

Joint Statement Executive Board of UNICEF
First Regular Session 2021
Oral Report on UNICEF follow-up to recommendations and decisions of the
45th and 46th Joint United Nations Programme on HIV/AIDS Programme
Coordinating Board meetings
12 February 2021

Chair,

I am pleased to deliver this statement on behalf of Australia, Austria, Belgium, Bulgaria, Canada, Finland, France, Ireland, Israel, Italy, Germany, Japan, Lithuania, Luxembourg, the Kingdom of the Netherlands, Norway, Sweden, Switzerland, the United States and my own country, the United Kingdom. We welcome the report on UNICEF's follow-up to recommendations and decisions and appreciate this Board's opportunity to focus on the impact of HIV and AIDS on children, adolescents and mothers, where progress to prevent new infections, particularly among adolescents and young women, and ensure access to treatment remains far too slow.

We note with deep concern that we have fallen short of the global 2020 targets and that progress towards ending AIDS in children has stalled since 2015. Whilst the COVID-19 pandemic has made this worse by impeding HIV programming, the statistics speak for themselves. As the report indicates, not one of the 2018 or 2020 fast-track targets for children and adolescents has been achieved. In 2019 there were more than 150,000 new infections among children under 14 and more than 280,000 among adolescent girls and young women. These statistics are particularly concerning as we know only 53% of children living with HIV received treatment that year – this is more than 20% lower than the figure for adults living with HIV.

I. I'd like to single out two specific issues that are stalling progress:

Firstly, there is a **worrying level of service gaps**, including uneven prevention and treatment coverage. Current systems are failing to reach all pregnant mothers with HIV and are not protecting them against infection during pregnancy and

breastfeeding. We note that many women struggle to stay on antiretroviral therapy. HIV testing needs to take place throughout pregnancy and support is needed to ensure that women who test HIV-positive receive the best-possible care.

Secondly, **social and structural barriers are severely undermining progress.**

Sexual and gender-based violence, lack of access to sexual and reproductive health services and comprehensive sexuality education, stigma, discrimination, and punitive laws increase vulnerability to infection among women and girls, resulting in high rates of new HIV infections. This is particularly true in sub-Saharan Africa where young women aged 15-24 are twice as likely as men to be living with HIV, and where girls account for five in six new infections among adolescents aged 15-19. Overall, AIDS remains one of the leading causes of death for women and girls aged 15–49.

II. We support UNICEF's plans to address these issues and would like to draw attention to four elements of your approach.

Firstly, we agree on the need to move away from **siloed programming** and support UNICEF's focus on integration as a key pillar of its HIV Strategic Plan. We welcome UNICEF's approach to integrate comprehensive HIV responses into sustainable health systems for universal health coverage, including efforts to integrate prevention and treatment at the primary health care level and making it part of the routine management of all children. We also support UNICEF's efforts to promote multisectoral integration, including within social services, education, and child protection sectors to name a few. UNICEF's work to roll-out universal antiretroviral treatment for all pregnant women living with HIV will also be important for further reducing vertical transmission.

Secondly, we also believe it is imperative to ensure that all women and adolescent girls have **access to sexual and reproductive health services** and that all young people **receive comprehensive sexuality education**. There is a need for better integration of HIV prevention and care with sexual and reproductive health services to prevent sexual transmission of HIV and prevent unintended pregnancy. Increasing choice and access to family planning options remains critical. We welcome Executive Director Fore's work to advance the Education Plus Initiative, and call on

UNICEF to continue to deliver on its SRHR mandate, particularly as it relates to ending AIDS.

Thirdly, we agree more **political will** is needed to address the continuing HIV epidemic. It is vital at a time when finances, both domestic and international are being called upon to address the COVID-19 pandemic, that we ensure sufficient financial resources are invested in health care systems and allocated such that UNICEF can effectively and efficiently delivery on its mandate and maximise outcomes.

Finally, we welcome UNICEF's active participation and contributions towards the **2021-26 Global AIDS Strategy**. Children, adolescents and mothers must be a priority area of focus within this Strategy. It will also be critical to draw on lessons learned and address uneven progress across countries and communities to ensure those most in need are not left behind. UNICEF's mandate provides it with a key responsibility in contributing to the global AIDS response. This includes addressing the disparity of HIV coverage and the disproportionate share of AIDS-related deaths in children. To this end, we welcome the result area in the Strategy's framework dedicated to eliminating vertical HIV transmission and ending Paediatric AIDS. We would also like to underline the importance of ensuring coherence between UNICEF's Strategic Plan 2022-25 and the Global AIDS Strategy with regard to HIV programming, and encourage UNICEF to provide sufficient resources to the Unified Budget Results and Accountability Framework of UNAIDS.

In closing, we appreciate the good results of the Global Fund to fight AIDS, Tuberculosis and Malaria and we encourage UNICEF to continue its fruitful collaboration with the Global Fund to fight AIDS, Tuberculosis and Malaria. We look forward to the High Level Meeting on AIDS later this year and to working with our colleagues on this Board and the UNAIDS Programme Coordinating Board to achieve our collective ambition to end AIDS as a public health threat by 2030 in line with achieving Universal Health Coverage.

Thank you.