that prevents HIV infection, new drug formulations and we ensure supply chains are streamlined and effective. We work with governments to help put the most effective policies in place. This approach pays real dividends for the millions of children, adolescents and pregnant women living with and affected by HIV by delivering lasting, tangible and sustainable approaches. And this work is made possible by thematic funding.

We know what progress looks like in the HIV response, and we know that as UNICEF we bring unique experience, capacities and contributions. An AIDS-free generation is possible. But we need your support to meet this ambitious goal on time by 2030.

We greatly value the way **thematic funding** delivers education results for children and donors.

We very much hope you will join us.

System strengthening

makes change happen at scale, creating a ripple effect across a district, country or region.

1

Every day, children around the world rely on local and national systems for HIV prevention and treatment, such as health, education and social protection. When these systems are stronger, children's lives are better.

2

When we strengthen these systems, we don't just help one child, we make large-scale changes for every child at the same time.

3

UNICEF can deliver this impact because we are uniquely placed to work with governments to improve HIV services across health, education and social protection for children across an entire country.

4

Donors who support this work help define and build this most sustainable way for UNICEF to create impact.

THE CHALLENGES

Although we should celebrate such tremendous achievements, we know progress is stalling, even backsliding, and children continue to fare worse than adults in many respects.



Today, an estimated **2.73 million children and adolescents, aged 0-19, are living with HIV**.



Globally, **75%** of new HIV infections among adolescents, 10-19 years, are among girls.



Only **52%** of children living with HIV are receiving lifesaving treatment, compared to 76% of all adults living with HIV.



Every day, **there are 330 new infections among adolescent girls**, 10-19 years, driven by gender inequity, poverty, violence and limited access to sexual and reproductive health (SRHR), education, economic opportunity and other basic rights.



One third of pregnant women living with HIV outside of sub-Saharan Africa still do not have access to ART, which means their health and that of their newborns is unnecessarily jeopardized.



HIV is a **leading cause of death** among adolescents and young people in sub-Saharan Africa, even though we have the knowledge and tools to save their lives.



Four in 10 infants born to women living with HIV miss out on timely diagnosis which would save their lives.

What unites all these **diverse challenges** is that they are caused or exacerbated by **weak systems**.

Chad

Adjiba Ahmad, a 21-year-old Super Banat (in front in the middle) after her session in the "Super Banat" is a community program that engages adolescent girls to promote sexual and reproductive health. It is implemented by the Ministry of Culture in partnership with the "Réseau des Maisons de Quatiers" and financial support from UNICEF.



What unites all these diverse challenges is that they are caused or exacerbated by weak systems. While we know the solutions to mitigate the impact of HIV and AIDS, we cannot implement these solutions without strengthened systems in the health sector, communities and schools. This means functional primary healthcare systems at facility and community levels to provide HIV testing, treatment and care. This means comprehensive education in schools on the risks of HIV and how to prevent it. And this means strong government policies to protect those who are living with HIV from discrimination and provide quality services.



Thematic funding ensures that the spectrum of challenges that children face are **addressed at scale through strong systems**.

UNICEF'S SUSTAINABLE RESPONSE AND THE RESULTS

Accelerating results with thematic funding

Making an impact on these system-wide challenges takes time and perseverance, and this is why UNICEF relies on thematic funding. This type of funding is crucial to our ability to respond effectively because of how it builds on our foundational programmes. It also underpins our work on public finance with government, by helping them to allocate their resources equitably and effectively to strengthen systems. All this makes change happen. It also enables UNICEF to work across the United Nations system and the Joint United Nations Programme on HIV and AIDS (UNAIDS), to achieve common results which support even greater efficiency and results.

Thematic funding supports the interventions that have a lasting impact, helping children today and into the future as we seek to achieve the SDGs, and uphold the right to health care guaranteed in the United Nations Convention on the Rights of the Child.

Workforce

The workforce needed to combat HIV and AIDS spans all sectors – from health care to education and social services. UNICEF's system strengthening approach involves establishing and maintaining links between these sectors, so that pregnant women, children and adolescents at risk of HIV and those living with HIV can receive quality information and those living with HIV can receive quality information, services and care, and be linked through referral systems to other services they may need. UNICEF supports efforts to train community health workers and strengthen community health systems so that HIV information and services are accessible, non-judgmental and age appropriate.

› Enabling mental health services for HIV-infected and affected adolescents in Iran.

In 2022 UNICEF built the capacity of 48 counsellors in six provinces to facilitate access for HIV-infected and affected adolescent girls and boys by integrating adolescent-friendly and gender-sensitive services into Voluntary Counselling and Testing centres. Moreover, to enhance access, quality, and relevance of mental health and psychosocial support services, adolescent behavioral risk reduction counselling was integrated into primary healthcare through development of a standard service package and enabling 280 counsellors to provide such service at national level.



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By providing **flexible funding to support system strengthening**, donors create lasting impact and change for children at scale.

Kazakhstan

Baurzhan, aged 14, interacts with other young people at the support group he started called "Asian teens" which provides support to young people living with HIV, or friends and family members of people living with HIV in Shymkent Kazakhstan.

Laws and Policies

Addressing structural barriers – gender inequality, poverty, lack of education, violence – that put people at risk of HIV, especially adolescent girls and young women, is a priority for UNICEF's HIV programme. We do this by working with governments on **laws and policies** that effectively address these barriers, especially where stigma and discrimination fuel the epidemic and drive people at risk of HIV to the margins of society. We also seek to place children and adolescents at the heart of the response to HIV, engaging them directly to gather their insights to influence laws and policies that are better suited to their needs.

› Advocating for the inclusion of HIV/AIDS into national policy in India.

Through advocacy efforts with the Ministry of Health of India, an adolescent HIV and gender transformative approach to address HIV and AIDS is now an integral part of the recently released National AIDS Control Project. UNICEF along with partners supported the Ministry of Health to roll out a School Health and Wellness Program inclusive of HIV across the country, reaching 3.46 million students covering 24,638 schools in UNICEF programming states.

Data

Age and sex disaggregated data are critical to targeting our HIV response. UNICEF leads at global and country level in terms of data analysis on children, adolescents and HIV. This data allows us to identify the gaps in the HIV response, find children and adolescents who are not yet diagnosed or on treatment and ensure that resources are targeted to those most in need. Data is also critical for monitoring our progress. .

Supply chains

UNICEF's large supply and procurement footprint is key in the HIV response. Our work on HIV point-of-care testing has helped to transform paediatric diagnostic capacity and availability. Investments have strengthened national capacity on HIV testing and viral load monitoring for patients on antiretroviral treatment and strengthened capacity and the ability to test for the Ebola virus disease, human papillomavirus (HPV), hepatitis B virus and, most recently, for the virus that causes COVID-19. These efforts mean infants can be tested and started on HIV treatment the same day, where previously they may have relied on lab tests, which can take weeks to provide a result. UNICEF focuses on strengthening the supply chains themselves, so life-saving commodities can always be readily available for the long term.

- UNICEF is scaling up HIV treatment strategies among children and to facilitate the introduction of dolutegravir, a well-tolerated and very effective paediatric treatment (pDTG), as the preferred treatment option for children living with HIV. In the two years since the launch of pDTG, UNICEF and partners have supported uptake to already 80 countries. This rapid shift to DTG based therapy has already saved on treatment costs, with paediatric treatment expenditures falling by 50 percent between 2020 and 2022.

- In 2021, UNICEF released a multi-country data-based study on HIV treatment outcomes in Africa, which has been used to advocate for policy, programmatic and financial commitments to improve treatment outcomes for children.

Social and Behavioral Change

Influencing **social and behavioural change** is a key strategy in preventing HIV infections and empowering people living with HIV to access quality health care. For instance, UNICEF supports social and behaviour change initiatives so that those at-risk of HIV are aware of where to get tested, or access HIV self-testing or PrEP. Knowing that gender inequality drives the epidemic in many places, UNICEF works to shift social and gender norms that put some populations at greater risk of HIV infection and prevent them from accessing SRHR services, often through dynamic and creative methods such as social media and incorporating relevant messages through radio dramas.

- **Improved access to information led to improve results for young people in Eswatini.**

Over a 2-year period in Eswatini, young people from UNICEF's implementing partners used home visits, SMS-based counselling services and teen clubs to reach nearly 200,000 peers with information and skills on preventing HIV and gender-based violence, and accessing HIV, sexual and reproductive health, gender-based violence and mental health services. Peer supporters also engaged parents and community members through community dialogues to improve parent-child communication on HIV and sexual and reproductive health. The positive impact of peer support was clear: among one implementing partner, nearly all (91%) of adolescents had a suppressed viral load, significantly higher than the national level of 73.1 per cent for adults.

Thematic funding supports the interventions that **make long-term impact** and it also helps achieve the rights guaranteed in the United Nations Convention on the Rights of the Child and the SDGs.



Venezuela
Adolescents attending a talk on
World AIDS Day 2022 in Caracas,
Bolivarian Republic of Venezuela.

TURNING A DIFFICULT PAST TO A BRIGHT FUTURE

Zimbabwe

"Seeing people I have helped, getting better, motivated me," says Community Adolescent Treatment Supporter (CATS), Thabiso



© UNICEF Zimbabwe/2018/Jongek Gwatiwa

Thabiso's story

Thabiso had a difficult start in life. Growing up in Zimbabwe, she lost her mother at the age of 6 – a tragic circumstance which also put the family under major financial strain.

"After mum died, dad remarried," Thabiso explains. "He does not earn enough to cater for all our needs. We hardly had enough money to spend on the most basic needs."

On top of this, Thabiso also faced another significant challenge – she is living with HIV. "I grew up a miserable person with no one willing to be associated with me," she says, explaining the stigma she faced because of her HIV positive status. "At some point I thought I was of no value at all."

But Thabiso was able to change her challenging situation into a positive, thanks to an innovative UNICEF-supported community programme. Now age 22, Thabiso works as a Community Adolescent Treatment Supporter. These volunteer counsellors are trained to provide peer support to young people living with HIV and AIDS in communities affected by poverty, drought, and HIV. In return for her work, Thabiso also benefits from a bimonthly cash transfer to support her and her family.

This grassroots, community-based work is vital to UNICEF's efforts to strengthen health care systems for adolescents living with HIV. Thematic funding forms a vital cornerstone of this system strengthening work, especially in the Eastern and Southern Africa region, where Thabiso lives, which has the highest burden of HIV/AIDS in the world.

"Through my role as a Community Adolescent Treatment Supporter I am now recognized in our community," Thabiso says. Her successful role has also led her to select a new career path. "When I was growing up, I wanted to be a police officer but now I have set my eyes on a mentor position. Seeing people I have helped getting better motivated me," she concludes.



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Community Adolescent Treatment Supporters (CATS) under go training for a mobile application at a Resource Centre

TARGETS

UNICEF's mandate means we have the reach to make transformational changes. Below are long-term targets that UNICEF has set to deliver major outcomes. Given the nature of change, some targets will show annual progress while others require shifts over a longer period. These targets represent UNICEF's contribution to SDG 3.3 on ending the AIDS epidemic by 2030.

Area Description	2021 baseline	Target for 2025
Workforce Number of countries implementing a comprehensive package of interventions for paediatric HIV treatment as part of primary health care	31 (HIV priority countries)	37 (HIV priority countries)
Supply chains Percentage of children and adolescents living with HIV who receive antiretroviral therapy	54	95
Social and behavioural change 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	33 (HIV priority countries)	37 (HIV priority countries)
Laws and policies Number of countries with at least dual mother-to-child transmission of HIV and syphilis elimination policies and services	32 (HIV priority countries)	37 (HIV priority countries)

We want all children to be protected and supported. We know the return on investment is striking. Preventing one new HIV infection eliminates the cost of a lifetime of treatment and care. Each dollar invested in preventing new HIV infections and AIDS-related deaths generates up to US\$ 6.44 in economic returns in low- and middle-income countries. Investment early in life – with a focus on children and adolescents affected or at risk of contracting HIV – has even longer lasting impact on communities and societies, with benefits on education outcomes, lifetime earnings, as well as on ensuring respect for human rights.

Here are indicative examples of how levels of investment in the **UNICEF HIV/AIDS Fund** can strengthen the system and achieve tangible results to protect children:

\$12 million

will help close the treatment gap in children and adolescents living with HIV in 12 priority countries. This investment will support finding children and adolescents, linking them to testing, treatment and care, and support 25% increase in coverage of lifesaving antiretroviral treatment.

\$1 million

can ensure that thousands of pregnant and breastfeeding women living with HIV receive and are retained in HIV treatment.

\$10 million

will support adolescents living with HIV in 3 countries in southern Africa with the highest HIV prevalence rates globally to have access to treatment and care support, and support for mental health, services to prevent gender-based violence and support programmes.

\$500,000

will build the capacity of community health workers and other health staff in gender-responsive HIV services in a high-burden country.



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Lesotho

Mamathae Tseliso helps in a community project in Lesotho that offers peer-to-peer counselling to pregnant adolescents and young women.

Anurita Bains
Associate Director, HIV and AIDS
UNICEF Programme Group
New York, United States

www.unicef.org

Programme Coordination Unit
Private Fundraising and Partnerships Division, Geneva
Public Partnerships Division, New York
programmecoordination@unicef.org

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