



**UNITE FOR CHILDREN
UNITE AGAINST AIDS**



**A profile of UNICEF's response in
East Asia and the Pacific 2007**

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A boy living with HIV waits to attend class.

Editors/writers: Wing-Sie Cheng and Editha Maslang

Contributors: Anna Bergenstrom, Aye Aye Mon, Bridget Job-Johnson, Gelora Manurung, Grace Kariwiga, Haritiana, Rakotomamonjy, Ider Dungereorj, Judith Leveillee, Ken Legins, Lori Calvo, Losana Korovulavula, Luisa Brumana, Maya Fachrani Faisal, Prudence Borthwick, Regina Kagl, Remy Rohadian, Sedtha Chin, Shantha Bloemen, Sunoor Verma, Tadashi Yasuda, Veera Mendonca, Wassana Kulpisitthicharoen, Wenqing Xu, Yoshimi Nishino and Zhang Lei

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UNICEF EAPRO
19 Phra Atit Road
Bangkok 10200
Tel: (66 2) 356 9499
Fax: (66 2) 280 3563

E-mail: eapro@unicef.org
Website: www.unicef.org/eapro

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Foreword

On 25 October 2005, the Joint UN Programme on HIV/AIDS, UNICEF and partners across the globe launched the most ambitious campaign to date to focus the world's attention on the impact HIV and AIDS are having on children and young people today. Under the banner "Unite for Children, Unite against AIDS", the Global Campaign on Children and AIDS sought to raise the alarm for the millions of children already living with or affected by HIV and press countries into taking action for them and future generations. For too long, children have been absent from the global HIV prevention, AIDS treatment and care agendas, and the campaign seeks to relegate these omissions to the past.

This campaign could not have come at a more opportune time in East Asia and the Pacific. While HIV prevalence in the region remains relatively low, the virus poses a serious threat. East Asia's massive population coupled with rapidly changing social and economic dynamics could escalate epidemics, and in turn, jeopardize the tremendous development gains that have greatly benefited millions of children in the region. The threat is of a different nature in the Pacific, where HIV could devastate sparse populations and undermine whole cultures and societies.

This 2007 report is updated from an earlier version released in October 2006. Our aim is to provide the latest information of collaborative actions between UNICEF and governments, civil society, the United Nations system and international partners in East Asia and the Pacific region. It is an account of progress, from the purview of UNICEF around the Four Ps of primary prevention, preventing mother-to-child transmission (PMTCT), paediatric AIDS treatment and the protection and care of children affected by AIDS.

The report will be made available on the UNICEF website, and regularly updated for partners and all those who are interested in supporting our programme on children and AIDS. It comes in two sections: a regional overview and country fact sheets, including an initial reflection of resource needs to scale up the Four Ps.

The report is the collective work of the UNICEF regional and country HIV teams, heeding global calls for greater joint actions and investment in HIV prevention, treatment and care towards universal access by 2010. As a co-sponsor of the Joint UN Programme on AIDS (UNAIDS) and a key partner of governments and civil society, we are committed to ensuring sustained policy advocacy, social and resource mobilizations to implement AIDS responses, especially for women and children, who are increasingly vulnerable to HIV as the epidemic encroaches on the general population.

The challenges must be overcome in order to guarantee children a future unclouded by HIV. With the Global Campaign on Children and AIDS, the countries of East Asia and the Pacific have already taken a step in the right direction. It is our commitment to foster a great and effective alliance to halt HIV and enhance survival through treatment and care, fulfilling our promises to children at the dawn of the millennium.



Anupama Rao Singh
Regional Director
UNICEF East Asia and the Pacific Regional Office

Acronyms

ADB	Asian Development Bank
AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
ARV	Antiretroviral
AusAID	Australian Agency for International Development
BCC	Behaviour change communication
BRII	Beijing Research Information Institute
BSS	Behavioural Sentinel Surveillance
CABA	Children affected by AIDS
CBO	Community-based organization
CCM	Country Coordinating Mechanism
CDC	US Center for Disease Control
CIDA	Canadian International Development Agency
CNCC	Chinese National Committee for the Care of Children
CO	Country Office
CoC	Continuum of care
CPAP	Country Programme Action Plan
CPC	Country Programme for Children
CSO	Civil society organization
DFID	UK Department for International Development
DoE	Department of Education
EAPRO	East Asia and Pacific Regional Office
EU	European Union
FHI	Family Health International
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
IDU	Injecting drug user
HAART	Highly active anti-retroviral therapy
HSS	HIV Sentinel Surveillance; HIV Serologic Surveillance
HR	Human resource
IEC	Information, education and communications
IHM	Institute of Health Management
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illnesses
INGOs	International non-government organizations
JICA	Japan International Cooperation Agency
KAPB	Knowledge, Attitude, Practices and Behaviour
KPA	Komisi Penanggulangan AIDS (National AIDS Commission)
LSBE	Life skills-based education

MCA	Ministry of Civil Affairs
MCH	Maternal and child health
MICS	Multiple-Indicator Cluster Surveys
MoE	Ministry of Education
MoEYS	Ministry of Education, Youth and Sports
MoH	Ministry of Health
MoNE	Ministry of National Education
MoSA	Ministry of Social Affairs
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MSM	Men who have sex with men
NCHADS	National Centre for HIV/AIDS Dermatology and STD Control
NGO	Non-governmental organization
NSP	National HIV/AIDS strategic plan
ODA	Official development assistance
OGCA	Office of the Global AIDS Coordinator
OI	Opportunistic infection
OPEC	Organization of Petroleum Exporting Countries
OVC	Orphans and vulnerable children
PAF	Programme Acceleration Funds
PEPFAR	The President's Emergency Fund for AIDS Relief
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
RH	Reproductive health
SCAWCO	State Council AIDS Working Committee Office
SCF	Save the Children Fund
SEARO	South East Asia Regional Office
Sida	Swedish International Development Cooperation Agency
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNODC	UN Office on Drugs and Crime
UNTG	United Nations Theme Group
USAID	United States Agency for International Development
VAAC	Vietnam Administration for AIDS Control
VCT	Voluntary counselling and testing
VCCT	Voluntary confidential counselling and testing
WB	World Bank
WHO	World Health Organization
WFP	World Food Programme

Part I:
Regional Overview



Chapter 1

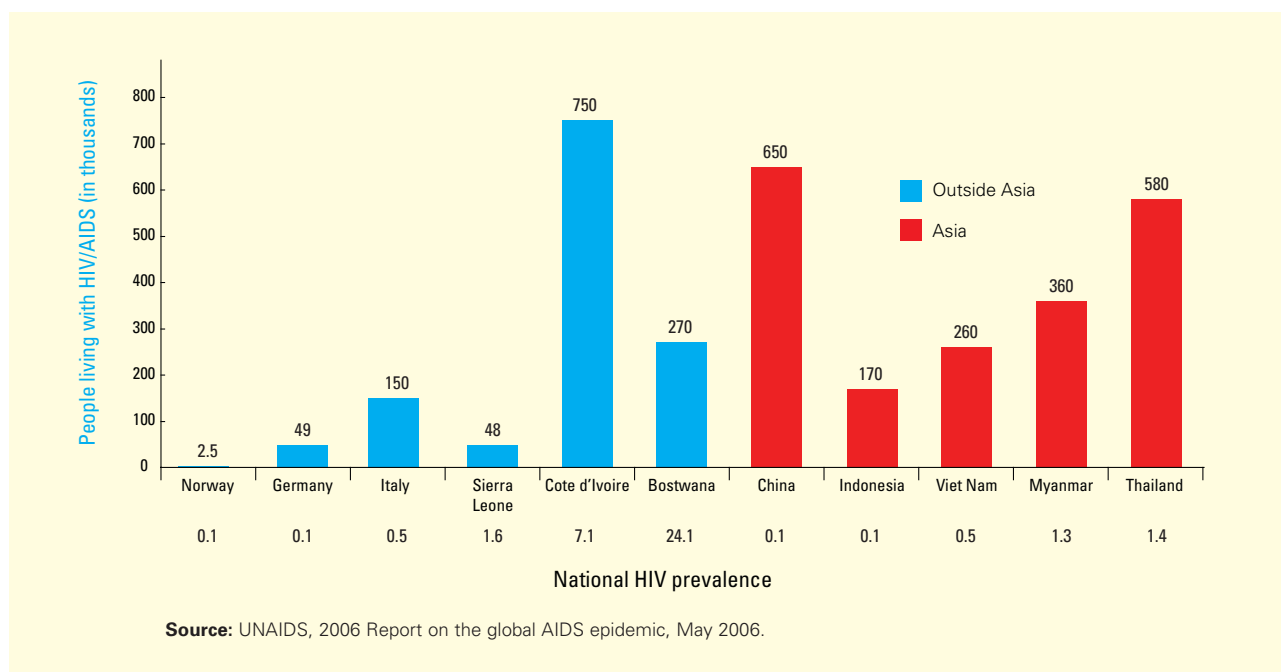
Introduction

The East Asia and Pacific region currently has an HIV adult prevalence of 0.2 percent¹ – the lowest in the world. An estimated 2.3 million people are living with HIV in the region, including 750,000 women and 50,000 children below the age of 14.²

These figures give cause for hope. The low prevalence marks a huge opportunity in curtailing the epidemic and stopping its spread into the general population. However, they can also lend a false sense of security. Given East Asia's enormous

population of nearly 2 billion people, even a tiny increase in prevalence results in many more infected. The sobering role that population size plays is reflected in an analysis published in the *Lancet*, which shows East Asia is one of the three regions with the highest ratio of new HIV infections.³ Conversely, small populations in the Pacific mean any rise in infections there would actually threaten the survival of whole cultures and societies.

Graph 1: Low prevalence in Asia means large number of infected individuals (updated, June 2007)

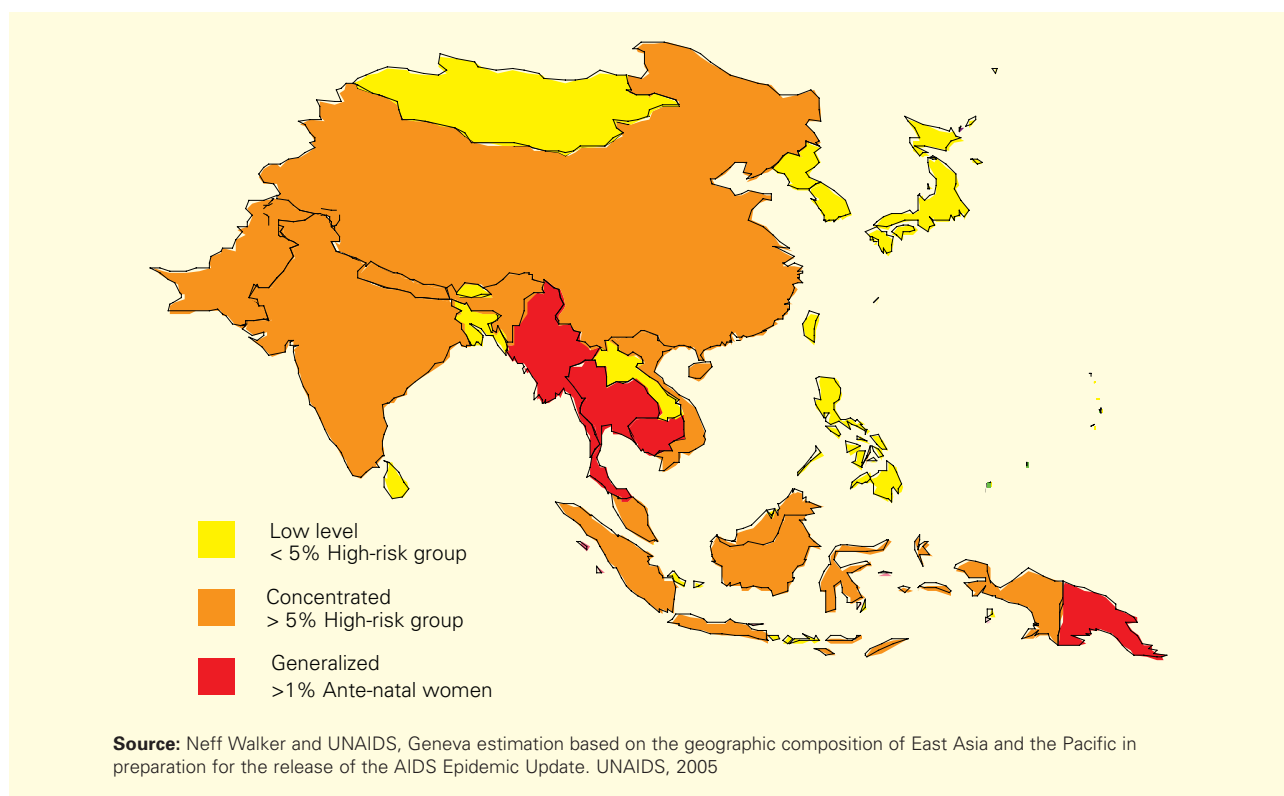


¹ UNAIDS/WHO, May 2006.

² Ibid.

³ Montaner, Julio SG, et al, "The case for expanding access to highly active antiretroviral therapy to curb the growth of the HIV epidemic," *Lancet*, Vol. 368, 531-36, August 5, 2006.

Figure 1: Current status of HIV in the East Asia and Pacific region



In addition, the current figures on the HIV situation in East Asia and the Pacific conceal the different natures of regional epidemics: prevalence varies from nation to nation, and even region to region within borders. While Papua New Guinea is estimated as having 1.8 per cent prevalence, Mongolia's is less than 0.1 per cent. In China, Indonesia and Viet Nam – countries with concentrated epidemics – a number of provinces have reported adult prevalence of more than 1 per cent.

For the region's children, AIDS is not yet a major cause of death: 0 per cent, compared to 10 per cent in East and Southern Africa.⁴ But again, this figure may be obscuring the real situation. In too many countries in this region, the absence of testing facilities for adults and children, inadequate surveillance, low coverage of prevention services and commodities, limited availability of antiretroviral (ARV) treatment, and huge social stigma attached to HIV prevents anyone from obtaining an accurate picture. The low figure also neglects the small but growing percentage of children born to HIV-positive parents who have no access to HIV testing or treatment. In Indonesia, only 1 per cent of females surveyed have ever received an HIV test, while in Cambodia only 3 per cent of females have ever been tested.⁵

Overall trends in the region are also creating concern about HIV's potential impact on children.

First, **the profile of the newly infected persons is getting younger.** Forty per cent of reported HIV infections in China are among people under the age of 30.⁶ In Malaysia, 35 per cent of reported HIV infections occur among those below 29 years old.⁷ In Viet Nam, 63 per cent of the people infected by HIV are under 30,⁸ and young people between the ages of 13 and 19 are increasingly becoming infected.⁹ Thailand saw 17,000 new infections in 2004, 50-60 per cent of whom were children and young people under the age of 24.¹⁰

Second, **East Asia and the Pacific is witnessing a feminization of HIV epidemics.** As epidemics shift from vulnerable groups such as sex workers and their clients, men who have sex with men (MSM), and injecting drug users (IDUs), more women of reproductive age are contracting HIV from their partners' high risk behaviours. According to the World Health Organization (WHO), one third to half of the new HIV infections in Thailand in 2005 were estimated to be among women in a stable relationship – infected sexually by their spouse or regular partner. In Thailand, around 70 per cent of the young people now living

⁴ Neff Walker and UNAIDS, Geneva estimation based on the geographic composition of East Asia and the Pacific in preparation for the release of the AIDS Epidemic Update, UNAIDS, 2005.

⁵ Calculation derived from an estimation for Asia-Pacific conducted by Tim Brown for UNICEF, 7th ICAAP, Kobe, July 2005.

⁶ Ministry of Health, National Center for AIDS/STD Prevention and Control, Summary Reference 2004; PowerPoint Presentation and UNICEF EAPRO.

⁷ UNICEF EAPRO, Fact sheets on HIV/AIDS: Adolescents, Women and Children Data Issues, 7th East Asia and Pacific Ministerial Consultation, 23-25 March 2005, Siem Reap, Cambodia.

⁸ Hunter, S., HIV/AIDS: A New Development Challenge, Workshop on Strengthening Partnerships in Education for Children Vulnerable to HIV/AIDS in the Mekong Sub-region, 15 September 2003, Chiang Mai, Thailand.

⁹ UNICEF, *Situation of Families and Children Affected by HIV/AIDS in Viet Nam: A National Overview*, 30 August 2003, Hanoi.

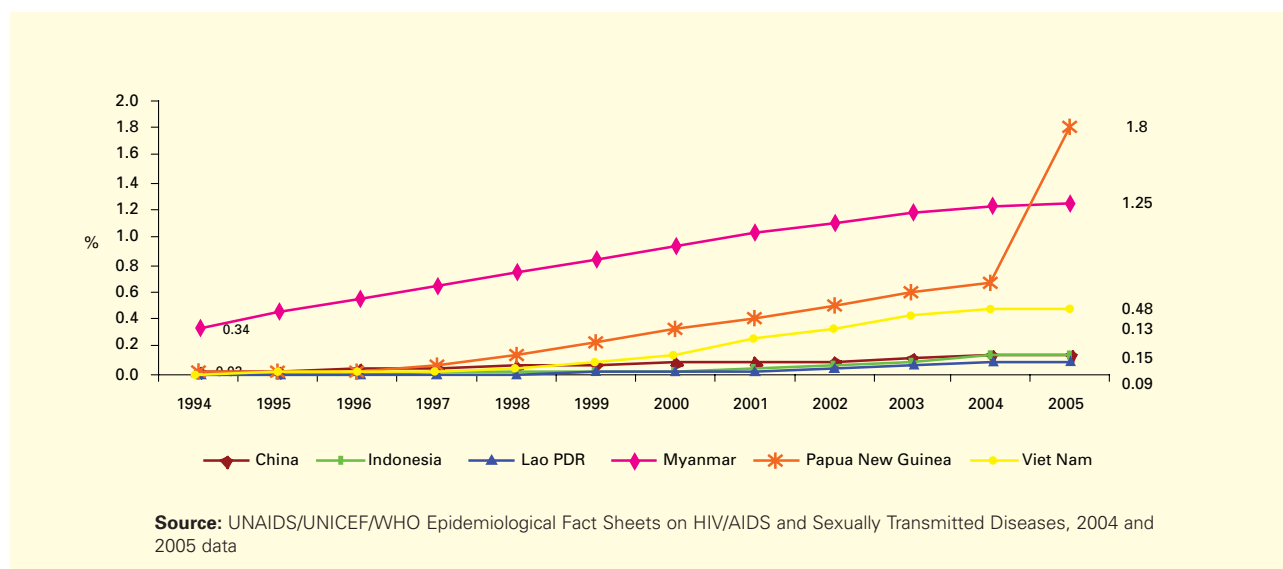
¹⁰ Hunter, S., HIV/AIDS: A New Development Challenge.

Table 1: Situation of HIV and AIDS in East Asia and the Pacific

Countries	Population (in millions)	Adult (15-49) prevalence (%)	Estimated number of adults and children living with HIV	Estimated number of women living with HIV	Estimated number of deaths in adults and children
Cambodia	14,071,000	1.6	130,000	59,000	16,000
China	1,323,345,000	0.1	650,000	180,000	31,000
DPR Korea	22,488,000	0.1			
Indonesia	222,781,000	0.1	170,000	29,000	5,500
Lao PDR	5,924,000	0.1	3,700	<1,000	<100
Malaysia	25,347,000	0.5	69,000	17,000	4,000
Mongolia	2,646,000	<0.1	<500	<100	<100
Myanmar	50,519,000	1.3	360,000	110,000	37,000
Pacific Islands (Fiji)	848,000	0.1	<1,000	<500	<100
Papua New Guinea	5,887,000	1.8	60,000	34,000	3,300
Philippines	83,054,000	<0.1	12,000	3,400	<1,000
Thailand	64,233,000	1.4	580,000	220,000	21,000
Timor-Leste	947,000				
Viet Nam	84,238,000	0.5	260,000	84,000	13,000
Total	1,906,328,000	0.2	2,294,700	736,400	130,800

Source: UNAIDS, 2006 Report on the global AIDS epidemic, May 2006.

Graph 2: HIV prevalence among pregnant women in selected countries



with HIV are girls and women between the ages of 15-24.¹¹ Since 2003, the cumulative number of new infections in Fiji indicates that 47 per cent are women, according to the Ministry of Health.¹²

Both these trends have devastating consequences for children. Without scaling up primary prevention to change risk behaviours, and through such measures as integrating prevention of mother-to-child transmission (PMTCT) with sexual reproductive health, and maternal and neonatal health care

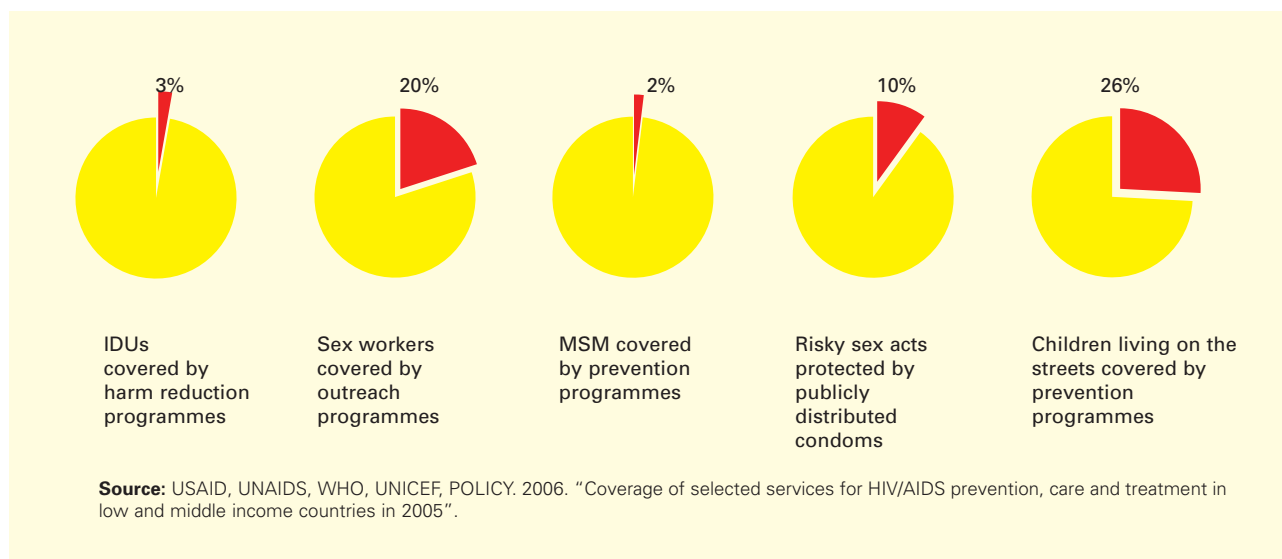
services, more infections among women of childbearing age and during pregnancy mean more infections among newborns and infants.

Social, political and economic trends also must be closely monitored because they may change the course of the region's HIV epidemics. East Asia's dazzling economic growth has lifted the fortunes of millions, but it has also led to developments that may fuel the spread of HIV. Booming East Asian economies have resulted in both

¹¹ UNICEF, HIV/AIDS: Adolescents, Women and Children Data Issues.

¹² State Council AIDS Working Committee Office and UN Theme Group on HIV/AIDS in China, *A Joint Assessment of HIV/AIDS Prevention and Care in China*, 2004.

Graph 3: Coverage of most-at-risk populations reached by targeted prevention programmes, South-East Asia, 2005



unprecedented migration within and between borders as well as increased investment in highways and other infrastructure. While migration for better job prospects and improved infrastructure are sound economics, they are not always accompanied by measures to address their unintended consequences. One of these consequences is increased exposure to HIV: cash in hand, one group of economic migrants – ranging from truckers and construction workers to traders – is mingling more with another group of migrants, those in the thriving sex trade.

Conversely, increased mobility and economic stagnation in the Pacific has created equally volatile circumstances that can fan HIV epidemics.

Another factor found throughout the region is that, in many instances, increased investment in business and trade has not been matched by higher investment in social services. Though many services suffer from the investment 'lag', this tendency is markedly true in HIV prevention. Large-scale HIV prevention programmes targeting populations at higher risk of HIV are few and far between. Coverage for these populations is alarmingly low (see the following graph). For example, HIV peer education, condom promotion, and diagnosis and treatment of sexually transmitted infections (STIs) are reaching only 20 per cent of sex workers in South-East Asia. Although injecting drug use is a widely evidenced force behind the spread of HIV, only 3 per cent of injecting drug users (IDUs) in South-East Asia have access to

proven prevention measures. Prevention programmes are reaching only 2 per cent of MSM.

These patterns are evident even in Thailand – a country with an impressive track record in tackling HIV. The country's famous 100 per cent condom programme is faltering amidst insufficient outreach to sex workers and their clients, inadequate condom supplies and a substantially reduced prevention budget. Consequently, the number of new infections is no longer declining as rapidly as it did in the last decade.¹³ HIV is rising fast among young MSM, transgender and other marginalized populations, including minorities, migrants and their dependents, and prisoners. And HIV prevalence remains persistently high among IDUs.

Finally, more adolescents are having sex at earlier ages and engaging in multi-partner sex. A 2003 study in the Indonesian province of Papua showed that 12 per cent of the teenagers surveyed have had sex, some as early as the age of 10.¹⁴ At least 25 per cent of teenage girls have had sex before the age of 17 in Lao PDR,¹⁵ and in the Philippines, a recent survey showed that at least 23 per cent of young people have had pre-marital sex.¹⁶ A survey in 2004 among 6,700 female students in Thailand showed that 1,448 of them were sexually experienced. Around 80 reported that they have had sex with more than 20 casual partners.¹⁷ Many girls in Thailand as well as Papua New Guinea are also reportedly engaging in transactional sex – having sex with mostly older men in exchange for gifts or money.

¹³ Review of the Health Sector Response to HIV/AIDS in Thailand, Ministry of Public Health, Government of Thailand & WHO, August 2005.

¹⁴ Center for Health Research, University of Indonesia, A Survey of Teenagers in Papua, Indonesia, 2003.

¹⁵ Hunter, S., HIV/AIDS: A New Development Challenge.

¹⁶ The State of the Philippine Population Report 2: PINOY Youth: Making Choices, Building Voices, United Nations Population Fund, 2002.

¹⁷ UNICEF EAPRO, Fact sheets on HIV/AIDS: Adolescents, Women and Children Data Issues, 7th East Asia and Pacific Ministerial Consultation, 23-25 March 2005, Siem Reap, Cambodia.

The Global Campaign on Children and AIDS

HIV has already had an impact on hundreds of thousands of children in the region. And whatever direction the epidemic takes it will affect the futures of possibly millions more children. Despite this, regional HIV responses have consistently neglected children. Few children living with HIV are receiving antiretroviral therapy (ART) that could help them lead longer, healthier lives. Prevention programmes aimed at children and young people vary enormously in quality and effectiveness. In too many cases, prevention programmes for children at higher risk of infection¹⁸ simply do not exist. And children affected by the virus are slipping through poorly resourced, inadequate social welfare systems.

The Global Campaign on Children and AIDS launched in October 2005 was conceived as a way of addressing these issues. Efforts to stop the spread of HIV will only be successful when children are given their rightful place on the agenda.

The campaign, therefore, focuses on four areas, known as the **'Four Ps'**, with specific targets for scaling up programmes:

- **Preventing mother-to-child transmission:** By 2010, offer appropriate services to 80 per cent of women in need;
- **Providing paediatric treatment:** By 2010, provide either antiretroviral treatment or cotrimoxazole, or both, to 80 per cent of children in need;
- **Preventing infections among adolescents and young people:** By 2010, reduce the percentage of adolescents and young people living with HIV by 25 per cent globally; and
- **Protecting and supporting children affected by HIV:** By 2010, reach 80 per cent of children most in need.

There is a fifth 'P' as well: **partnerships**. The Global Campaign emphasizes the importance of working through partnerships and coalitions because no one agency or organization can realize the campaign's ambitions alone. With this in mind, the Global Campaign is aimed at complementing other HIV programmes and working in partnership with all those with a stake and interest in children and AIDS. In particular, the campaign has been timed to coincide with the global drive towards Universal Access in HIV prevention, treatment, care and support services.

Since the campaign's global and regional launch on 25 October 2005, UNICEF and its many partners have accelerated efforts to meet the campaign's targets. National launches have taken place in Lao PDR, Malaysia, the Philippines, Papua New Guinea and Viet Nam. In September 2006, China's Office of the State Council on AIDS and line ministries launched the campaign. This particular event carries great significance for the entire region given China's vast population and the emerging role of the Chinese government on the world stage. Mongolia had a national launch in October 2006.

On 22-24 March 2006, 24 East Asian and Pacific countries gathered in Hanoi, Viet Nam for the first East Asia and Pacific Consultation on Children and HIV/AIDS, organized by UNICEF and the Government of Viet Nam and co-organized by the Joint UN Programme on HIV/AIDS (UNAIDS), the US President's Emergency Fund (PEPFAR), Family Health International (FHI), Save the Children, and WHO. The consultation signalled a growing consensus over the inadequacy of the response so far for children at risk, infected and affected by HIV. At the end of the consultation, the delegates unanimously adopted the Hanoi Call to Action, a document that reaffirms past commitments to children and young people and recommends a course of action in scaling up responses. Under the auspices of the campaign, UNICEF Country Offices have built on their close partnerships with governments to ensure that children no longer remain the missing face of AIDS. Over the past year, they have been working together with governments to draft or revise policies to better reflect the needs of children in national strategies and to plan for the expansion of proven interventions in the 'Four Ps'. The Country Offices have also mobilized a variety of other partners – ranging from health care professionals to nongovernmental organizations (NGOs) to faith-based groups to youth networks – in seeking and putting into action solutions to the complex, multi-faceted challenges that HIV poses.

In its first year, the Global Campaign has laid the groundwork for the expansion of responses to children and HIV. However, much more work still needs to be done throughout the region in terms of forging partnerships, building capacity, leveraging resources and gaining the political will to form unified, coordinated, and scaled-up responses to the AIDS epidemics. And there are now only four more years to make good on such a promising start.

¹⁸ These include children of IDUs, sex workers, men who buy sex, young IDUs, young sex workers, boys who have sex with boys, children living on the streets and youth in juvenile justice centres.

Chapter 2

Analysis of Progress in the Region

The 'Four Ps' – PMTCT, paediatric AIDS treatment, primary prevention and the protection of affected children – have long been the pillars of UNICEF's work in HIV and AIDS. The campaign, however, gives explicit focus to these four areas with specific scale-up targets in national responses to children and HIV.

Even before the Global Campaign, most of the 'Four Ps' were reflected in national HIV targets in Cambodia, Lao PDR, Mongolia, Myanmar, Papua

New Guinea, Thailand and Viet Nam. One or more of them were also identified as priorities when UNICEF concluded its country programme of cooperation with governments. The exception was paediatric AIDS treatment, which has gained attention only recently in most countries. Table 2 gives an overview of the UNICEF country programme cycles as well as periods covered by national HIV/AIDS strategic plans (NSPs) in East Asia and the Pacific.

Table 2: Overview of UNICEF country programme cycles and national HIV/AIDS strategic plan periods

Countries	UNICEF Country Programme cycle	National HIV/AIDS strategic plan period
Cambodia	2006-2010	2006-2010
China	2006-2010	2006-2010
DPRK	2007-2009	2003-2007
Indonesia	2006-2010	2007- 2010
Lao PDR	2007-2011	2006-2010
Malaysia	2005-2007	2006-2010
Mongolia	2007-2011	2006-2010
Myanmar	2006-2010	2006-2010
Pacific Islands		2004-2008
Fiji		2007-2011
Cook Islands		2004-2008
Kiribati	2003-2007	2006-2010
Marshall Islands		2005-2009
Palau		2000-2005
Solomon Islands		2005-2010
Tonga		2000-2005
Tuvalu		2006-2010
Vanuatu		2003-2007
Papua New Guinea	2003-2007	2006-2010
Philippines	2005-2009	2005-2010
Thailand	2007-2011	2007-2011
Timor-Leste	2006-2008	2006-2010
Viet Nam	2006-2010	2004-2010



UNICEF Lao PDR 06102/Hideki Fujimori

An affected girl comes with her mother during the monthly meeting of a self-help group for PLWHA in Pakse, Lao PDR, supported by UNICEF

Measuring national responses is nearly impossible at this early stage of the campaign, and the task is made more complex by several factors. First, there are numerous organizations of different provenance – government, UN, bilateral, NGO and civil society – supporting various activities in each province, district or county, resulting in a lack of coherence. These activities are often still limited in scope, and are not tied to a greater, holistic outcome.

Measuring these indicators from the colossal number of activities in each country, some as small as community peer education and others as large as health system reform, has been a major challenge under UNAIDS' "Three Ones":

- One national HIV and AIDS strategic plan,
- One national coordinating body and
- One monitoring and evaluation framework.

National and local capacity to analyse and evaluate the impact of HIV programmes and many other activities supported by different institutions and donors has remained a key issue. Further, baseline data to provide meaningful comparisons is scant.

The following pages will give evidence to a tremendous amount of work UNICEF is supporting in different countries of the region as guided by the campaign. The challenges the region faces in the 'Four Ps' remain very much intact, even in countries with relatively advanced responses such as Cambodia and Thailand. In short, East Asia and the Pacific has miles to go in delivering prevention, treatment and care services to all adults and children who need them. Likewise, in all the 'Four Ps', stamping out stigma and discrimination is key – especially in providing primary prevention and protection and care. Efforts to surmount these two destructive forces feature in the priorities of all 'Four Ps', but will only be addressed in detail in primary prevention, and protection and care.

¹⁹ USAID, UNAIDS, WHO, UNICEF, POLICY, "Coverage of selected services for HIV/AIDS prevention, care and treatment in low and middle income countries in 2005", 2006.

²⁰ Cock, KM Dr. et al., "Prevention of mother-to-child HIV transmission in resource-poor countries: Translating research into policy and practice." *Journal of the American Medical Association*, 2000, 283 (9): 1175-1182.

²¹ Ibid.

²² USAID, UNAIDS, WHO, UNICEF, POLICY, "Coverage of selected services for HIV/AIDS prevention, care and treatment in low and middle income countries in 2005", 2006.

I. PMTCT

Issue

In 2005, around 40,000 pregnant women in East Asia and the Pacific were HIV positive, according to estimates by UNAIDS and UNICEF. This figure may seem miniscule compared with the numbers in sub-Saharan Africa, but it fails to capture the likelihood that many more women are unaware of their HIV status because of limited awareness, fear and limited access to testing services. Coverage of voluntary counselling and testing (VCT) services in the region is very low – only 0.1 per cent of adult populations in South-East Asia.¹⁹

Moreover, most of the region is still not meeting the needs of even the small numbers of pregnant women known to be HIV positive. Without any intervention, 15-30 per cent of HIV infected pregnant women transmit the virus to their children during pregnancy and delivery, while up to 20 per cent will pass it on during breastfeeding.²⁰ When properly administered, PMTCT services cut down that risk to less than 2 per cent.²¹ However, coverage of PMTCT services – more specifically the administration of ARVs to prevent women from transmitting the virus during delivery – is reaching only 5 per cent in South-East Asia and 2 per cent in China.²²

In general, while many countries offer one or two aspects of PMTCT, very few offer the whole spectrum of services. PMTCT is more than providing antiretroviral drugs to interrupt HIV transmission from a pregnant woman to her infant. A comprehensive programme to prevent HIV transmission to pregnant women, mothers, and their children, which has been endorsed by the United Nations (UN) system, covers four components:

1. Prevention of HIV, especially among young people and pregnant women.
2. Prevention of unintended pregnancies among HIV-infected women.
3. Prevention of HIV transmission from HIV-infected women to their infants.
4. Provision of treatment, care, and support to HIV-infected women and their families.

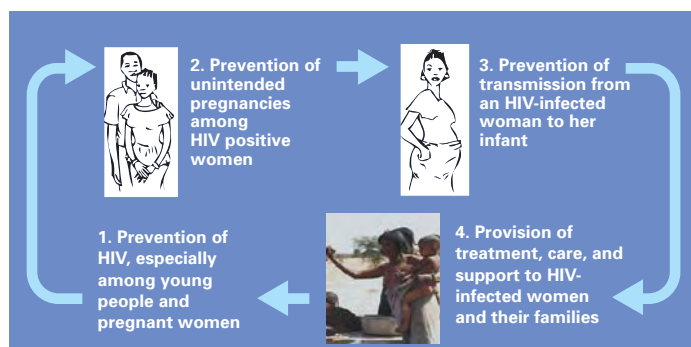
Many women in East Asia and the Pacific are susceptible to infections from the risky behaviours of their partners, whether before or during pregnancy. The engagement of men as another parent through couples' counselling and testing, HIV-risk and pregnancy education, and a better coordinated health system to track those potentially at risk from sexually transmitted infections (STIs), reproductive health, outpatient or even private care services, will be the most viable strategy to preventing HIV in children.

Action

In 2006, a number of countries (Cambodia, China, Indonesia, Malaysia, Mongolia, Myanmar, Thailand, Timor Leste and Viet Nam) scaled up HIV testing and counselling services for pregnant women. PMTCT service coverage increased as measured by numbers of persons counselled and tested for HIV from 2005 to 2006 (Cambodia, China, Myanmar and Thailand) as well as in numbers of counties and facilities reached (China, Myanmar and Thailand). Mongolia, Pacific Islands, Philippines and Timor-Leste – countries with very low HIV prevalence – are in early stages of establishing PMTCT programmes.

Joint advocacy by UNICEF, WHO, UNFPA and UNAIDS also brought greater consensus among governments on the usefulness of integrating PMTCT into maternal and child health care services, and improving linkages between departments for management of HIV/STI testing, counselling, treatment and care. China planned to roll out a pilot to demonstrate linkages in Guangxi Province, and advocated integration along with the 'Mother-Baby' package of interventions elsewhere. Papua New Guinea made plans to mainstream PMTCT service in the government's safe motherhood programme and in the enhanced UNICEF-supported pregnancy outcome initiatives. It also began to work on gender mainstreaming through greater involvement of male partners of pregnant women in comprehensive PMTCT and other aspects of HIV programming. Lao PDR initiated the integration of HIV and PMTCT into Maternal and Child Health (MCH) outreach and antenatal care (ANC) health education in some parts of Vientiane and Savannakhet. Concurrently, the country also prepared a "Caring Dads/Healthy Moms" initiative to improve fathers' attendance at ANC, counselling fathers about their sexual behaviour during their wives' pregnancies.

Figure 2: UN strategy on prevention of parent to child transmission



Source : Adapted from presentation on Setting the context: linking sexual, reproductive, maternal and newborn health – the circle of life by Wendy Holmes, Burnet Institute. Consultation on Integrating Prevention and management of STI/HIV into RH and MHN Services and the 6th Asia-Pacific UN PMTCT Task Force Meeting, Kuala Lumpur, 6-10 November 2006.



2. A nurse explaining the dangers of HIV/AIDS and the prevention of mother to child transmission with the aid of HIV/AIDS leaflets to pregnant mothers at the Port Moresby General Hospital's antenatal clinic, 2004

UNICEF Country Offices continue to provide technical and programmatic assistance to national and provincial governments to strengthen HIV/AIDS programmes (Malaysia and Viet Nam), review and update HIV testing policy and guidelines (Cambodia), finalize PMTCT guidelines and a detail national operational plan (Indonesia), develop training manuals and clinical guidelines for both PMTCT and paediatric ART, and build local capacity to deliver better testing and counselling as well as ARV treatment at delivery (Cambodia, China, Indonesia, Lao PDR, Myanmar, Papua New Guinea and Viet Nam).

In Cambodia, UNICEF provided fund support for the construction of ten new HIV testing centres and the procurement of HIV test kits and basic laboratory equipment for 42 testing facilities. In Thailand, UNICEF contributed to improving monitoring and evaluation systems for the PMTCT plus programme, linking PMTCT to comprehensive care for mothers and children after delivery. In Malaysia, UNICEF supported a review/evaluation of PMTCT services that led to a new policy that engaged the private health care sector in PMTCT-related activities. In Papua New Guinea, UNICEF continued to support HIV surveillance through antenatal services to improve national HIV monitoring and surveillance.

Priorities

The efficacious results of integrating services to improve HIV/STI prevention, treatment and care in the health sector require a commitment by different departments to work together. A vertical system is not always amenable to horizontal linkages, and the overarching question of leadership – who takes the lead – calls for a strong political will to work together. It also necessitates common ownership of the goal to ensure parents and children live healthier, without HIV, and live longer, when they are HIV positive.

In the next three years, greater joint UN efforts will be needed to support integration of PMTCT into MCH, reproductive health and HIV/STI prevention and treatment services in all priority countries. A referral system of testing, counselling and diagnosis, both horizontally and vertically (from community to central level) has to be strengthened. Extensive capacity building to improve couples counselling, coordination of services at national, provincial and district levels will be supported. Such actions should be buttressed by greater community mobilization and engagement of young people for peer education of HIV risks to women and children, risks during pregnancy and the importance of safe sex practices among men.

Most of these plans are undertaken by UNICEF Country Offices in the EAP region. In countries with concentrated and generalized epidemics, UNICEF and its national partners will also work towards ensuring that the care component of PMTCT, including ARVs for couples, psychosocial counselling and guidance in infant feeding, are available, along with improved ARV supply, management and distribution systems.

II. Paediatric AIDS

Issue

In 2005, the number of children below the age of 15 living with HIV was estimated to be 50,000 in East Asia and the Pacific.²³ Though low, that figure was around four times greater than the estimated 13,000 in industrialized countries. To put it into further context, the number has gone up by 61 per cent since 2003. And as more women unknowingly contract HIV from their partners, the number of children born with HIV is certain to rise.

Paediatric HIV treatment has only emerged as a global issue in recent years, so most countries in the region have not fully addressed this priority in their HIV responses. Only those with concentrated and generalized epidemics – Cambodia, China, Fiji, Malaysia, Myanmar, Papua New Guinea, Thailand and Viet Nam – have begun preparations for paediatric HIV treatment and care. As in the case of PMTCT, Thailand is the most advanced country in the region in this regard, with treatment introduced in the form of efficacy trials in 1997 and then offered as a routine service by 2002. Thailand's paediatric HIV treatment programme now has more than 95 per cent coverage, a remarkable achievement.

Despite the region's generally slow start in paediatric HIV treatment, there is cause for optimism. Given the relatively small population of children living with HIV, governments in the region can feasibly ensure full access to all children needing ARV treatment by 2010.

There are, however, several major obstacles to expanding paediatric HIV treatment. They comprise



UNICEF Lao PDR 05347/Jim Holmes



UNICEF Lao PDR 05357/Jim Holmes

Relaxing with a drawing pad, Aenoi loves books and drawing. He will often sit with his grandfather, one of his two principal carers as they read together. Grandad devotes much of his time to Aenoi's welfare including visits to the outpatient's clinic and support group at Sethathirat hospital. UNICEF supports the centre at the hospital and tries to provide reading materials for those who visit. Aenoi is HIV positive and lives in Vientiane, Lao PDR.

medical challenges, including the lack of affordable, simple diagnostic testing technologies for young children; the lack of knowledge of ARV efficacies and side-effects in children; the limited variety and availability of second line drugs, which are also costly; and the complexity of monitoring viral load. Challenges also include more general issues such as the lack of human resources and the difficulty in improving lab facilities and logistics in low-resource settings. In addition, paediatric HIV treatment is hindered by very limited public awareness of and access to HIV testing services, a situation made worse by the region's severe stigma and discrimination.

Action

Country Offices in the region are working closely with governments to devise appropriate guidelines and strategies. Nine of 14 (or 64%) EAP countries provided ARV treatment to HIV-infected children in need of treatment in 2006 (Cambodia, China, Indonesia, Myanmar, Pacific Islands, Papua New Guinea, Philippines, Thailand and Viet Nam). Cambodia reported a 39 per cent increase in number of HIV-infected children provided with ART and prophylaxis for opportunistic infections from 2005 to 2006. Cambodia expanded medical services for children with AIDS from 8 centres in 2005 to 16 centres in 2006. The Philippines procured paediatric ARVs for children as an initial start up in establishing comprehensive paediatric management – the first time paediatric medicines for HIV were officially made available. Myanmar introduced provision of cotrimoxazole to all infants exposed to HIV, although on a limited in scale.

Among the EAP countries, only Cambodia (with 11 per cent of children on treatment)²⁴ is close to achieving the global target of children comprising 15 per cent of those in need of treatment receiving ART. Coverage in other countries ranged from 4 per cent (China, Myanmar and Viet Nam) to 8 per cent (Thailand). In the remaining countries, 40 children were on treatment in Papua New Guinea, 3 in Lao PDR, 2 in Pacific Islands and 1 in Indonesia.

UNICEF Country Offices have been providing technical support in the assessment of procurement and supply management of ARVs (China and Philippines); developing appropriate policy on treatment and care of children with AIDS; and engaging technical expertise to facilitate the training of government staff and partners (Viet Nam). Papua New Guinea continues to provide technical assistance to Port Moresby General Hospital where 60 children were reportedly on ART. It also conducted an evaluation of possible integration of services in paediatric clinics in four provincial hospitals.

In Cambodia, fund support was provided to cover the costs of CD4 count tests (indicator of immunity) for all HIV-positive children under age five. And Cambodia is developing a treatment protocol and clinical management training curriculum ahead of plans to expand training and roll out services to national and referral hospitals. In Timor-Leste, UNICEF is helping to gear up the health system for the delivery of ARVs to all people in need of treatment through the 'Brazil +7' initiative.²⁵

HIV treatment is only effective when properly followed, and for many people living with HIV, especially children, sticking to daily drug regimens can prove daunting. For this and so many other reasons, children living with HIV need the support of their families, who often need help themselves. Providing support and guidance are crucial elements in paediatric AIDS treatment, and the Global Campaign aims to strengthen family- and community-based care throughout the region. China, for instance, is developing national guidelines for family- and community-based care. These guidelines, including psycho-social support, adherence to ARVs and opportunist infection (OI) drugs, and family education, will be implemented initially in 100 counties, and by 2009, in 250 counties of high HIV prevalence.²⁶

The Global Campaign is also working to build coalitions and leverage resources in the drive to meet the paediatric treatment target. In Malaysia,



Unicef/Giacomo Pirozi 2006.

A child living with AIDS in a centre run by Precious Jewels, Philippines

²⁴ WHO, UNAIDS, Progress on Global Access to HIV Antiretroviral Therapy: A Report on "3 by 5" and Beyond, March 2006

²⁵ The 'Brazil +7' initiative is an alliance between UNICEF, UNAIDS, the Brazilian Government and seven partner countries. Among its objectives is to offer universal access to ARVs to all people living with HIV in the partner countries – Sao Tome and Principe, Bolivia, Paraguay, Cape Verde, Guinea-Bissau, Timor-Leste and Nicaragua.

²⁶ The high-prevalence provinces in China are Yunnan, Henan, Hunan, Hubei, Hebei, Anhui and Shanxi.

the Institute of Health Management and UNICEF have formed a strategic alliance to set up an expert's advisory group to recommend national paediatric treatment policies and a national action plan. In Lao PDR, UNICEF helped prepare a paediatric treatment proposal to leverage funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Meanwhile, in Papua New Guinea paediatric ARVs have already been purchased through GFATM.

Priorities

Getting countries to include targets for paediatric treatment in their NSPs remains a priority. Without official acknowledgement of the importance of this issue, campaign partners will find it difficult to generate interest and action in achieving universal access for all children infected with HIV in East Asia and the Pacific. In order to do this, popular misconceptions that ARVs are 'wasted' on children must be dispelled.

Medical challenges, such as developing more effective, less expensive paediatric formulations and determining their efficacy for children, will have to be addressed. Campaign partners will continue to lobby for actions to be taken in these areas. In addition, nutrition is often a neglected aspect in paediatric treatment; many children with HIV are under-nourished, which in turn exacerbates their weakened immune systems. Therefore, campaign partners will continue to boost efforts to assimilate nutrition as well as psychosocial counselling into paediatric treatment programmes.

In addition, good practices in the region will be promoted. In Thailand, UNICEF worked closely with universities and the Ministry of Health (MOH) in Chiang Rai and Khon Kaen provinces to improve treatment adherence of ARV for children living with HIV. Through a well-designed programme that fosters linkages between the health system and an NGO run by people living with HIV, families are trained to provide better home-based care for children requiring treatment. Adherence to drug-taking schedules with multiple types of ARVs has achieved 95 per cent success, substantially prolonging the survival of children

living with HIV. In Cambodia, UNICEF's support for paediatric AIDS treatment, which involved the refurbishment of six paediatric wards and the procurement of basic medical equipment for ten referral hospitals, has contributed to improving general paediatric services for all children.

To ensure paediatric AIDS services will reach 100 per cent coverage, priorities will include strengthening human, financial and logistical capacity, and identifying the lack of VCT services that could help identify the many children in the region who need treatment. As with all the 'Four Ps', HIV-related stigmas must be conquered so that families with children in need of treatment are able to seek it freely.

III. Primary prevention

Issue

The goal of ensuring healthy outcomes for mothers and children, i.e. free of HIV and reduced death and disease burden from AIDS, requires that governments more closely examine the key drivers of the HIV epidemics. For East Asia and the Pacific, the primary behavioural drivers that have the largest impact on children and women are men who buy sex and men who have multi-partner sex.

The higher the proportion of men who frequent sex workers, the higher the multiplication of risk of HIV transmission. This includes men who have sex with men (MSM) and men who buy sex from male sex workers. Among them a high proportion are also married to female spouses.

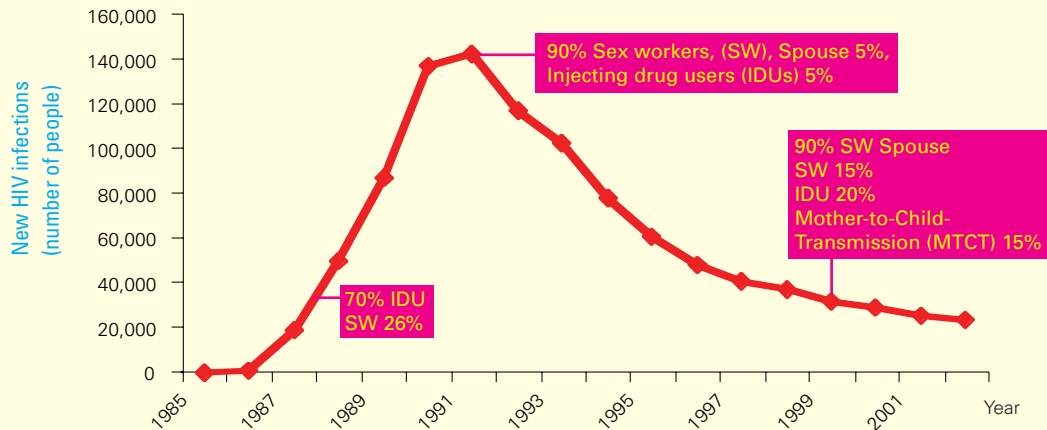
While sex workers remain most at risk and are the key HIV-prevention target, the male clients of sex workers are bridges of HIV transmission to women and children. Commercial sex work and its large clientele in the general population thus constitute the dominant mode of HIV's spread in all Asian countries, despite the historical trend of IDU being the cause of explosive HIV epidemics at the onset.

The historical trend in Thailand shows that the HIV epidemic trajectory began with IDU and was later propelled by sex work into the general population. The pattern was repeated in other Asian countries with the combination of IDU and sex work-driven epidemics (see the following graphs).



Caregivers take care of HIV+ children at the Precious Jewels Centre. This is an image of a health worker holding some ARV tablets which will be given to the children. ARV supply just arrived, financed by UNICEF. These children were about to die but thanks to a good diet and medical attention they have been improving.

Graph 4: Drivers of the epidemic: Familiar pattern in countries



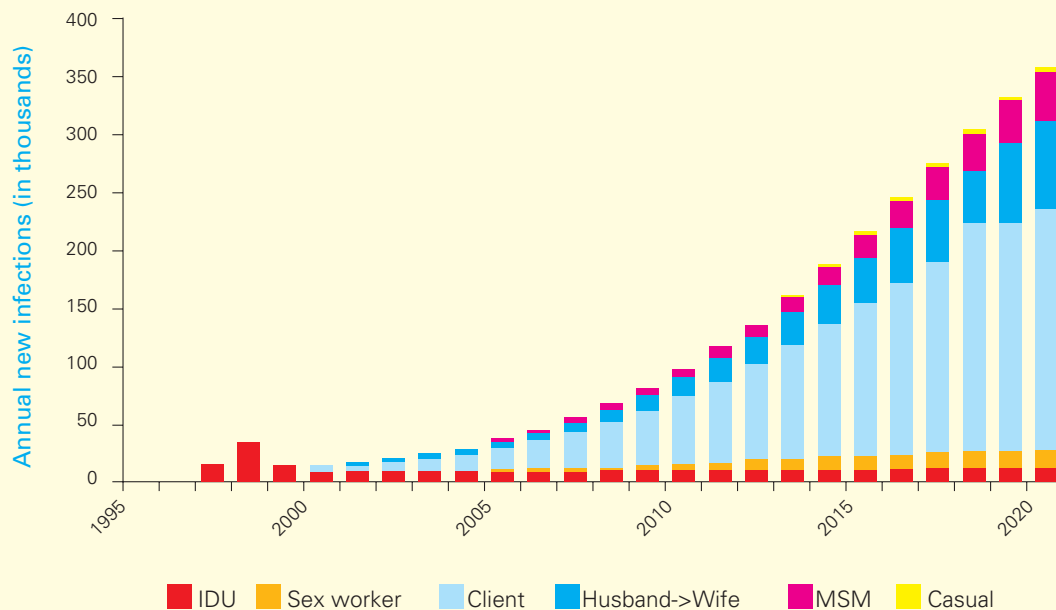
Source: Thailand Working Group on HIV/AIDS Projections, 2001.

Surveillance data on the percentage of men or boys in the general population that buy sex, whether from female or male or street-based sex workers, have become available in recent years. Based on a review of 900 surveillance reports and behavioural surveys, UNAIDS and the East-West Center, Honolulu, ascertained that in countries such as Thailand and Cambodia, up to 20 per cent of the male population buy sex; whereas in China and India, the figures vary from 2 per cent to 10 per cent. In the Philippines and Lao PDR, less than 5 per cent of men frequent sex workers.

Recognition of what constitutes the key driver of HIV in this populous region will have vast implications in national decision-making in terms of prioritizing national responses that carry the largest impact reduction for children and women in Asia and the Pacific. Prioritizing prevention for clients of sex workers, pursuing a strategy of 100 per cent condom use, and stepping up peer education and collective actions for street-based sex workers will be the most efficacious and direct approach to reversing the course of the epidemic.

Graph 5: Pattern of new HIV infections in Asia

Severity of epidemic determined by the extent of male clients of sex workers



Source: Common Issues for Asian AIDS Response, March 2007, Manila, UNAIDS.

The services that come with these interventions include improved supply of prevention commodities, tracking of STI prevalence, scaling up STI diagnostic and treatment, HIV testing and counselling, organizing peer support among sex workers, widely reaching the male population who frequent sex workers, reviving public education on HIV, safe sex and sexuality, whether in-school or out-of school, and supporting social mobilization and multi-channel communication to fight stigma and change social attitudes. Above all, it requires the highest political commitment, underpinned by policy, programme and domestic resources to sustain such prevention efforts.

The interventions directed at male clients and sex workers will, however, require concurrent investment in institutional capacity building and long-term measures to improve income, gender equality, social security and public education, in particular, services for young people.

Action

A key approach used by 11 of 14 (80 per cent) of country programmes to reach marginalized young people with essential HIV-prevention and life-skills information is peer education. Peer education as a means of eliciting youth participation in HIV-prevention activities was conducted in China, Indonesia, Malaysia, Mongolia, Myanmar, Pacific Islands, Papua New Guinea, Philippines, Thailand, Timor Leste and Viet Nam. A majority of peer education programmes are implemented at the community level and involve a cascade training model for the dissemination of HIV-prevention information and the development of skills, notably communication, empathy and critical thinking/decision making.



During an HIV AIDS awareness session at Port Moresby's Burns Peak settlement in 2004, special youth project Coordinator, Ruby Kenny, explains the use of a female condom to two women (top photo) and Brian, a peer educator, demonstrates the correct use of a condom to young men.

In China, for instance, over 14,000 young people were integrated into existing peer education networks of the Ministry of Education. Through trained peer educators in a national youth campaign, several thousands of young people and some professionals (teachers) in schools, townships and villages were reached with 10 key messages about HIV and AIDS, underscoring UNICEF's strength in innovative communications.

At the national level, the Malaysia Country Office supported the Government of Malaysia's efforts to implement the National Strategic Plan with a focus on harm reduction among injecting drug users. The UNICEF Malaysia Country Office also supported the establishment of the Institute of Health Management (IHM) - UNICEF Collaborative Centre, which is a joint platform for research and policy development, and the HIV/AIDS "Harm Reduction Secretariat" in the Ministry of Health.

In 13 countries across the region, life skills-based HIV-prevention education has sought to develop and maintain health-promoting behaviours and competencies amongst children and young people. A twofold strategy has guided this area of work, first through advocating and investing in social, emotional and behavioural skills-building



A high school student speaks on HIV prevention to peers in Indonesia.

programmes within primary and secondary school systems (particularly via the widespread Child-Friendly School model) and, second, through support of innovative HIV-prevention education programmes for vulnerable and marginalized youth.

In an effort to ensure that all school-going children are supported in developing the skills essential for making healthy decisions, seven UNICEF country programmes were working with government counterparts to strengthen curricula and ensure that explicit information and skills-building lessons on adolescent reproductive health, including HIV, are provided. In Lao PDR, for example, a recently introduced health curriculum for young people (addressing issues such as substance misuse, sexuality and relationships) supported by UNICEF was expanded in 2006 to cover an additional 11 provinces – reaching over 38,000 secondary school students. As a result of capacity-building workshops held in four countries, the theoretical basis for life skills-based education (LSE), as well as the rationale for its application within school systems, has been accepted within these country programmes. The Ministry of Education in Thailand, for example, now acknowledges that the social and emotional skills highlighted in the life-skills approach need to be more explicitly developed within their Child-Friendly School system and linked to positive health outcomes, including HIV prevention.

Peer-led LSE programmes are also reaching the wider community. In Viet Nam, healthy living clubs address risk behaviours – a model so successful that local governments are hoping to replicate it. In the workplace, peer educators have been

trained for outreach efforts targeting more than 22,000 workers at eight factories in Cambodia and 55 factories in Lao PDR.

Programmes specifically targeted at adolescents vulnerable to risk behaviours in the general youth population are still rare, largely because of the hidden nature of the epidemic and the dearth of age-disaggregated and sub-national data. However, the Global Campaign's emphasis on prioritizing prevention among the most-at-risk-adolescents (MARAs) and especially vulnerable adolescents (EVAs) has spurred some encouraging actions. In one exciting new programme, UNICEF is collaborating with a Cambodian NGO to prevent drug use, including injecting drug use, and to provide information on HIV to 1,000 young people who either inject drugs or use amphetamines in Phnom Penh. NGOs in Lao PDR are mobilizing resources needed to meet a national target of ensuring at least 4,500 of the most vulnerable youth have the skills, knowledge and services to protect themselves from HIV. Elsewhere, countries are laying the foundations for addressing the specific needs of these populations by supporting surveillance and closer analyses.

Priorities

The campaign's priorities in primary prevention are many, given its immense role in low HIV prevalence regions. As with all three other thematic areas, campaign partners will continue to collaborate with governments to incorporate national targets that address children, young people and prevention. Again, in order to usher in meaningful change and action, governments at all levels must confront HIV and its predominant



UNICEF Lao PDR 04921/Jim Holmes

Keo Pan Ya private school, Vientiane, Saphan Mo village. Monks visit to give life skills classes that emphasize the Buddhist way for young people to deal with issues from HIV and human relationships to safe driving. UNICEF supports this programme, called the Metha Tham Project.



UNICEF EAP 02039/Youkonton R.

Street children activities to help protect youth from HIV/AIDS in Chiang Mai, Thailand.

relation to sex work and drug use behaviours head-on, and non-judgmentally.

Despite the concentration of risks among sub-groups, the transmission pattern to the general population makes knowledge of HIV and life skills among young people crucial for self-protection, but this is not enough. Adolescents and young people also need confidential, youth-friendly VCT services. Through its extensive PMTCT programmes and collaborative ties with a range of actors, in particular UNFPA and NGOs, UNICEF is well-placed to assist governments in designing and delivering VCT services to young people. In Cambodia, the Country Office has worked with partners to achieve wide-spread access to VCT services. Malaysia has introduced a youth-friendly VCT service, housed in a drop-in centre equipped with computers and sports facilities to add to its appeal. Similar centres are planned for Papua New Guinea, Thailand, Timor-Leste and Viet Nam. In DPR Korea, UNICEF is initiating a dialogue with the government about piloting VCT services and other prevention activities along its border with China.

Campaign partners will also work together to fight stigma and discrimination against people living with HIV and populations at higher risk of infection. Discriminating against MSM, IDUs and sex workers is self-defeating in confronting HIV. It is only by reaching out to these populations that there is any hope for containing epidemics. Not only will the campaign continue to advocate on behalf of these populations, it will encourage governments to create and maintain better data collection systems that monitor populations at higher risk.

More attention also needs to be paid to child sexual abuse, and children who are orphaned by AIDS, as those without parental care are especially vulnerable. All abuse heightens a child's vulnerability to HIV, but sexual abuse the more so. Studies have indicated that children who suffer sexual abuse often later turn to alcohol or drugs to alleviate their traumatic memories.²⁷ Many also feel that they have less control over their sexuality or sex in general, making them highly vulnerable to unprotected sex.²⁸ Countries in the region need to confront sexual abuse, while helping victims come forward and cope with their experiences.

In the meantime, UNICEF and its partners will expand the kind of services proven to be effective in promoting prevention among young people, including LSE programmes and youth-friendly VCT

services. Programmes will also seek to harness the media in spreading the word on prevention among adolescents and young people. In recognition of how media savvy young people are today, the campaign will not just limit itself to traditional media outlets, but also channel awareness-raising efforts to the Internet and text messages.

IV. Protection and care

Issue

Around 450,000 children in East Asia and the Pacific were estimated to have lost one or both parents to AIDS by 2005.²⁹ But, as with all numbers associated with HIV and children in the region, this figure does not capture the whole picture.

Firstly, current modelling techniques do not provide accurate projections of the number of children born infected and/or growing up in HIV-affected households in countries where the national adult prevalence is below 5 per cent. Modelling techniques are further impeded by the lack of size estimates of the sub-population at high risk and their fertility rates.



UNICEF/2006/Ken Legins

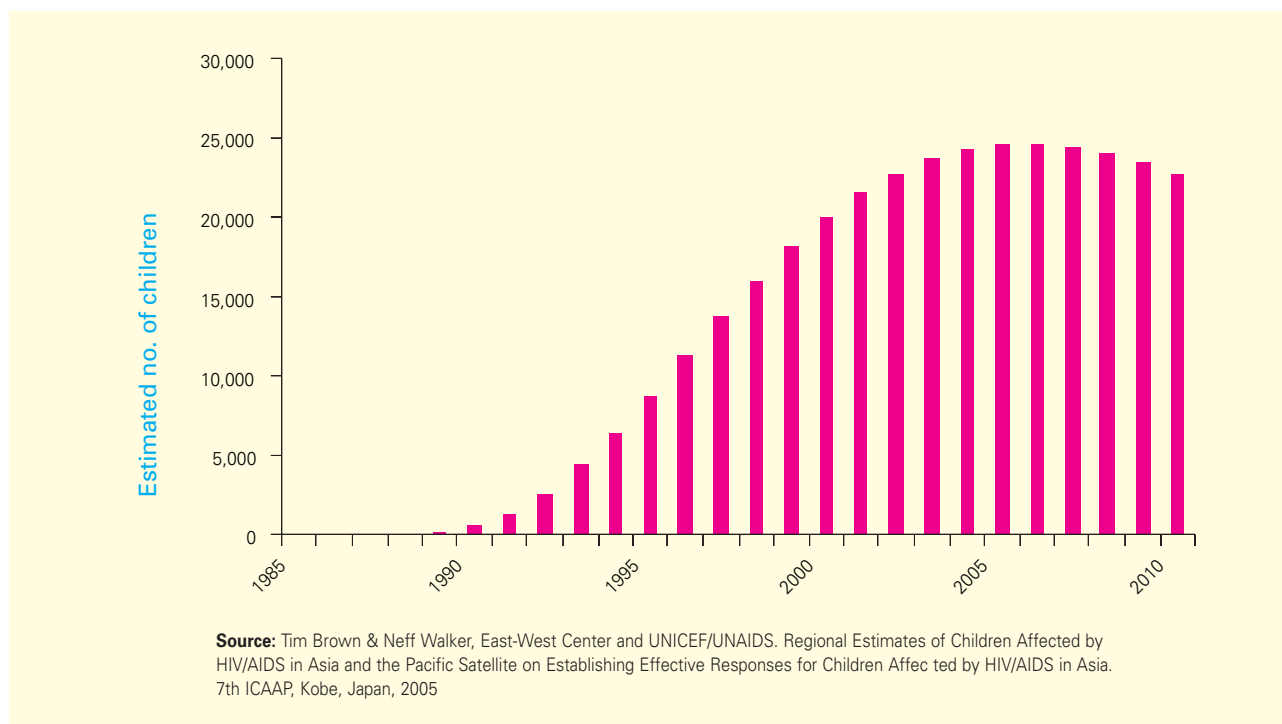
This girl is one of seven children living with her grandma, who lost her sons to AIDS. Yunnan, China.

²⁷ AIDS Research Institute at the University of California, San Francisco, "How Does Childhood Sexual Abuse Affect HIV Prevention?", September 2003.

²⁸ Ibid.

²⁹ VCPFC, PEPFAR, USAID, FHI, Save the Children, UNAIDS, WHO, UNICEF. Scaling Up the Response for Children. East Asia and Pacific Regional Consultation on Children and HIV/AIDS. Hanoi, Viet Nam, 22-24 March 2006.

Graph 6: Growing care needs of HIV positive children over time in Thailand



Secondly, stigma and discrimination – again – prevents us from knowing exactly how many children are affected by HIV and what their situation is. Children affected by HIV often live in places others ignore or avoid because of fear and prejudice. They are found in poor neighbourhoods, where drug users and sex workers also reside. They live in houses isolated from the rest of the community because their mother or father may be dying of AIDS. They may be part of ethnic minorities living in remote areas of a country. They may be bundled off to orphanages.

Official data are so far only available in Cambodia, Thailand and Viet Nam, and, unofficially, in China and Indonesia. A study supported by UNAIDS, the US Agency for International Development (USAID) and Policy Project put the number of children affected by HIV in Cambodia at 60,000. Viet Nam, according to a UNICEF-supported exercise, has around 283,000 affected children. And in Thailand, the Ministry of Public Health has estimated that more than 300,000 children have lost at least one parent to AIDS.

Projections are being conducted elsewhere. A recent study by the Asian Development Bank (ADB) has estimated that by 2020, AIDS will have orphaned as many as 210,000 children in Papua New

Guinea, and 2,060 children in Fiji.³⁰ A separate study, conducted by the Australian Agency for International Development (AusAID), estimates that by 2025, 166,000 children could lose their father to AIDS in Papua Province, Indonesia alone, and 117,000 could lose their mother to AIDS in Papua New Guinea, if current growth rate continues.³¹

Meanwhile, social protection measures for orphans and vulnerable children (OVC), including children affected by HIV, have not been thoroughly studied. In many cases, children affected by HIV are placed under the same umbrella as other vulnerable children. At times, grouping HIV-affected children together with others has been intentional: a study in Cambodia recommended that the government not offer assistance to children affected by HIV specifically, lest they suffer stigma and discrimination. Consequently, Cambodia has adopted a national policy for all OVC. In China, some provinces provide a monthly stipend of RMB 165 (US\$20) to each orphan who has lost both parents and RMB 50 (\$6) to each child with a bed-ridden parent.³²

While the situation of these children remains hidden from view, most of them are likely taken in by relatives, often elderly grandparents. Extended family traditions

³⁰ ADB, Draft of "Socio-Economic Impact of HIV in the Pacific," January 2006.

³¹ Impacts of HIV/AIDS in Papua New Guinea, Indonesia and East Timor, Final Report of HIV Epidemiological Modeling and Impact Study, AusAID, February 2006.

³² Based on conversation with UNICEF staff and Ministry of Civil Affairs officials in Beijing, China.

are strong throughout East Asia and the Pacific. But the quality of care varies from situation to situation. Many children are well looked after, but anecdotal reports from NGOs also reveal cases of sexual abuse, sexual exploitation and trafficking of these children to brothels. Some are ostracized in their schools and communities. Some are abandoned, while others run away after their last surviving parent dies. And whether these children have entered any official records is unclear.

But the plight of these children begins long before their parents die. Huge medical expenses and loss of jobs bring catastrophic changes to the family. Children reportedly drop out of school to make ends meet. Later, they become malnourished and are deprived of basic necessities as the family sinks deeper into poverty. All too often, children whose parents are still alive are even more overlooked, despite the glaring fact that their survival and well-being are clearly threatened by HIV.

Indeed, it is important to remember that children affected or orphaned by AIDS are often highly vulnerable to HIV infection themselves. They might be the children of IDUs or sex workers – circumstances that not only expose them to drugs and sex work, but also to sexual abuse and exploitation. Studies also link poverty and drug use to increased risk of sexual or physical abuse. And when parents die, children lose their foremost protectors.

Action

Through joint advocacy efforts by UNICEF, WHO, UNAIDS and key INGO/NGO partners, the issue of orphans and vulnerable children was positioned as a top priority in several governments' responses, as evidenced, for example, by the establishment of the National Task Force on Orphans and Vulnerable

Children, and an expansion of the strategic framework and a multi-sectoral action plan on HIV/AIDS in Cambodia. Other results include the signing of the first inter-Ministerial policy involving 14 ministries on 'children without caregivers'; appointment of a government ministry as focal point for children affected by HIV; and development of new strategies and action plans on alternative care and community-based psychosocial care and support for vulnerable children in Myanmar. The UNICEF Indonesia Country Office advocated for the national estimation of children infected and affected by HIV, and responded to a request from the Government of Indonesia to identify an expert in modelling to support the national estimation process, which for the first time included an estimation of children infected and affected.

Capacity building and community mobilization were carried out through the Buddhist Leadership Initiative (BLI) Project, which trains and mobilizes Buddhist monks and lay religious leaders to provide care and support to HIV-infected and affected families (Cambodia, Lao PDR, Mongolia, Myanmar and Viet Nam). The training of religious leaders resulted in several thousands of people being reached with messages on non-discrimination, care and support to people living with HIV and AIDS.

In China and Myanmar, government employees were trained to respond to children and families affected by AIDS. In addition, the UNICEF Indonesia staff's capacity was strengthened to provide effective technical assistance to the government. In Papua New Guinea, community mobilization and strengthening of AIDS competencies were conducted through the use of COMATAA (community mapping and theatre against AIDS) to conduct mapping of HIV risk and orphans and vulnerable children in communities as well as formulate action plans.

In addition, strong advocacy by UNICEF and its partners has resulted in Cambodia, China, Lao PDR, Papua New Guinea and Viet Nam adoption of scale-up targets for the care of children and families affected by HIV in their National Strategic Plans. These targets included ensuring free compulsory education to 100% of double orphans due to AIDS in China and access to shelter or alternative care to 70% of OVC in Cambodia by 2010. Other countries such as Thailand and Malaysia have already incorporated protection and care interventions into their NSPs.

However, before targets can be seriously pursued, assessments must be conducted first to determine which children are in need. With this in mind, partners in the Global Campaign are advocating



Rolang Kampoul, Prey Pdao

Through the Buddhist Leadership Initiative, a monk conducts a session to educate community members on HIV in a Pagoda of Kampong Speu province.

and supporting studies that estimate the number of children affected by HIV and assess their situations. National assessments are planned for Indonesia and Malaysia, and have been completed in Lao PDR and the Yunnan Province of China. In Viet Nam, both a situation assessment and legal review have already been completed, and are being utilized to design national programmes. Similar assessments have been conducted in Papua New Guinea, paving the way for a national programme to provide necessary support to orphans and vulnerable children.

Countries in the region also need to explore alternative models of care before contemplating the campaign's protection target. Until recently, orphanages and institutions were the ultimate fate for many children affected by HIV. The best solution, however, is to allow children to remain within their families and communities. Furthermore, alternative models such as home-based foster care are a good fit for East Asia and the Pacific, where strong communal structures and networks already exist. With the support of NGOs and UNICEF, regional governments have begun developing policy frameworks on alternative care for orphans, including children orphaned and made vulnerable by AIDS. Cambodia's government adopted an alternative care policy in 2006, and similar policies are underway in Papua New Guinea and Viet Nam. And in Lao PDR, a provision for children infected and affected by AIDS is being integrated in a draft law on children.

Alternative care has also made great strides in China. The Chinese government and UNICEF are examining the experiences of five project counties where community-based care has thrived as it considers revisions in several national policies, guidelines and laws, including a comprehensive national law on the protection of minors. Meanwhile, five high-prevalence provinces in China – Henan, Hubei, Yunnan, Anhui and Guangdong – have already developed provincial policies on children affected by AIDS.

Global Campaign partners have also collaborated with other governments to introduce alternative care programmes, and these efforts are beginning to bear fruit. In Myanmar, community-based care models are being put into practice through a holistic package. Thailand has introduced various therapeutic approaches to mitigate psychosocial trauma among children. Communities in Lao PDR, Papua New Guinea and Viet Nam have been mobilized to support families and children affected by AIDS. Finally, faith-based groups have proven to be committed partners in community-based care. Buddhist monks and nuns have long been active in delivering care in the Mekong sub-region, while churches are increasingly playing a critical

role in the protection and care of HIV-affected children in the Pacific, notably Papua New Guinea. Also in Papua New Guinea efforts are underway to establish practices that follow the 'continuum of care' (CoC) model that ties together prevention, treatment and care.

And throughout East Asia and the Pacific, campaign partners are playing an active role in ending HIV-related stigma and discrimination. Using the protection and care of children affected by HIV as a rallying point, the Global Campaign has sought to sensitize political, religious and community leaders in China, Indonesia, Lao PDR, Malaysia, Papua New Guinea and Viet Nam, and cultivate them as agents of change. UNICEF has used its ties with the entertainment and business sectors to promote messages of tolerance and acceptance. UNICEF/UNAIDS Goodwill Ambassador Jackie Chan has lent his fame, charisma and boundless energy the fight to end stigma in East Asia. Meanwhile, partners ranging from McCann Erickson, Australia China Business Forum to the



UNICEF CHI00043/Li Mingfang
A young Islamic girl listening to a talk on AIDS by the Imam of the Min Le Mosque in Yin Chuan City, Ning Xia Hui Autonomous Region, China, 2006.



UNICEF/Unknown

Led by the young pastor Jeam (staff at the Precious Jewels Centre) wearing a UNICEF t-shirt. Children, all affected or infected by AIDS, sing in a circle the song 'Kaya ko, kaya mo, Kaya Natin'. The chorus says "I am thankful because I have a friend who's helping me to face all this. That's why my friend, if I have overcome it, I am sure you will pass through all the problems. Don't be sad, don't be afraid. You really can do all of this! If I can do it you can also do it with my help and with your help we can all do it."

National Basketball Association to MTV are working to address discrimination, support children affected and increase knowledge about HIV.

Priorities

As with the other 'Four Ps', the region has a long way to go in fulfilling the campaign target on protection, support and care. Countries must first identify who the children in most need are, where they are, and under what conditions they are living. In other words, national assessments of the number of children affected by HIV and their situations must be accelerated. A number of countries in the region are pursuing national situation analyses of the impact of HIV on children. That is a solid start, but these assessments will need to be revisited regularly in order to ensure that programmes keep up with changing circumstances.

More also needs to be done now to address the vulnerabilities of affected children and orphans to sexual abuse and exploitation, and risk behaviours

such as injecting drug use. Protection and care therefore must be closely linked to not only prevention efforts, but also to overall child protection. Health care workers, teachers and others involved in community-based care must be trained in how to detect and report abuse. Public campaigns need to be devised to remove the shame and stigma attached to abuse so that cases are reported.

Yet again, negative social attitudes towards HIV and AIDS must and will be vigorously addressed. Strategic communications campaigns will be conducted to tackle stigma not only among the public, but also, in the education and health sectors. In the coming years, UNICEF Country Offices and their partners will seek to ensure that children affected by HIV are guaranteed access to basic services such as schools and clinics.

While campaign partners will continue to pursue the implementation and expansion of alternative care models, protection and care of children affected by HIV ultimately hinges on keeping parents alive. Thus, in the future, the Global Campaign will seek to link care policies closely to expanded treatment access for children and their parents. For the developed world, HIV is no longer a death sentence, but a chronic, manageable illness. In order to avert an orphan crisis, this must be the norm in the developing world as well, especially in countries with struggling social welfare systems.

Finally, children are not just the missing face of AIDS, they are also missing from social registration systems in many countries. Without a birth certificate, children are denied access to schools and health care, and become easier targets for traffickers and abusers. They cannot find formal employment, cannot open a bank account or buy property when they grow up, and are denied the right to vote. Lack of universal birth registration is disastrous for the protection and care for all children. In order to seriously engage in the protection and care of children affected by HIV, countries must revitalize efforts to achieve universal birth registration.

Chapter 3

Partnerships

Partnerships are the fifth 'P' of the Global Campaign on Children and AIDS. Given the scope and ambition of its targets, the campaign's success depends on cooperation and coordination from a wide range of stakeholders, including governments, donors, UN agencies, NGOs, civil society groups, health care professionals and of course, children and young people living with or affected by HIV and their families.

Indeed, HIV poses complex challenges that can only be effectively addressed by multi-sectoral responses, which by their very nature demand joint actions. For instance, defeating stigma and discrimination requires action at all levels and from all sectors. Governments need to enact and enforce laws that prohibit discrimination. Health ministries working in partnership with hospitals, clinics and other institutions need to educate health care providers, introduce universal precaution and establish voluntary counselling and testing services. Health workers, civic and religious leaders, and school officials need to be urged to take leadership roles in fighting stigma and discrimination. Private businesses need to support employees living with HIV. Celebrities and people living with HIV can help launch public awareness campaigns by acting as role models, while news media can be encouraged to present stories highlighting the issue. These are just some of the actions that must be taken, and they clearly entail the building of effective partnerships.

The Global Campaign envisions a grand alliance of governments, agencies, NGOs, civic and religious groups, and people living with HIV. In this region, partners so far include:

- All 14 governments of UNICEF programme countries in East Asia and the Pacific;
- UN system, including UNAIDS Regional Support Team for Asia-Pacific; the World Health Organization (WHO); United Nations Educational, Scientific and Cultural Organization (UNESCO); the United Nations Population Fund (UNFPA); the World Food Programme (WFP); the UN Office on Drugs and Crime (UNODC); the UN Development Programme (UNDP) and the International Labour Organization (ILO);
- The Association of Southeast Asian Nations (ASEAN);
- Asian Development Bank (ADB) and the Global Fund to Fight AIDS, TB and Malaria (GFATM);
- The United Kingdom Department for International Development (DFID); the Swedish International Development Cooperation Agency (Sida); the US Agency for International Development (USAID) and the President's Emergency Plan for AIDS Relief (PEPFAR);
- Family Health International (FHI) and MacFarlane Burnet Institute;
- The Clinton Foundation;
- International children's organizations, including Plan International, Save the Children Alliance, and ECPAT International;
- Asia Pacific Network of People Living with HIV/AIDS (APN+);
- The private sector, including MTV, the Global Business Coalition, National Basketball Association (NBA), and Kimberly Clark;
- A number of universities and many local NGOs; and
- Youth Ambassadors, children and young people.

As it is only one year into the campaign, partnerships on HIV and AIDS intervention – especially multi-sectoral responses – are mostly works in progress. Many more partners still need to be enlisted, and more energy is required in building and cementing a coalition.

Nevertheless, there have been encouraging signs, both on the regional and national levels. The Joint UNICEF-WHO-UNAIDS-USAID/OGAC-PEPFAR-FHI-Save the Children Alliance East Asia and Pacific Regional Consultation on Children and HIV/AIDS in March 2006, hosted by the Government of Viet Nam, not only represented a significant step towards deepening existing partnerships, it also underscored the need for expanded and strengthened alliances. Many of the new commitments in the Hanoi Call to Action can only be achieved through cooperation and coordination.

At the national level, the campaign has enriched already strong partnerships with governments across the region. Throughout East Asia and the Pacific, UNICEF is working closely with governments to review policies and devise strategies on children and HIV. For example, in Viet Nam, UNICEF is supporting the government in introducing and scaling up programmes in PMTCT, primary prevention, and protection and care of children affected by HIV.

Partnerships between UN agencies have also come to the fore. UNICEF and WHO collaborate in Papua New Guinea on PMTCT, paediatric AIDS treatment and ART treatment for parents of affected children. UNICEF is also working with WHO in Indonesia on developing guidelines in paediatric AIDS treatment. The Pacific Stars Life Skills programme – jointly sponsored by UNICEF, UNFPA and the Secretariat of the Pacific Community – is a prime example of a successful interagency partnership.

UNICEF also works in partnership with NGOs. In China, UNICEF, FHI, USAID and the Save the Children alliance are coordinating responses to orphans and other vulnerable children, and are working with the Clinton Foundation in order to deliver ARVs to children in need. At the same time, UNICEF is supporting a number of local NGOs in groundbreaking, innovative initiatives that can serve as models. These include collaborating with a local Cambodian NGO in

running an HIV and reproductive health telephone hotline for young people called “Inthanou”.

The Global Campaign has galvanized support from two sources of leadership that are assuming growing importance: religious groups and the business sector. In Indonesia, UNICEF is partnering with Islamic groups such as the Council of Ulama and Muhammadiyah to conduct advocacy events and HIV programmes at religious schools. Throughout the Mekong sub-region, UNICEF has long worked closely with the Buddhist clergy through the Buddhist Leadership Initiative in promoting family- and community-based care. On the other side of the spectrum, MTV Asia has long played an essential role in raising awareness on HIV among young people, and UNICEF has worked closely with MTV in China, the Philippines and Thailand to stage highly popular events.

An increasing array of celebrities is also joining the campaign. Well-known Kung-Fu King and UNICEF/UNAIDS Goodwill Ambassador, Jackie Chan, has donated his time for public service announcements and country visits to fight AIDS stigma in East Asia. Three popular TV hosts in Malaysia: Celina Khor, Kartini Kamalul Ariffin and Rafidah Abdullah, have been appointed Goodwill Ambassadors for Malaysia to speak up on young people’s issues. In Indonesia, UNICEF also works closely with a well-known spokesperson of HIV positive networks, Frika Chia Iskandar, to bring children and AIDS to national awareness.

Finally, the Global Campaign is not only striving to place children and young people on the HIV agenda, it is also enabling them to actively take part in the response. Child and youth participation is a fundamental philosophy for many of the campaign partners. And because life skills-based education is a major prevention strategy, UNICEF has worked with countless children and young people, empowering them with the skills and knowledge to stand up to the challenges of HIV.

Efforts are ongoing to build and fortify alliances in order to improve coordination, reinforce programmes and scale up HIV and AIDS interventions. Some formal mechanisms to create expanded, multi-sectoral responses are already in place, including the UN Country Teams, UN Theme Groups on HIV/AIDS, and Technical Working Groups.

Challenges remain in terms of building a unified, effective coalition to address children and HIV. While many positive and productive partnerships exist, professional and organizational rivalries are hindering alliances. Competition for funding, publicity and influence also detracts attention and energy from the greater cause. And most of all, ideological differences on HIV prevention are blocking effective interventions.

As seen at the Hanoi Consultation, there is already wide consensus that swift action must be taken to address the issues and needs of children infected and affected by HIV. But in order to achieve the campaign's targets of scaling up programmes in

the 'Four Ps', campaign partners must pursue effective, evidence-based solutions through joint programming and joint actions. Until this is accomplished, the inefficient use of human and financial resources will continue to obstruct responses to the epidemic.

In order to achieve the Global Campaign's targets, the international community must call on governments to grant the necessary authority to national HIV/AIDS coordinating bodies. It must also seek to build national and local capacity – an essential step to utilizing human and financial resources efficiently and effectively.



UNICEF EAP 03130/Jonh Vink

Jackie Chan, UNICEF Goodwill Ambassador, shooting an HIV/AIDS film directed by Deependra Gauchan, from the BBC World Service Trust. Phnom Penh, Cambodia.

Chapter 4

Resource Needs

Financial resources devoted to addressing the global HIV pandemic have increased enormously over the past decade. In 1996, only an estimated US\$292 million was available globally for HIV, compared to around US\$8.3 billion in 2005, according to the recent report by the UN Secretary-General, 'The Declaration of Commitment on HIV/AIDS: Five Years Later'.

But the acceleration of funds has not matched the pandemic's devastating pace. The UN Secretary-General's report notes that many of the important global targets for 2005 were not met, and that progress in providing universal access to prevention, treatment and care is uneven among, and sometimes within, countries. For instance, while Thailand has achieved remarkably high coverage in treatment, the national budget for prevention programming has been steadily slashed, resulting in lower coverage.¹

Indeed, unless resources are quickly mobilized and allocated, funding gaps will continue to hold back

HIV interventions. And if these shortfalls persist, low- and middle-income countries will slip even further behind in achieving universal access targets, especially as the number of people living with HIV increases. Moreover, these gaps are substantial: a recent UNAIDS report forecasts that the total amount necessary for an expanded response in these countries will rise from US\$14.9 billion in 2006 to US\$22.1 billion in 2008. The annual resource gap could be as much as US\$6 billion in 2006 and US\$8 billion in 2007.

For countries in Asia and the Pacific, the projected resource needs for a comprehensive, scaled-up response to HIV, including the 'Four Ps' are around US\$2.7 billion in 2005, rising to US\$6 billion in 2010 and US\$6.43 billion in 2015.² In 2006, only US\$1.4 billion was projected as being available³ whereas three quarters of health services as a whole in Asia-Pacific, according to a UNAIDS/ADB study, are financed by private expenditures and delivered by the private sector.⁴

Table 3: Projected resource needs for the 'Four Ps' in Asia-Pacific

	2005 (US\$ billion)		2010 (US\$ billion)		2015 (US\$ billion)	
PMTCT	0.03	1%	0.09	2%	0.1	2%
Primary Prevention	2.15	80%	4.78	81%	5.05	79%
Paediatric Treatment	0.03	1%	0.12	2%	0.31	5%
Protection of OVC	0.14	5%	0.14	2%	0.13	2%
Programme and HR	0.34	13%	0.77	13%	0.84	13%
Total	2.69		5.9		6.43	

Source: John Stover and Neff Walker, "Regional Update on the Situation and Response for Children Vulnerable to, Infected and Affected by HIV/AIDS", Scaling Up the Response for Children: East Asia and Pacific Regional Consultation on Children and HIV/AIDS, 22-24 March 2006, Hanoi Viet Nam.

¹ Review of the Health Sector Response to HIV/AIDS in Thailand, Ministry of Public Health, Government of Thailand and WHO, August 2005.

² John Stover and Neff Walker, "Regional Update on the Situation and Response for Children Vulnerable to, Infected and Affected by HIV/AIDS", Scaling Up the Response for Children: East Asia and Pacific Regional Consultation on Children and HIV/AIDS, 22-24 March 2006, Hanoi Viet Nam.

³ "Financing the Expanded Response to AIDS" in *A Scaled-Up Response to AIDS in Asia and the Pacific*, UNAIDS and ADB, July 2005, p. 26.

⁴ "Funding Required to Confront the HIV/AIDS Epidemic in the Asia-Pacific Region", UNAIDS/ADB Study Series, December 2004.

Graph 7: HIV/AIDS budget (Government and ODA) based on National Strategic Plan, FY 2006-2007 (US\$ thousands), selected countries

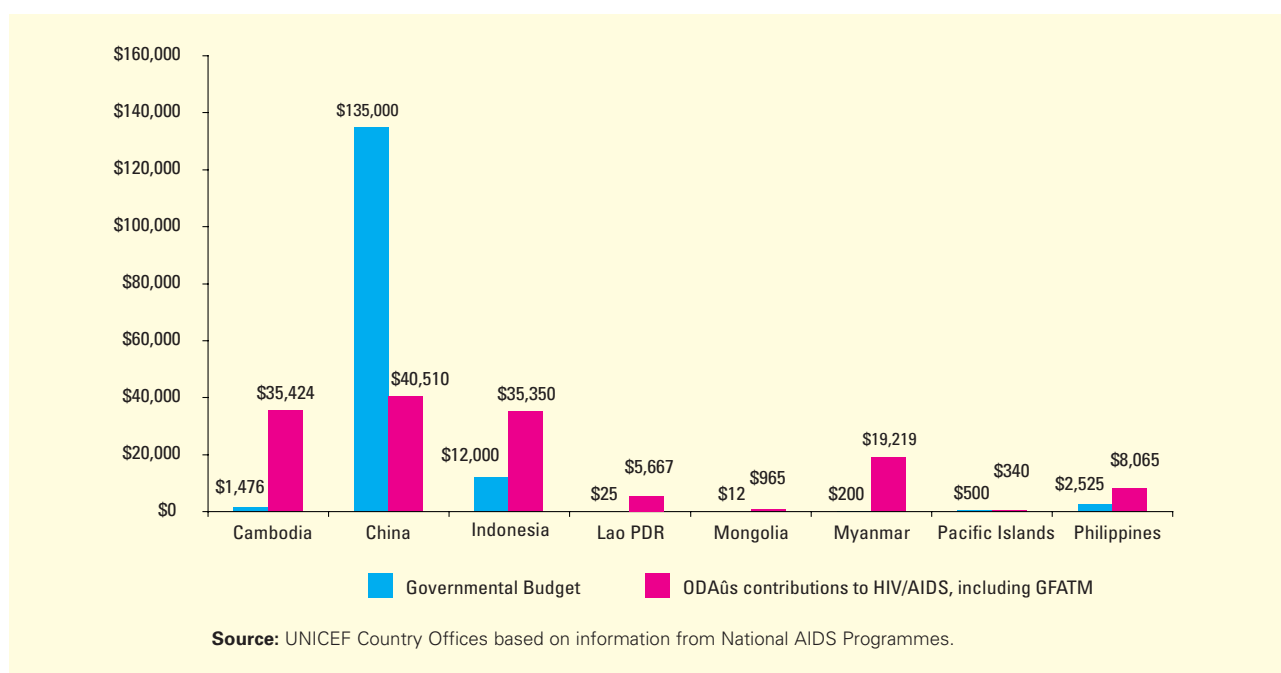


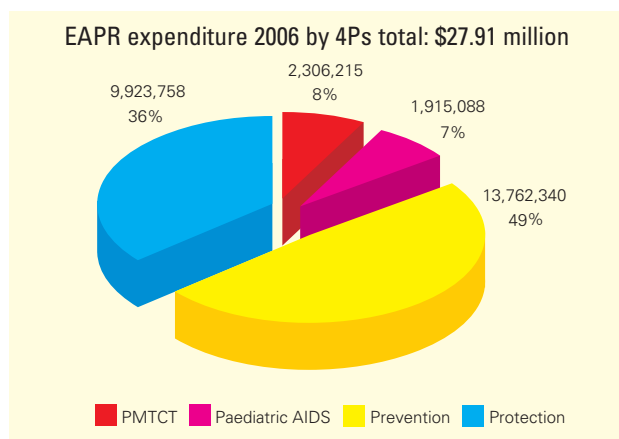
Table 4: Major sources of ODA to National AIDS Programmes in the East Asia and Pacific Region

Countries	Major sources of ODA
Cambodia	USAID (2006-2010), Global Fund (2006-2010), NGOs (2006-2010), DFID (2006-2010), CDC-GAP (2006-2010), World Bank (2006-08), CIDA (2006-2007)
China (period not indicated)	Global Fund round 3, 4 & 5 , Gates Foundation, DFID, Merck Company Foundation, US CDC GAP, USAID and NIH/CIPRA, AusAID
DPRK	No information
Indonesia	PF/DFID (2005-08), GFATM (2005-08), USAID (2006-08), AusAID (2002-07), Japan (2006-10), UN (2006)
Lao PDR	GFATM R1, 4 & 6 (2003-11), ADB-CDC (2006-08), USAID (2004-11), MSF Switzerland (2004-08), CIDA (2004-08)
Mongolia	Global Fund ATM (2003-2011), UNAIDS/PAF (2006-2008), UNFPA (2006-2011), GTZ (2007-2009)
Myanmar	FHAM* (2006-2007), GFATM, EU, AusAID, Japan (2006), 3 Diseases Fund (2007-2009)
Pacific Islands	AusAID & French Through PRHP (Pacific Regional HIV Project) (2006-2008), GFATM (2004-2008)
Papua New Guinea	AusAID (2007-2011), ADB (2007-2011), GFATM (2006-2010)
Philippines	USAID, JICA, KFW, WB, Packard, UNFPA, Ford Foundation, CAFOD-UK, SC-US (2000-2004); EU (2003); UNAIDS (2002-2004); GFATM (2004); PSI-PFID (2002-2003); UNDP (2000-2002)
Thailand	GFATM (2006-2007); TUC (CDC US) (2002-2007)
Timor-Leste	GFATM (2007-2009); FHI-USAID (2003-2006); UNICEF (2003-2007); UNFPA (2006-2007); UNDP (2006-2007)
Viet Nam	PEPFAR, DFID-NORAD, GFATM R1 (2005-2006); ADB, USAID, GFATM, NGOs, DFID, CDC-GAP (2006-2010); World Bank (2005-2008)

*Myanmar: FHAM or "Fund for HIV/AIDS in Myanmar" was replaced by the "3 Diseases Fund" with bilateral contributions from DFID, EU, Norway, Australia, Sweden and Netherlands (2007-09).

Source: UNICEF Country Offices' ranking based on information from UNAIDS or National AIDS Programmes.

Graph 8: UNICEF indicative programme expenditures on HIV/AIDS in East Asia and the Pacific region, 2006



Sustained advocacy for public investment in HIV and AIDS responses, and resource mobilization among governments and international partners must be of high priority to ensure those needs are met. In addition, although most of the countries of East Asia have experienced steady economic growth for years, the preceding graph shows that public expenditure in HIV still lags behind official development assistance (ODA). Among countries where such information are available to UNICEF, only China has a higher public expenditure than donor contributions.

Bilateral organizations and the Global Fund have been and will continue to be the major sources of development assistance for national HIV and AIDS programmes. Of the \$1.4 billion – estimated by UNAIDS and ADB – to be available for HIV responses in 2006, UNICEF contributed about \$26 million in programme funding for the 4Ps in Asia-Pacific countries, or 1.8 per cent of total resources for the HIV/AIDS sector. UNICEF programme expenditures in 2006 comprised \$27.91 million in East Asia-Pacific and \$9 million in South Asia. Graph 8 shows the indicative allocation of UNICEF programme funds in 2006 in East Asia and the Pacific region (breakdown of project staff cost for HIV in some countries unclear due to programme coding arrangement).

About 50 per cent of programme funds in 2006 was spent on primary prevention activities targeting adolescents and young people, including life skills-based HIV education in schools. The rest was divided between PMTCT/Paediatric AIDS treatment and Protection and Care of Children affected by AIDS, which made up 15 per cent and 36 per cent of programme funds respectively.

UNICEF estimates a total of US\$131 million needed to scale up its programme with governments and civil society around the 'Four Ps' in the East Asia-Pacific region by 2010. A substantial increase – up to 14 times the current annual expenditure on

PMTCT, 9 times paediatric AIDS care and about 3 times for protection and care – will be necessary to work with national AIDS programmes to deliver the 4Ps targets. UNICEF has so far mobilized around US\$46 million, with about US\$85 million still to be raised or leveraged for the next four years.

The estimated resources proposed for the 4Ps largely adheres to priorities identified by National AIDS Programmes, which are also in line with the status of HIV epidemics in these countries. The graph following shows that a greater proportion of resources will go into primary prevention in very low-prevalence countries, such as Mongolia, the Philippines and Timor-Leste, whereas countries with generalized epidemics, such as Cambodia, Papua New Guinea and Thailand, are planning to devote more resources to protection and care.

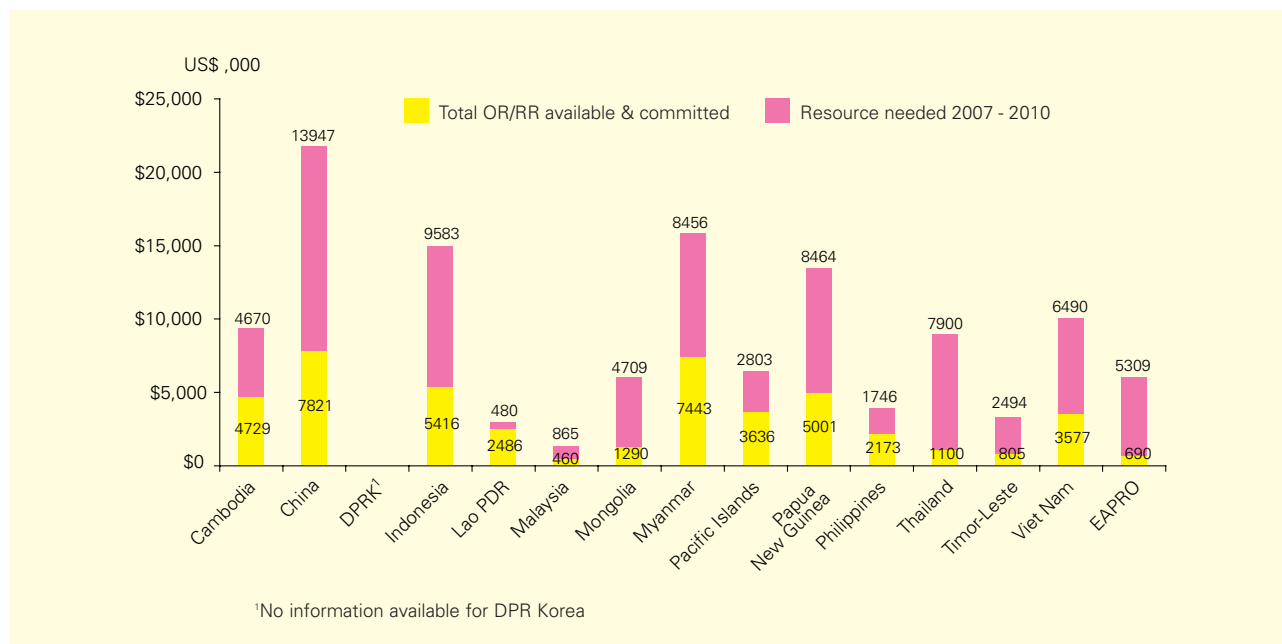
The UNICEF budget allocations also take into consideration the funding situation of individual countries. For instance, two countries with concentrated epidemics, Malaysia and Viet Nam, propose very different resource allocations in prevention. In Malaysia, UNICEF plans to allocate more than 80 per cent of resources on prevention and policy advocacy activities, while in Viet Nam, it intends to allot 30 per cent to prevention.

This divergence arises from these countries' different funding status. In Viet Nam, HIV prevention is well-funded by major donors: PEPFAR is contributing US\$48 million; ADB, US\$20 million; the UK Department for International Development (DFID), US\$10 million; the World Bank, US\$6 million; and GFATM, US\$5.8 million.

In contrast, Malaysia - a relatively wealthy country in South-East Asia - is financing HIV and AIDS programmes almost entirely through its own public budget. The Ministry of Health is actually planning a more than tenfold increase in its HIV budget for the next fiscal year, from an annual US\$10.9 million to US\$136 million. Not only is UNICEF cautious about not duplicating efforts, it also looks for opportunities where its funds would have the most impact. In circumstances such as Malaysia's, UNICEF resources in HIV prevention would potentially have greater influence in shaping national priorities. Indeed, this has already happened in Malaysia. In a recent collaborative effort, the government has adopted harm reduction as a key prevention strategy.

In general, there are two key issues in programme-resource mobilization for HIV that merit attention. Firstly, the perception that middle income countries could and should fully rely on their own public budget to finance national HIV programmes. Secondly, that low HIV-prevalence countries are of a lesser priority in HIV funding. The former assumes

Graph 9: Target funds for scaling up 4Ps targets by 2010, East Asia and the Pacific region, 2006



the presence of the highest political commitment, a strong local capacity and equal access by all to prevention, treatment and support services. Whereas in reality, these are often absent to varying degrees, and resources continue to be needed to advocate and build up political commitment. Thailand, for instance, has in recent years slid in resource commitment to HIV prevention. The high disease burden of AIDS, with an estimated 580,000 adults and children living with HIV, has taken up over 80 per cent of the country's national HIV budget on treatment cost. Resources earmarked for primary prevention, especially among the most-at-risk populations and young people, along with other interventions, have slid below the required level for a successful turnaround of the epidemic. Greater policy and political advocacy is necessary to revive Thailand's earlier track record on halting the spread of HIV.

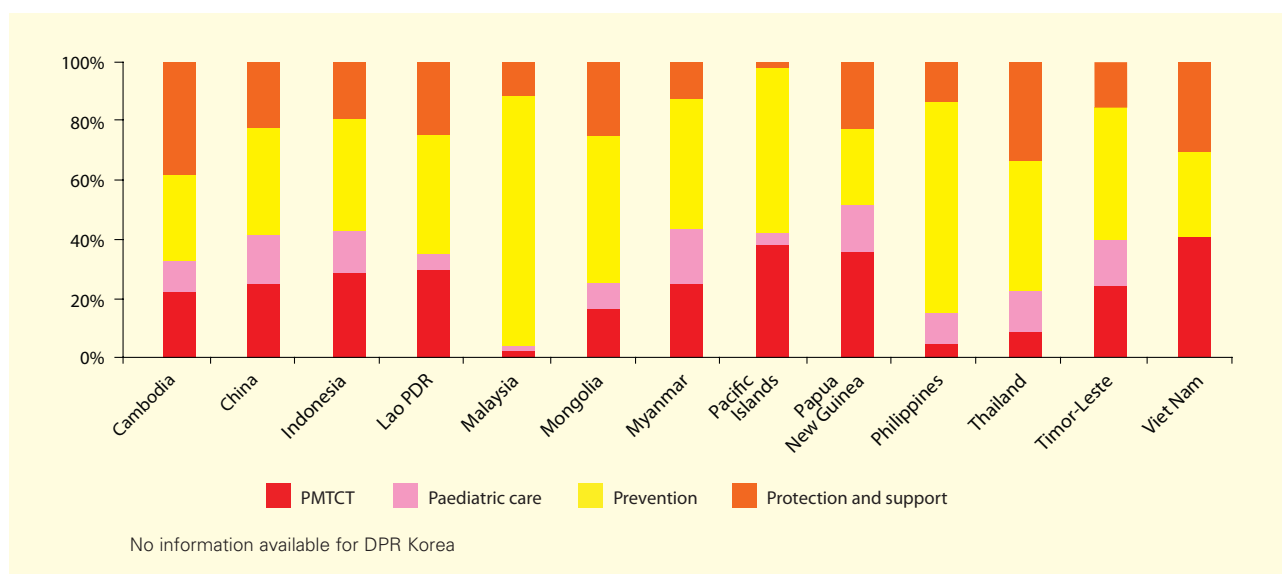
Secondly, the overall low HIV prevalence status of the East Asia and Pacific region, in particular countries such as Lao PDR, Mongolia, Philippines and Timor-Leste, is perceived as posing no potential threat and therefore a less urgent case for HIV prevention. A seldom recognized fact is that they have high vulnerabilities to HIV, given high population mobility and the cross-border nature of this communicable disease. It is also important to invest in these countries to continue to keep their HIV prevalence low. For the EAP region as a whole, the current low-prevalence status presents an immense opportunity for early action rather than for governments to react only when HIV worsens. Investment in low-HIV prevalence countries deserves the fullest support for maintaining human security and the regional public good.

This public health principle applies most urgently to populous countries such as China and Indonesia, and even more so to Myanmar, where the HIV situation has been deteriorating. The estimated number of people living with HIV in the country is closely trailing behind China and Thailand, and HIV is already entrenched in the general population. Increasing numbers of children are being orphaned and made vulnerable, especially in states that have high levels of cross-border migration and trafficking into those regions of Thailand and China where HIV prevalence is highest.

The suspension of GFATM funding to Myanmar has cut off much needed resources that would maintain as well as scale up HIV prevention and treatment services to more townships. Though other donors, recognizing the exigencies of the situation, have quickly come in with a 3-Disease Fund (3DF), the amount is insufficient to meet the vast needs for a full scale response to AIDS in Myanmar. Further, most of the 3DF donors, who are traditional contributors to UNICEF programmes, have now channelled resources to 3DF. The 3DF mechanism has not made it possible for UNICEF to leverage funding of the national programme it supports, nor are the 4Ps and children a priority in face of other competing and compelling demands.

Finally, shifts in donor policies and partnership arrangements have also hampered resource leveraging at the country level. In China, donors are establishing bilateral project offices rather than coursing funds through a UN agency. Elsewhere, there is also increased preference by donors to fund governments directly through mechanisms such as the GFATM, which requires intensive UN

Graph 10: Estimated resources needed by UNICEF to scale up 4Ps targets by 2010, East Asia and the Pacific region (by percentage and planned thematic allocation)



technical support. However, the human resources that provide such support are not funded. Overall, UN funding, along with that of UNICEF, is dwindling in a rapidly changing development aids landscape. The scale up of 4Ps in the region call for much greater efforts in resource leveraging, evidence-based policy and political advocacy, as well as better data gathering, data analysis and results-based monitoring and evaluation.

Some of the outcomes are already felt. In Thailand and Myanmar, UNICEF country offices have had to rely heavily on Regular Resources (RR), which seriously limits implementation of HIV/AIDS-related activities. UNICEF Thailand notes that the imminent substantial decrease in RR for the country programme in 2008 will further affect achievement of desired and expected results. In both 2006 and 2007, UNICEF Myanmar has to rely mainly on internal sources of funding (RR, Thematic, Campaign, Set-Aside) and, like UNICEF Thailand, foresees a serious shortfall for 2008. In Lao PDR, long-term, multi-year funding for HIV/AIDS

programmes has been hard to find and no 'Other Resources' (OR) are currently available for 2010-11.

In order to effectively leverage resources, Country Offices have planned to undertake the following:

- Use existing coordinating mechanisms or structures such as the GFATM Country Coordination Mechanism, Development Partners' Forum, Technical Working Group, task forces, etc.
- Develop more strategic fund-raising approaches for HIV/AIDS.
- Use the private-sector fundraising approach to increase local resources (in middle-income countries).
- High-level advocacy and response promotion with partners for resource allocation to scale up 4Ps targets.
- Strengthen partnerships with donors, UN and international partners, national governments, civil society groups and organizations.
- Strengthen evidence-based programming to engender concrete actions to address HIV and AIDS.

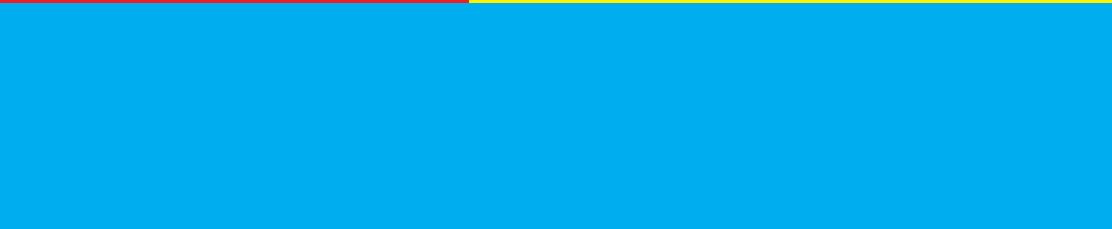
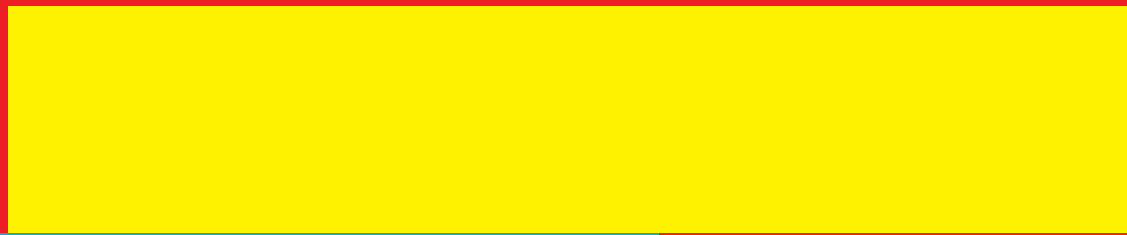
Table 5: Selected countries in the East Asia and Pacific Region with costed National HIV/AIDS Programmes

EAPR Countries	Costed National HIV/AIDS Programme (US\$)	Period Covered
Cambodia	294,000,000	2006-2010
Indonesia	1,793,215,274	2007-2010
Lao PDR	28,427,483	2006-2010
Myanmar	138,049,340	April 2006-March 2009
Philippines	15,880,763.43	2005-2010
Timor-Leste	4,755,000	2007-2008

Source: UNICEF Country Offices based on information provided by UNAIDS and National AIDS Programmes.

Part II:

Fact Sheets



Adult prevalence (aged 15-49) (%) [1]	Estimated Number of Adults and Children Living with HIV/AIDS [1]			Estimated AIDS deaths in adults and children [1]	New HIV Infections [1]	Orphans due to AIDS (0-17) [1]
	Adults (15-49)	Women (15+)	Children (0-14)			
0.2	2,300,000	750,000	50,000	140,000	280,000	No Data

REGIONAL SUPPORT

The UNICEF East Asia and Pacific Regional Office (EAPRO) supports the scale up of the 4Ps through a number of initiatives. The updated 2006 and 2007 Global Campaign reports for the region are one action that aims to garner greater support from partners and resource investment in HIV and AIDS responses for children in all of UNICEF's programme countries.

EAPRO plays several key functions in the region: advocacy, strategy, regional representation, knowledge management, technical assistance, programme quality assurance and oversight. Its scope of programme support spans two sub-regions: East Asia, covering Cambodia, China, the Democratic People's Republic of Korea, Indonesia, Lao PDR, Malaysia, Mongolia, Myanmar, Philippines, Thailand, Timor-Leste and Viet Nam; and the Pacific, primarily through the Fiji office where UNICEF runs both a national and a sub-regional collaborative programme covering the Cook Islands, the Federated States of Micronesia, Kiribati, the Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

GLOBAL CAMPAIGN TARGETS

The Global Campaign on Children and AIDS seeks to put children back at the centre of the HIV/AIDS agenda. UNICEF and its partners aim to create an alliance to meet the Global Campaign targets as follows:

Global Targets
<ul style="list-style-type: none"> • Prevent new infections among young people, particularly girls and women: By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally
<ul style="list-style-type: none"> • Prevent mother-to-child transmission of HIV: By 2010, offer appropriate services to 80% of women in need
<ul style="list-style-type: none"> • Provide adequate and appropriate paediatric treatment for children with HIV/AIDS: By 2010, provide either ARV treatment or cotrimoxazole, or both, to 80% of children in need
<ul style="list-style-type: none"> • Protect, care and support orphans and children affected by HIV/AIDS: By 2010, reach 80% of children most in need

The Regional Office has stepped up support in campaign advocacy, strategic representation, partnership, data analysis and programme monitoring and assessments.

Strategic Representation and Advocacy

Aiming at drawing high-level political attention to the campaign, EAPRO organized the first Regional Consultation on Children and AIDS jointly with the Government of Viet Nam, the USAID/Office of the Global AIDS Coordinator/PEPFAR and FHI, Save the Children Alliance, UNAIDS and WHO in March 2006. The conference reached a consensus: "Hanoi Call to Action", endorsed by over 300 delegates representing 24 countries, including members of civil society and under-18 representatives.

The Hanoi Call to Action, primarily addressing children as the missing faces of national HIV responses, was later mooted by the governments of Lao PDR, the Philippines and Viet Nam for inclusion in the ASEAN Summit Declaration on HIV and AIDS. Leaders of all 10 ASEAN members—Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam, endorsed the declaration at their ASEAN Summit in Cebu, Philippines in January 2007, providing the mandate for further national actions.

The consensus reached on scaling up responses to children led further to the proposed formation of a UN Regional Partnership Forum on Children and AIDS. The Forum was supported by the UNAIDS and co-sponsors' Regional Directors' Forum in March 2007. The government of China, at the same time, expressed interest in hosting the first Forum meeting to exchange knowledge and policy dialogues on children affected by AIDS and those made vulnerable by HIV in 2007.

A concurrent effort to address the increased feminization of AIDS in East Asia-Pacific was made through another major advocacy and policy forum after Hanoi. EAPRO co-organized a joint Asia-Pacific consultation with WHO/WPRO, SEARO, UNFPA CSTs, UNAIDS and the UNICEF South Asia regional office to review health system's responses to HIV prevention among pregnant women. There was wide consensus among over 150 public health delegates from 20 countries in Asia-Pacific on the key theme: Integrating Prevention and Management of STI/HIV into Reproductive, Maternal and Newborn Health Services, which included addressing PMTCT before and during pregnancy, through the greater involvement of men with

high-risk behaviours. The forum led to a draft joint UN and government framework that would be finalized in 2007, to intensify primary prevention among pregnant women and girls of reproductive age, and improve access to vulnerable groups.

EAPRO also collaborated with WHO's Western Pacific Regional Office in Manila and UNFPA Country Support Teams in Bangkok and Suva, Fiji to develop a policy guide "Investing in Our Future: A Framework for Accelerating Action for the Sexual and Reproductive Health of Young People". The framework aims to motivate policy makers and programme managers to meet the health needs and protect the rights of young people, bringing about sustainable improvement to their sexual and reproductive health, in response to World Health Assembly resolution WHA55.19.



Children's drawings presented at the East Asia and Pacific Regional Consultation on Children and HIV/AIDS in Hanoi, Viet Nam.

With a large young population, no HIV response in EAPR can achieve sustainable effect without engaging the education system. EAPRO works with the World Bank and UNESCO to strengthen the education sector's response to school health, nutrition and HIV and AIDS in 2006 through a major conference. At the same time, it set up a regional network on the global Focussing Resources on Effective School Health (FRESH) initiative to galvanise support within Ministries of Education and regional partners on adopting the life skills approach to enhance effectiveness of school health programmes. EAPRO also developed social/emotional learning benchmarks for primary and secondary school systems across the Oceania region, subsequently endorsed by the Ministers of Education at their 2006 South Pacific Forum meeting.

To promote sharing of good practices, EAPRO coordinated a study visit of Malaysia's Curriculum Development Centre, MoE, to Thailand on HIV prevention education in schools in 2006. It also supported the formulation of baseline assessments and evaluations of skills-building for HIV prevention programmes. The importance of enhancing life skills competencies through education systems had been promoted through the Mid Decade Assessment (MDA) Guide drafted in collaboration with UNESCO in 2006. The tool would be used to assess national progress across the region toward the Education for All goals. This included a specific indicator that measured whether young people had the knowledge and skills essential for HIV prevention.

Policy Analyses

EAPRO initiated two major policy studies to provide well-analysed, evidence-based inputs to the Asia-Pacific AIDS Commission in 2007. The independent Commission, chaired by Prof. Rangarajan Chakravarthy, Chief Economic Adviser to the Prime Minister of India, comprised 10 experts who were expected to recommend policy options to governments for priority actions. The studies included recommendations for types of policies and programmes that protect orphans and vulnerable children as well as women from AIDS' impact, the latter jointly with UNDP. EAPRO also provided inputs to a similar study on young people coordinated by ROSA for the Commission's final deliberation in 2007.

An initiative to examine testing policies of children under-18 from ethical considerations of consent and consequences was underway jointly with WHO. EAPRO supported a Legal and Policy Review of HIV Testing and Counselling in select countries, collaborated with WHO to update the 1st edition of a Regional ToT Package on HIV Voluntary Counselling and Testing (VCT), and co-organized a Technical Consultation on Scaling Up HIV Testing

and Counselling in East and Southeast Asia and Pacific region, which would take place in June 2007 in Phnom Penh, Cambodia.

EAPRO also coordinated a multi-country assessment to examine the result of faith-based groups' engagement in HIV responses. A series of survey tools was developed for the UNICEF-supported Regional Buddhist Leadership Initiative, and training of national consultants was held to roll out the assessment in Cambodia, China, Lao PDR, Mongolia, Myanmar, and Viet Nam in 2007. Findings are expected in the second half of 2007 on the effectiveness of religious groups in providing care and support to families living with HIV, and, through religious leadership, the change of social attitude towards HIV.

Working towards a policy and programmatic response to children infected and orphaned by AIDS, EAPRO also coordinated an estimation exercise jointly with UNAIDS in Indonesia. Further, extensive technical inputs to the design of national assessments of children affected by HIV and AIDS were underway in Cambodia, China, Indonesia, Lao PDR, Malaysia, along with a life skills education assessment in Lao PDR as inputs to UNICEF's policy recommendations. In Papua New Guinea, an EAPRO-supported national assessment conducted in 2005 was ready to be translated into a national OVC programme under the leadership of the Community Development Ministry.

Knowledge Management

Collecting baseline data of the 4Ps continues to remain a challenge, and is particularly pronounced in large, populous countries. Recognizing that it is part of the larger issue of HIV data collection and analysis, EAPRO collaborated with UNAIDS and the Asian Development Bank in 2006 to manage and analyse data for actions. The partnership resulted in a "Regional HIV and AIDS Data Hub" for Asia-Pacific that aimed to encourage improved collection of age- and gender-disaggregated data in National AIDS programme. As a start, the Hub—which will eventually have a DevInfo-powered website will provide a comprehensive one-stop shop of HIV-related data. They are organized around 133 internationally-agreed, standardized indicators, along with an interactive/searchable online resource containing analysis of HIV and AIDS in 25 countries through graphs, tables, maps and narrative. Given the nature of the epidemics in the region, particular attention is paid to most-at-risk populations, and the risks to young people, women and children.

To ensure quality, all data and analysis is assessed and monitored by a Science and Technical Advisory Group (STAG), comprising a network of

multidisciplinary HIV and AIDS epidemiologists and data experts to provide guidance about data availability, quality and analysis. Analysed data are accredited by a Regional Advisory Group (RAG), composed of policy and decision-makers and senior scientists, who also play a role in advocating greater investment in data collection, quality assurance and use.

Resource Mobilization

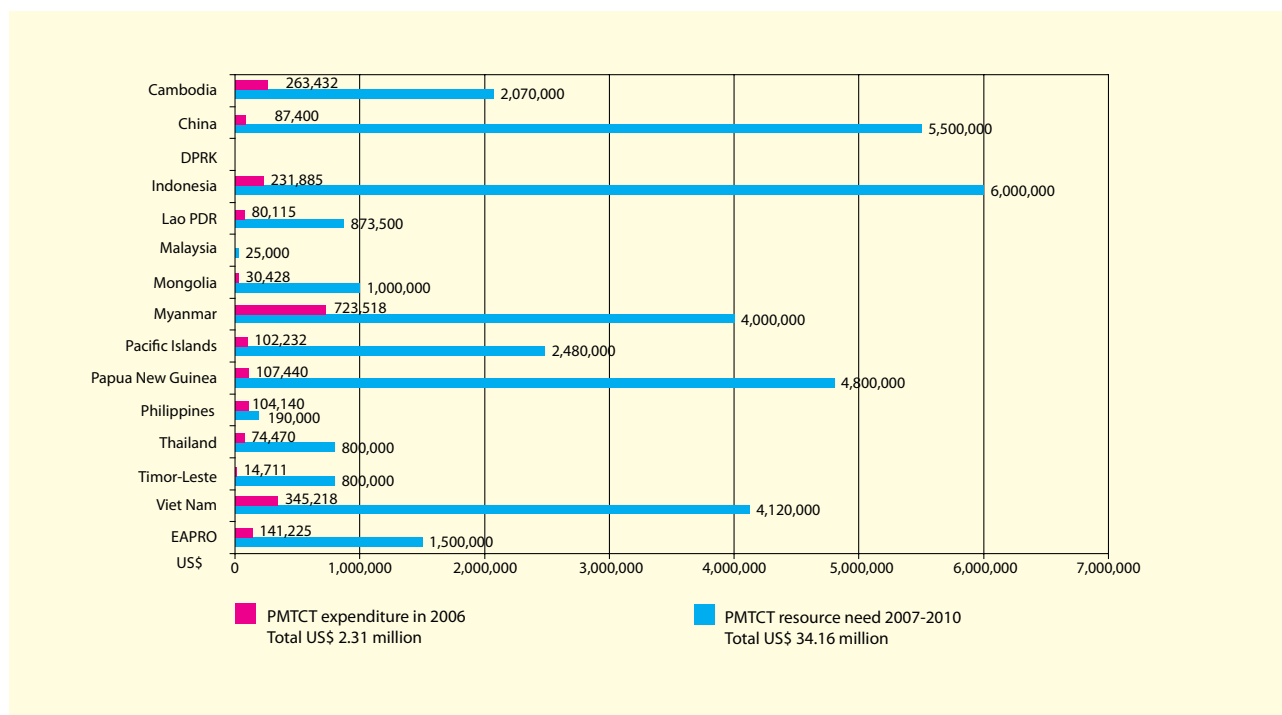
EAPRO has stepped fund raising efforts in close coordination with UNICEF New York. Resource mobilization is linked to the larger goal of spearheading children and AIDS' response at regional and country levels. An NYHQ-brokered funding from DFID has enabled EAPRO to spearhead a number of national assessments and evaluation on children affected by AIDS. More recently, EAPRO worked with the Programme Funding Office to mobilize \$4 million from Sida to scale up primary prevention actions in 7 countries of the Sub-Mekong region, as well as the newly independent Timor Leste.

Based on a new round of resource estimation from UNICEF programme countries, a total of US\$131 million is the minimum required to scale up responses towards the 4Ps targets between 2007 – 2010 in EAP region. Some \$46 million RR and OR funds are available and committed so far. This represents about one-third of the total, with some \$85 million still to be raised to carry out the programmes and leverage greater support for children and women in EAPR.

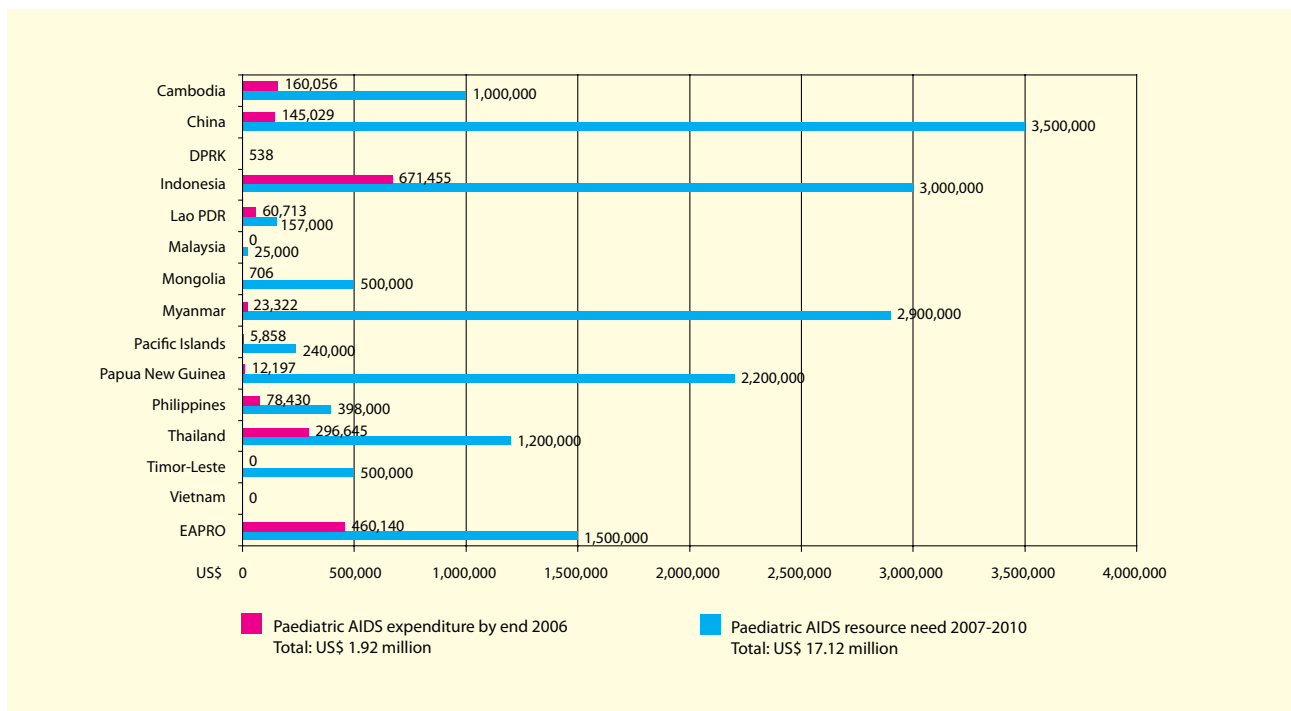
Programme expenditure analysis shows that UNICEF supported scale up of the 4Ps with \$27.91 million in 2006 in EAPR. Meeting the 2010 targets will entail an increase in annual expenditure of 2.5 – 5 times the current level, except for primary prevention, which already makes up 49% of current programme expenditure.

The series of graphs below show the vast funding gap related to the 4Ps:

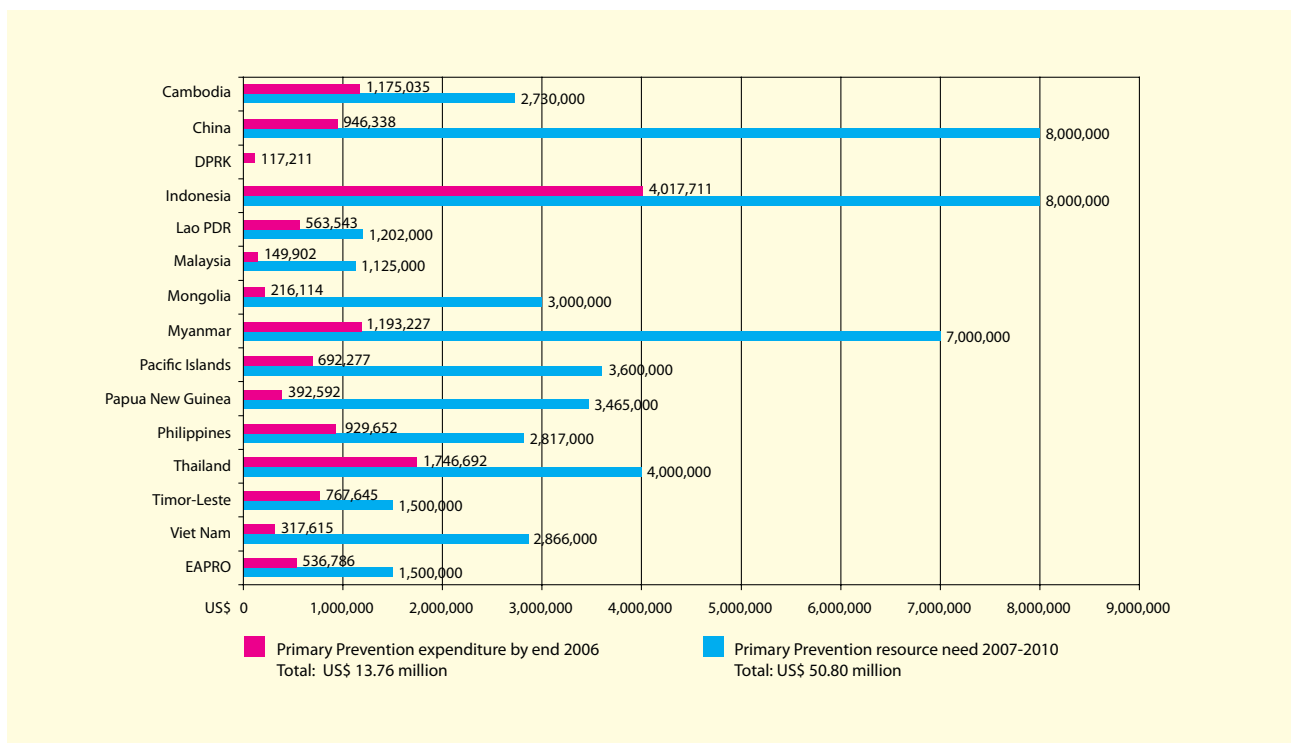
Graph 1: PMTCT expenditure in 2006 and resource need for 2007-2010



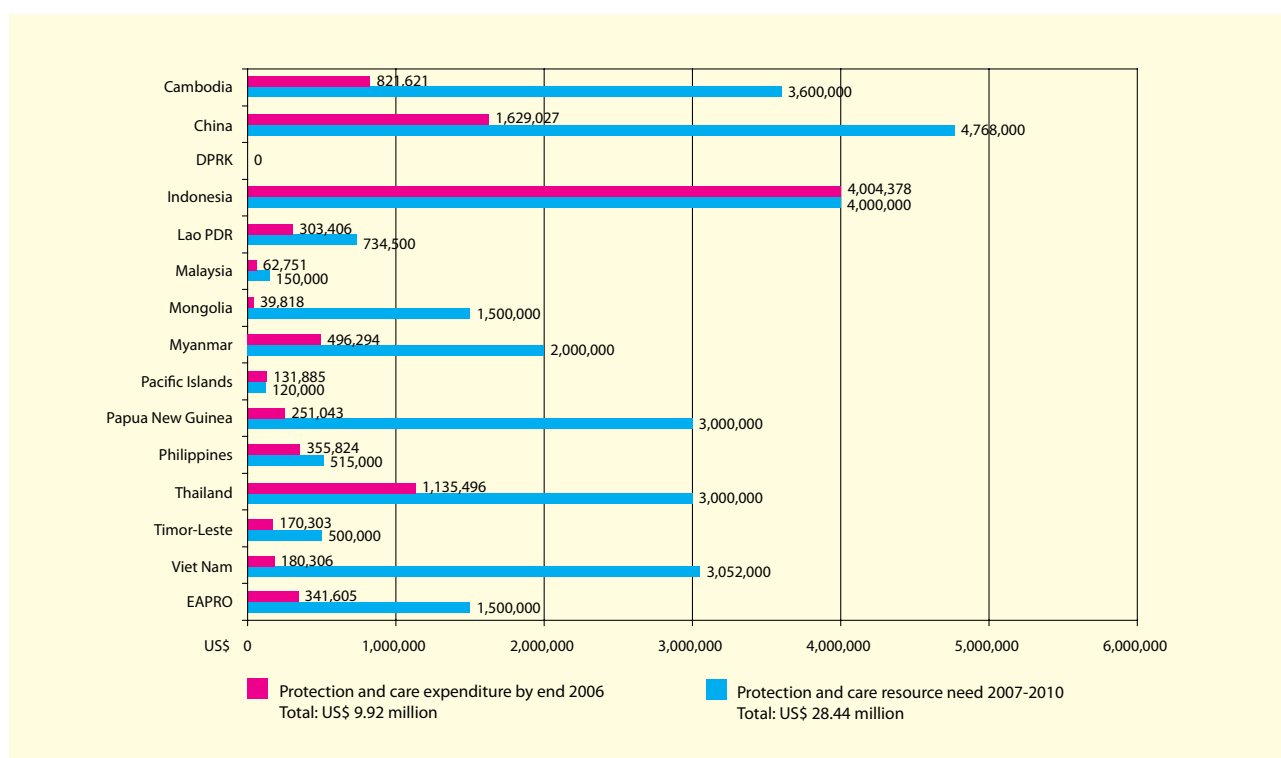
Graph 2: Paediatric AIDS expenditure in 2006 and resource need for 2007-2010



Graph 3: Primary prevention expenditure in 2006 and resource need for 2007-2010



Graph 4: Protection and care expenditure in 2006 and resource need for 2007-2010



The Vision

Notwithstanding the relatively strong capacity of governments, UNICEF confronts the challenges of uneven progress within countries, and growing disparities amidst the region's rapid pace of economic transition. New wealth in many countries has been slow to translate into equitable human and social development. And HIV remains an issue of marginalization as it is about social exclusion, including gender inequality.

The commitment to Unite for Children, Unite Against AIDS in EAP region have given rise to a collective vision: to attain universal access for vulnerable groups, including children and women, to HIV prevention, treatment, care and support services.

To achieve scale, UNICEF is committed to collaborating with governments and civil society in all EAPR programme countries, to:

- Expand the coverage of PMTCT services, including HIV prevention counselling, testing, ARV prophylaxis treatment and the continuum of care, in particular, for vulnerable groups and pregnant women in high prevalence, high risk pockets, or nationwide in countries with generalised epidemic.

- Expand access for children living with HIV to paediatric treatment, care and support to strengthen their survival, development and growth.
- Improve coverage of HIV knowledge and skills for adolescents and young people, and scale up peer education for those most-at-risk in high HIV prevalence areas, along with policy measures to engage young people as partners for change.
- Improve legal and social protection of children and adolescents made vulnerable by HIV or other circumstances, scale up social services to protect them from sexual abuse and exploitation, and build capacity at the sub-national level.
- Improve care and support measures for children affected by AIDS to ensure equal access to education and health care, including food security, and empowering families and communities to provide alternate care.

Regional Strategy for Scaling Up

All EAPR programme countries are well on their way to expanding the coverage of 4Ps, and have prepared scale-up plans along with project resource needs. EAPRO will redouble its efforts to facilitate country actions by:

- **Strengthening baseline data collation and analysis of the 4Ps** through the regional Data for Advocacy initiative that brings together a network of national and international HIV epidemiologists, and builds capacity in use of data for evidence-based actions
 - **Strengthening programme and policy analyses** to monitor the 4Ps outcomes
 - **Advocating for greater political and financial commitment to children and AIDS**, and improving policies and laws, including protection against stigma and discrimination that remains a barrier to achieving universal access
 - **Adapting global guidelines and initiatives to low HIV prevalence settings** and supporting system's integration and reform for improved access
 - **Supporting capacity building of partners and governments** in service delivery and managing expansion at sub-national levels
 - **Supporting wide application of communication and programme communication** for knowledge enhancement, attitude change and behavioural development with strategic linkages to services
 - **Strengthening partnerships** with regional and international organizations such as ASEAN, South Pacific Community Secretariat, Asian Development Bank, the UCLA Fogarty School of AIDS Research and Training; with INGOs such as Clinton Foundation, Family Health International, Burnett Institute, the Asia-Pacific Network of People Living with HIV (APN+); with bilateral organizations such as AusAID, NZAID, JICA, Sida, DFID; and with UN agencies such as WHO, UNFPA, UNDP, ILO, UNESCO and the UNAIDS Regional Support Team.
- **Building UNICEF capacity for costing**, and developing costed national plan for scaling up 4Ps, including comprehensive PMTCT, OVC and young people's programmes
 - **Generating knowledge on children and AIDS** by supporting research, monitoring and evaluation, and the documentation and dissemination of good practices
 - **Support resource mobilization of 4Ps** for all EAPR programme countries, including regular progress updates, resource monitoring and brokering dialogues between donors and country offices

Recent Publications by EAPRO

- "Cambodia - Scaling up of Voluntary Counselling and Testing (VCT) Services" – a best practice series (to be published)
- "A Buddhist Approach to HIV Prevention and AIDS Care", a training manual for Monks, Nuns and Buddhist Leaders
- A draft Joint UN Framework: "Linking Sexual, Reproductive, Maternal and Newborn Health – The Circle of Life" to address integration of services for greater prevention of HIV/STI among men, women and children in low HIV prevalence settings
- "Scaling Up the Response for Children", a background paper for the East Asia and Pacific Regional Consultation on Children and HIV/AIDS in Hanoi, Viet Nam 22-24 March 2006", The Hanoi Call to Action 24 March 2006
- Outcome document of the Regional Consultation: "Hanoi Call to Action" and the Consultation report
- "East Asia: Children and HIV/AIDS, A Call to Action"
- "Pacific: Children and HIV/AIDS, A Call to Action"

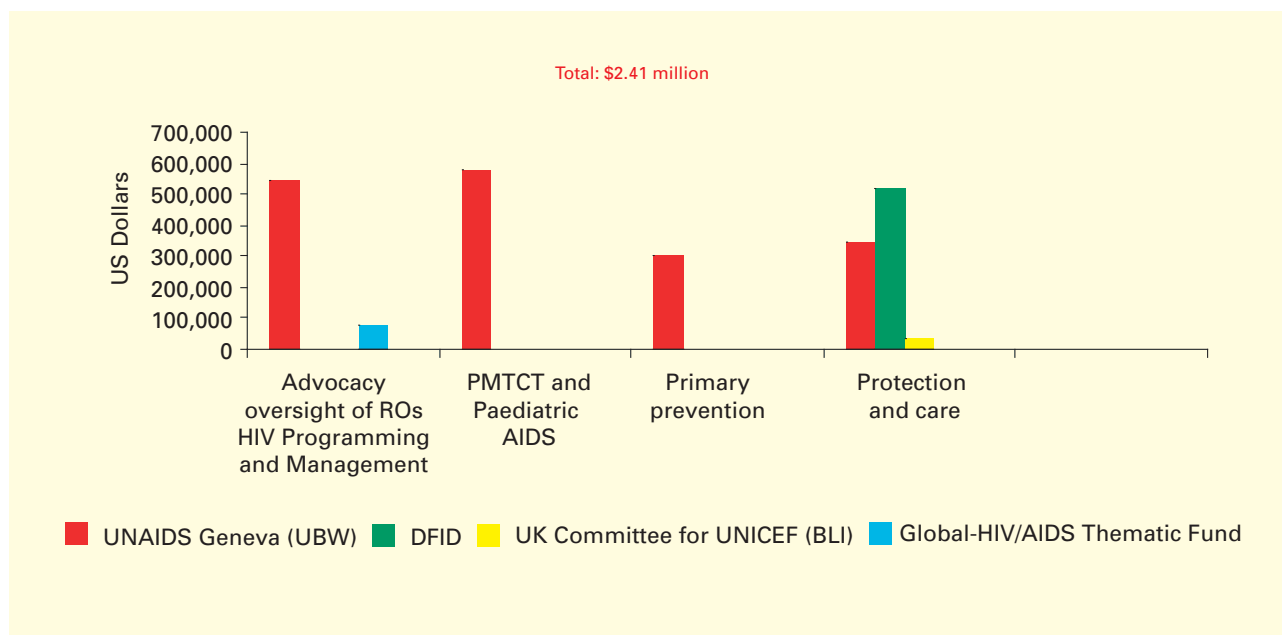
FUNDING SITUATION AND REQUIREMENTS

EAPRO's current total fund support from donors amounts to US\$2,411,048, the bulk (74%) of which comes from UNAIDS-supported Unified Budget and Work plan (UBW). The UBW covers mostly regional staff cost, selected cost of country office staff, with some amount of funding for regional advocacy, studies and country support activities. DFID and UK Committee funds are earmarked for protection and care of children affected by AIDS.

A total of US\$1.5 million per year (or a total of US\$6 million) over four years (2007-2010) will be needed for regional support activities for the global campaign 4Ps (for use in strategic representation, advocacy and communication, knowledge

management, quality assurance, monitoring and evaluation, and oversight). It does not include costs of posts that will be supported through the Support Budget allocation for the RO nor for the posts to be supported by the UBW and other OR – either to the RO or the technical support hub proposed as part of the organization review. Details related to staff costs can only be made available after decisions are taken on the organizational review recommendations and the biennium budget. In the event that at least some staff costs will need to be funded by the Campaign funds, the RO requirement will increase to approximately US\$10 million for the period 2007-2010. This represents 12% of the total EAPR shortfall of US\$83 million. At this point in time, it is not possible to predict how much of this is likely to come from other sources, including UBW for 2008-2009.

Graph 5: EAPRO expenditure by 4Ps in 2006



Source of data:

EAPRO programme fund data



Population size [1]	Adult (aged 15-49) rate (%) [1]	Estimated number of adults and children living with HIV/AIDS[1]			Estimated number of deaths from AIDS, adults and children [1]	Estimated number of children orphans due to all causes [2]	Orphans as a percent of all children [2]
		Adults (15-49)	Women (15+)	Children (0-14)			
14,071,000	1.6	130,000	59,000	No data	16,000	470,000	9

BACKGROUND

Cambodia remains one of the success stories in reversing the spread of HIV. National prevalence decreased to 1.6 per cent in 2006 from 3.0 per cent in 1997, according to UNAIDS. The country’s epidemic, however, continues to be among the most serious in the region. Almost half of new infections are now among married women and one third of new infections occur from mothers to children. As long as the epidemic continues to grow, the threat of resurgence through increased risk behaviours, including emerging drug use, will remain high.

Fortunately, most of the elements critical to concrete actions and a sustained response are in place in Cambodia: vigorous political and institutional commitment; an effective prevention campaign; a strong health sector response based on the continuum of care (CoC) approach; a national policy and coordinating mechanism for children orphaned or made vulnerable by HIV and AIDS; access to financial resources; and the active involvement and participation of civil society.

GLOBAL CAMPAIGN FOUR Ps

In 2006, substantial progress was achieved in the health component of the programme. On the policy side, a major achievement has been the Ministry of Health’s approval of an ‘opt-out’ approach to antenatal HIV testing in the PMTCT services. The majority of new projects relate to expansion of the PMTCT and VCCT projects under the HIV/AIDS Programme.

- The following targets were exceeded in 2006:
- (a) increasing the number of HIV tests by 25 per cent as compared to the total number of clients/tests in 2005;
 - (b) increasing the number of HIV-positive pregnant women who are enrolled in PMTCT services by 30 per cent; and

- (c) increasing the number of HIV-infected children receiving antiretroviral (ARV) therapy by 30 per cent as compared to the number of children treated in 2005.

There has been a 25 per cent increase in the number of HIV tests conducted in 2006 compared to 2005, as well a 30 per cent increase in the number of HIV-positive pregnant women reached with PMTCT services. There also has been a 39 per cent increase in the overall number of HIV-positive children in need of treatment benefiting from antiretroviral treatment[3].

PMTCT

Global Campaign target

By 2010, offer appropriate services to 80% of women in need

National target

- 132 VCT centres by 2010
- PMTCT services in 50 health facilities by 2010

UNICEF Collaborative Programme with government targets

- By 2010, at least 35% of all HIV-positive pregnant women receive ARV for PMTCT or receive HAART if they clinically qualify, and a minimum of 80% of those who have started with PMTCT services reach the stage of receiving ARV

Major progress

- Nationwide scaling up and integration of PMTCT plus services into existing maternal and child health (MCH) programme underway
- Approval by the Ministry of Health of an ‘opt-out’ approach for HIV testing in antenatal care settings

- Revision of National PMTCT guidelines and policy
- Continuing provision of HIV testing and counselling services through 123 HIV counselling and testing centres
- Funding support for the construction of ten new HIV testing centres and the procurement of HIV test kits and basic laboratory equipment to 42 testing facilities
- Technical assistance to review and update the national HIV testing policy and guidelines
- Support to 26 out of 54 health centres and 17 out of 31 referral hospitals in 31 Operational Districts offering PMTCT services
- Provision of ARV prophylaxis for PMTCT for HIV-positive pregnant women

Scale-up plans

- Expansion of PMTCT services nationwide to increase accessibility among pregnant mothers who come for ANC visits at health facilities
- Conduct strategic planning
- Better integration of PMTCT into MCH services
- Decentralization of PMTCT service management and training to Provincial Health Departments with targeted PMTCT for high-risk groups (mainly sex workers)
- Strengthening of follow-up with mothers including infant-feeding practice

Major challenges

- Greater programme impact could be achieved through a more targeted PMTCT service. The programme should ensure that PMTCT services are available in clinics used by large numbers of sex workers, and that antenatal care services and HIV testing are promoted among this group, which has a 20 percent HIV prevalence as per latest 2003 data[4].
- Shortage of human resources in health facilities, particularly midwives
- Limited health facility coverage[5]
- Low utilization of ANC services[5]
- Low rates of skilled attendant deliveries[5]
- Limited number of skilled and motivated human resources[5]
- Weak monitoring and evaluation system[5]

Paediatric treatment

Global Campaign target

By 2010, provide either ART or cotrimoxazole, or both, to 80% of children in need

National targets

- 70% of PLWHA receive comprehensive care and support by 2010
- 70% of AIDS patients on ART by 2010
- 100% of operational districts with CoC services

UNICEF Collaborative Programme with government target

- By 2010, at least 15% of the individuals on ART through the national programme are children and the proportions of people receiving ART matches the gender and age group-wise distribution of the epidemic in Cambodia

Major progress

- Development of national protocol on HIV paediatric care
- Development of HIV paediatric care clinical management training curriculum
- Integration of HIV paediatric care into CoC framework
- Scaling up of medical services for children with AIDS from 8 centres in 2005 to 16 in 2006
- Provision of ARV treatment to 1,493 HIV positive children, a 39 percent increase from end of 2005 to June of 2006; in addition, provision of treatment and prophylaxis for opportunistic infections to 1,300 children
- Support for the refurbishment of 6 paediatric wards and procurement of basic medical equipment for 10 Referral Hospitals, not only for the treatment of children living with HIV but also for strengthening of medical care for all children.
- Support for the costs of CD4 percentage tests (indicator of immunity) for all HIV positive children under age five
- Training of physicians and paediatricians on HIV paediatric care clinical management
- Provision of nutritional support for children at the National Paediatric Hospital

Scale-up plans

- Scaling up of HIV paediatric care services in all existing adult CoC health facilities
- Promotion of HIV paediatric care services through PMTCT, VCT, home-based care, Buddhist Leadership Initiative, PLHIV self-help groups and CoC programmes
- Capacity building of front line health workers

- Strengthening of nutritional support to malnourished children including children infected by HIV who have been admitted into paediatric wards
- Strengthening of referrals from communities to health facilities
- Conduct community education activities

Major challenges[5]

- Limited number of trained clinicians in paediatric HIV care
- Limited number of sites with the capacity to provide paediatric HIV care
- Limited capacity for early diagnosis (virological testing)
- Limited community awareness on availability of services
- No money for transportation for poor households

Prevention of infection among adolescents and young people

Global Campaign target

By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally

National targets

- 60% of factory workers exposed to outreach interventions by 2010
- 90% of young people (14-25) report knowledge of HIV transmission and prevention by 2010
- 70% of schools with trained teachers who teach life skills education by 2010
- 60% of young people (14-25) report condom use with last non-regular sex partner by 2010

UNICEF Collaborative Programme with government target

- By 2010, at least 95% of both male and female out-of-school children and adolescents aged 10 to 18 years, 80% of pre-marital couples in 12 provinces, and 80% of all garment factory workers have comprehensive knowledge about HIV
- By 2010, at least 30% of both male and female out-of-school children and adolescents aged 10 to 18 years in 12 provinces receive at least one life skills training

Major progress

- Scaling up of the “Health for Future Work” programme to a total of eight factories
- Information dissemination on HIV prevention coupled with interpersonal communication among female garment factory workers, mainly aged 18 to 25 years, through health promotion sessions and theatre performances

- With support from ILO, signing by the Ministry of Labour of a sub-decree requiring all enterprises and establishments employing over eight workers to establish an HIV/AIDS work place committee
- Continuing provision of information and referral to services related to HIV prevention and care through the HIV/AIDS hotline ‘*Inthanou*’
- In collaboration with the Education programme, provision of support to Ministry of Education, Youth and Sports to expand its life skills programme for primary (grades 5 and 6) and secondary schools as well as for out-of-school adolescents in four districts of Prey Veng Province
- Participation of 13,380 (89 per cent of the annual target) adolescents and young people in sessions on HIV prevention using Buddhist moral principles.

Scale-up plans

- Scaling up of the “Health for Future Work” programme over the period 2006-2010, integrating HIV prevention and care activities, in cooperation with Ministry of Labour and Vocational Training, Ministry of Social Affairs and NGOs
- Support to the Ministry of Education, Youth and Sports in developing a five-year strategic plan on HIV and young people as well as in scaling up of an existing life skills for HIV education programme in four districts
- Reinforcement and scaling up of youth activities within the BLI programme through Ministry of Cults and Religious Affairs and the NGO sector
- Identification and reaching out to the MARAs through civil society
- Expansion of life skills for in-school and out-of-school children using the Ministry of Education package
- Expansion of garment factory programme to all factories

Major challenges [4]

- The life skills programme in Prey Veng required time-consuming preparations and negotiations due to a new approach of providing direct support to Provincial Education Offices.
- A small scale study on the knowledge of HIV/AIDS among garment factory workers showed that most of the interviewees had heard about HIV/AIDS but many still had misconceptions about the disease as well as about sexually transmitted infections and reproductive health in general.

Protection and care

Global Campaign target

By 2010, reach 80% of children most in need

National targets

- National assessment of OVC undertaken by 2010
- 70% of OVC with access to shelter or alternative care by 2010
- 70% of households with chronically ill receive free basic external support by 2010

UNICEF Collaborative Programme with government target

- By 2010, at least 30% of OVC including those affected by HIV and AIDS in 12 provinces receive alternative care meeting the established minimum standards
- By 2010, at least 30% of female and male orphans aged 10-14 attend school in twelve provinces
- By 2010, at least 30% of people living with HIV and their families in twelve provinces receive psychosocial support

Major progress

- Positioning of impact mitigation and the issue of orphans, including children orphaned by AIDS, as a top priority in the government's response through joint advocacy efforts by UNICEF, WHO and UNAIDS and the Universal Access framework
- Formal establishment of the National Task Force on Orphans and Vulnerable Children (OVC) led by the Ministry of Social Affairs
- Technical support for the development of a national strategy for protection and care of orphans and vulnerable children
- Conduct a participatory situation analysis on OVC
- An expansion of the strategic framework and a multi-sectoral action plan with technical and financial support from UNICEF
- Continuing support to religious leaders' initiative – Continuing training of monks as trainers in HIV/AIDS (reached 75 per cent of the annual target), and of leaders from other religious groups, including 30 Muslim leaders as well as 148 staff from the Provincial Department of Cults and Religions. As a result, 170,000 people from 12 provinces were reached with messages on non-discrimination and care and support to people living with HIV and AIDS (PLWHA).
- Involvement of 2,600 PLWHA in meditation sessions and provision of spiritual support through home visits by monks.
- Provision of nutritional support, school fees and access to medical care to over 4,000 orphans through 334 contribution boxes placed in pagodas

- In partnership with the NGO Korsang, establishment by UNICEF of a day-care centre for street children to access basic care (hygiene, health and food) as well as informal education.

Scale-up plans

- Development of a NSP and five-year multi-sectoral action plan for protecting, caring and supporting OVC
- Conduct a national situation analysis
- Strengthening of institutional capacity at Ministry of Social Affairs, Veterans and Youth Rehabilitation
- Expansion of essential service delivery for OVC through Government services and partnership with other NGOs

Major challenge [4]

- The recruitment of a consultancy team to undertake the OVC situation analysis was delayed due to the various processes required to ensure national ownership of the end product.¹

COVERAGE

UNICEF Country Office currently covers 58 per cent (14 of 24) of the total number of provinces in Cambodia.

UNICEF'S KEY PARTNERS IN 2006

Government (national and provincial levels)

- National Maternal and Child Health Centre, Ministry of Health
- National Centre for HIV/AIDS, Dermatology and STD Control
- Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY)
- Ministry of Rural Development
- Ministry of Labour
- Ministry of Cults and Religions
- National AIDS Authority

National NGOs

- NGO Korsang

International organizations

- World Health Organization
- UNAIDS
- UNFPA
- UNODC

¹ UNICEF Cambodia Annual Report 2006.

FUNDING SITUATION AND REQUIREMENTS

Current funding situation

For the country programme cycle 2006-2010, the amount of US\$ 294 million has been allocated for the National AIDS Programme in Cambodia.

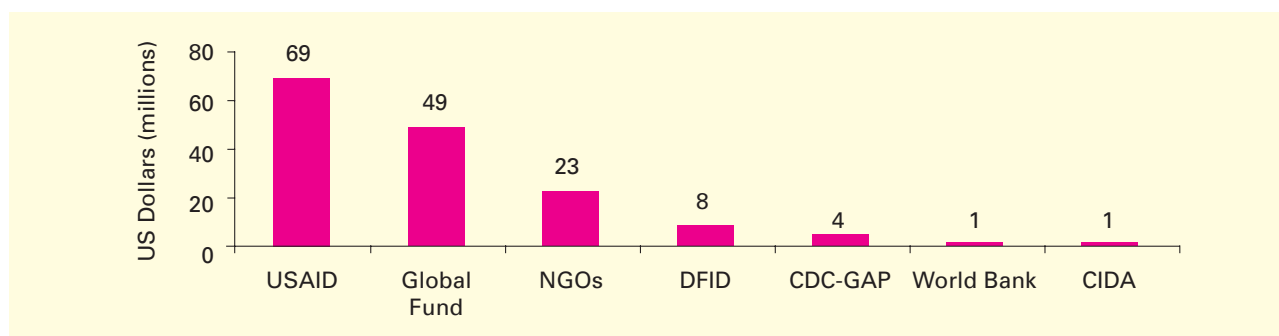
The same donors have supported all the 4Ps: German NatCom; Korean NatCom; French

NatCom; and the US Fund. The Swedish NatCom has supported HIV prevention-related programmes. A 142 per cent increase could be noted in terms of fund support from currently available to committed/pledged funds by donors for January-December 2007. USAID and the Global Fund are the principal donors or sources of ODA to the National AIDS Programme for the country programme cycle (2006-2010).

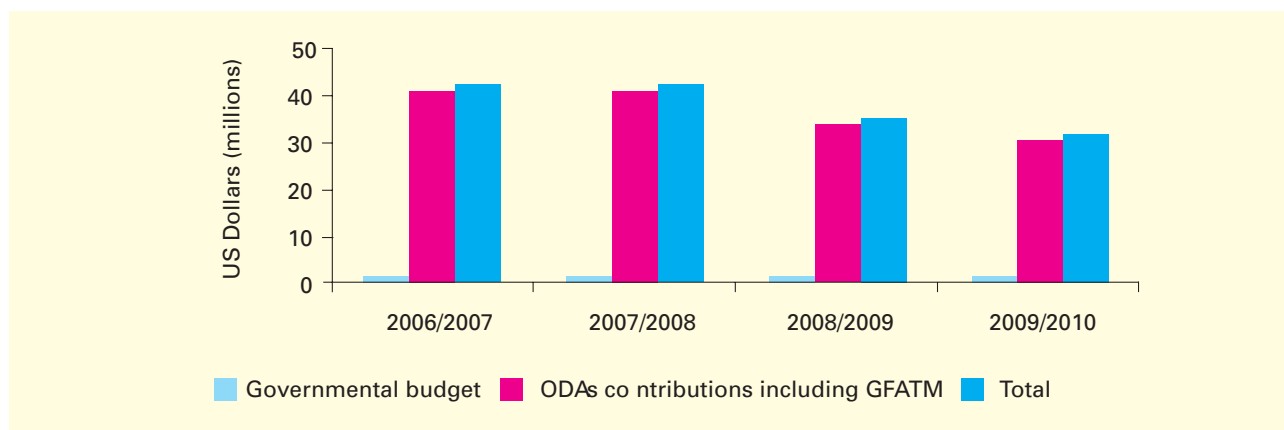
Names of donors and amounts raised, available and committed, covering the 4Ps for Cambodia HIV and AIDS programme at UNICEF

4Ps	Available			Committed/pledged		
	Donor	US\$	Period	Donor	US\$	Period
P1 – PMTCT	German NatCom	9,800	Jan-Dec 07	German Natcom	200,000	2007-2008
	French NatCom	3,500	Jan-Dec 07	French Natcom	166,000	2007-2008
	US Fund	136,403	Jan-Dec 07	US Fund	0	N/A
	Korean NatCom	14,527	Jan-Dec 07	Korean Natcom	320,000	2007-2010
P2 – Paediatric AIDS	German NatCom	9,800	Jan-Dec 07	German Natcom	50,000	2007-2008
	French NatCom	3,500	Jan-Dec 07	French Natcom	57,000	2007-2008
	US Fund	136,403	Jan-Dec 07	US Fund	0	N/A
	Korean NatCom	14,527	Jan-Dec 07	Korean Natcom	120,000	2007-2010
P3 – Prevention	French NatCom	69,090	Jan-Dec 07	French Natcom	0	N/A
	Swedish NatCom	198,209	Jan-Dec 07	Swedish Natcom	700,000	2007-2009
	US Fund	15,200	Jan-Dec 07	US Fund	0	N/A
	Korean NatCom	18,000	Jan-Dec 07	Korean Natcom	80,000	2007-2010
P4 – Protection	German NatCom	64,564	Jan-Dec 07	German Natcom	347,000	2007-2008
	Korean NatCom	9,954	Jan-Dec 07	Korean Natcom	80,000	2007-2010
	French NatCom	6,217	Jan-Dec 07	French Natcom	40,000	2007-2008
	UK NatCom	87,852	Jan 07-Dec 08	UK NatCom	0	N/A
	US Fund	12,000	Jan-Dec 07	US Fund	0	N/A
Total	809,546			1,960,000		

Major donors/sources of ODA to the National AIDS Programme/Response, Cambodia



Total available resources for HIV and AIDS based on national strategic plan, Cambodia



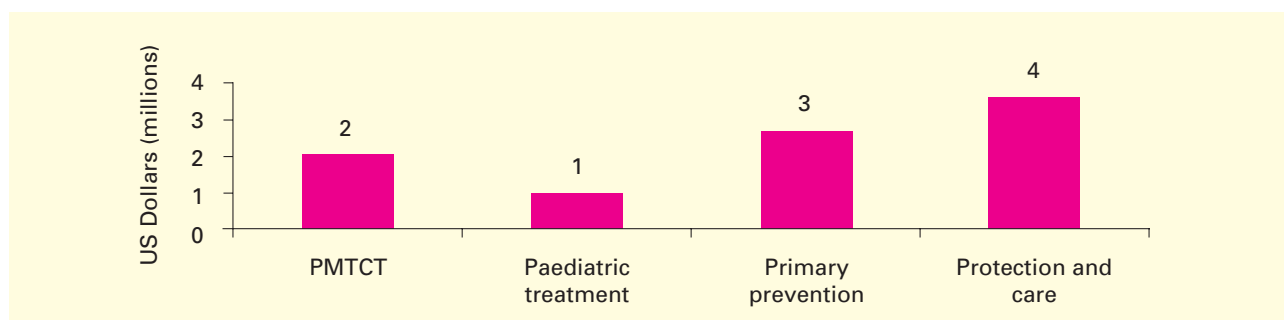
The government's fund contribution only represents four per cent of the total available resources for HIV and AIDS based on national strategic plan for the period 2006-2010.

Estimated resource needs for scaling up the 4Ps

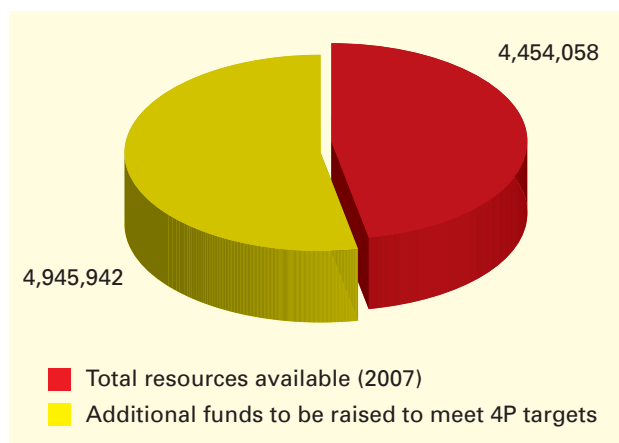
Agencies/Organizations to be influenced to leverage resources for the 4Ps

Ranking	Government (list name of government bodies or department, etc)	UN or international partners	Which of the 4Ps?
1		GFATM	All Ps
2	Ministry of Social Affairs, Veterans and Youth Rehabilitation (Directorate of Technical Affairs)		Protection and care
3		DFID	Paediatric treatment and Primary prevention
4		USAID	PMTCT and Protection and care
5		World Bank	PMTCT and Paediatric treatment
6	Ministry of Health, Maternal and Child Health Centre		PMTCT

Estimated resource needs for scaling up 4Ps by 2010, Cambodia



Target funds for scaling up 4Ps (in US Dollars), Cambodia



An estimated total of US\$9,400,000 is required to scale up the 4P targets by 2010. Protection and care followed by primary prevention have the biggest budgetary allocations.

Constraints in fund-raising and resource leveraging

- Several key ministries have to develop/update, finalize and cost their HIV/AIDS Strategic Plan as follows:
 - Strategic HIV/AIDS Plan for Ministry of Education, Youth and Sports, which includes strategies for P 3 and P 4 including expansion of Life Skills programme for primary and secondary school-going children as well as for out-of-school children. Plan will include the Ministry's role in ensuring access to education for OVC.
 - Strategic plan for expanding PMTCT (P1) to include specific benchmarks for PMTCT expansion, and specific strategies for reaching high-risk groups, in particular commercial sex workers
 - Multi-sectoral strategic plan for caring for, protecting and supporting OVC
 - National Centre for HIV/AIDS, Dermatology and STD Control plan for CoC beyond 2007, which includes strategies for P2, health component of P3 and PMTCT plus.
- The Cambodia Demographic and Health Survey (household survey) finding of HIV prevalence of 0.6 may be misinterpreted by potential donors as an indication of the HIV epidemic in Cambodia being "under control". HIV prevalence in high-risk groups, however, is still very high (over 10 per cent).

Plans for resource leveraging and working with partners to achieve 2010 4P targets

- Based on the Global Campaign on Children and AIDS framework, UNICEF will use existing coordination mechanisms to advocate for and leverage resources for children as follows:
 - Global Fund Country Coordination Mechanism
 - Development Partners' Forum
 - National Multi-sectoral Task Force on Orphans and Vulnerable Children
- In collaboration with relevant UN agencies, UNICEF will provide strategic technical assistance to address barriers in fund raising.
- Intensify UNICEF internal fund-raising efforts:
 - Secure multi-year funding from a selection of interested donors
 - Develop a Global Campaign fund-raising kit at country level (by July 2007) to generate fund support from in-country and out-of-country potential donors including National Committees (NatComs)
 - Establish an office fund-raising committee to analyse funding gaps, better strategize fund raising, and follow up fund-raising efforts with selected donors

For further information, please contact:

Dr. Suomi Sakai
Representative
ssakai@unicef.org

Haritiana Rakotomamonjy
Chief, HIV and AIDS Programme
hrakotomamonjy@unicef.org

Data sources

- [1] UNAIDS/WHO AIDS, 2006 Report on the Global AIDS Epidemic, May 2006.
- [2] UNAIDS, UNICEF & WHO, Children and AIDS: A Stocktaking Report (Action and progress during the first year of Unite for Children, Unite against AIDS, January 2007).
- [3] 2005 Situation and Response Analysis report cited by National AIDS Authority of Cambodia, UNGASS Monitoring the Declaration of Commitment, January 2004-December 2005.
- [4] UNICEF Cambodia Annual Report 2006.
- [5] UNICEF Country 2006 PMTCT Report Card.



Population size [1]	Adult (aged 15-49) rate (%) [1]	Estimated number of adults and children living with HIV/AIDS [1]			Estimated number of deaths from AIDS, adults and children [1]	Estimated number of children orphans due to all causes [2]	Orphans as a percent of all children [2]
		Adults (15-49)	Women (15+)	Children (0-14)			
1,323,345,000	0.1	650,000	180,000	No data	31,000	20,600,000	6

BACKGROUND

China’s rapid economic development has produced sweeping social changes and lifted an estimated 400 million people out of poverty over the last 15 years. This has improved the situation for children, but has also brought new threats, including: changes in traditional values; severe unemployment; social, economic and regional disparities; increased migration; and rapid urbanization. All these threats could influence the country’s HIV epidemic.

Although China recently lowered its estimates of the number of people living with HIV, there is no room for complacency. HIV remains on the rise, and the virus is being transmitted primarily through injecting drug use and unprotected sex. More people are developing clinical AIDS, and the number of AIDS-related deaths is increasing. The epidemic is spreading from high-risk groups to the general population, and there is a potential risk that the epidemic will spread further despite an expanding prevention, treatment and care response.

Government leadership at the highest levels has moved China into the forefront of fighting HIV. The ‘4 Frees and One Care’ policy, implemented through the China CARES programme, has provided free drugs to thousands of people living with HIV and assisted affected children and families since its implementation in 2003. There has been public acknowledgement of the rural HIV epidemic caused by plasma collection, and the emerging epidemic among key populations at higher risk, including the threat to the general population.

GLOBAL CAMPAIGN FOUR Ps

In its response to the threat of HIV/AIDS, the government has continued to pursue a comprehensive strategy of prevention, treatment and care, in accordance with its policy of ‘Four Frees and One Care’ policy [4]. Significant

advances were made across all 2006 priorities. The new HIV Programme has been aligned with the “Four P’s” and the “one coordinating mechanism”. Progress for women and children on PMTCT and access to paediatric HIV care are marked by a continued scale up of services [3].

PMTCT

Global Campaign target

By 2010, offer appropriate services to 80% of women in need

National targets

- By 2010, over 90% of HIV-positive pregnant women should accept and receive PMTCT services
- By 2010, 90% of the priority counties should conduct HIV tests for pregnant women

UNICEF Collaborative Programme with government target

- By 2010, offer appropriate services to 90% of women in need in project areas

Major progress

- Expansion of PMTCT services to over 270 sites in five high-risk counties at the end of 2006
- Access to PMTCT services for more than 90 per cent of pregnant women in one project county
- Advocacy for integration of PMTCT with paediatric, maternal and child health (MCH), and reproductive health (RH) services along with the “Mother-Baby” package of interventions to increase PMTCT service access
- A roll-out of a UNICEF-Government demonstration in Guangxi Province and advocacy efforts at the high-level Universal Access PMTCT, Paediatrics, MCH and RH technical meeting held in Kuala Lumpur in November 2006

Scale-up plans

- Increase in access for women [and spouses] most at risk of HIV infection to comprehensive maternal and child health services, which include provision of services to poor, minority and rural women in low resource settings
- Mobilization of large donor resources to ensure access to MCH services [PMTCT one component]
- Development and demonstration of national guidelines and policies on integration of PMTCT, paediatric AIDS treatment and MCH services by 2007
- Support to the development of ARV, diagnostics and OI drug supply-chain management protocols and procedures; drafting of protocols in 2006, implementation by 2007 in seven provinces
- Programme communication to inform women about MCH and PMTCT services, and information for providers to provide more "appropriate and culturally sensitive" services.

Major challenges [3]

- Limited capacity of local-level MCH personnel to implement national guidelines
- Low access to services by "high-risk" women located in impoverished, rural settings and in some minority areas.

Paediatric treatment

Global Campaign target

By 2010, provide either ART or cotrimoxazole, or both, to 80% of children in need

National targets

- 500 children meeting treatment criteria should receive paediatric or adult ARVs by 1 January 2007
- By 2010, more than 80% of reported AIDS patients who qualify should receive ARV treatment and traditional Chinese medicine; 90% should receive OI treatment and/or prophylaxis (no specific target for children)

UNICEF Collaborative Programme with government target

- By 2010, provide either ART or cotrimoxazole, or both to 80% of children in need in project areas

Major progress

- Development of national guidelines for the treatment of children living with HIV
- Provision of health care by practitioners, who were trained by the Government, UNICEF, the Clinton Foundation and WHO, to 550 of over 1,600 reported HIV-positive children in 2006, up from 155 at the end of 2005

- Support for supply-chain assessments in Yunnan by UNICEF in collaboration with the Government and the Clinton Foundation
- Procurement of US\$15,000 worth of paediatric 3TC from the Supply Division, Copenhagen.

Scale-up plans

- Advocacy for increased access of health care providers to appropriate paediatric ARV and OI drugs, including diagnostics
- Conduct situation analysis on the needs of mothers and children living with HIV bi-annually
- Implementation of institutional mechanisms for mothers and children living with HIV on healthy household practices in 100 China CARES counties by 2007; 250 by 2009
- Implementation of guidelines for family- and community-based care, covering nutrition, psychosocial support, ARV/OI adherence, and community and family education in 100 China CARES counties by 2007; 250 by 2009
- Development of one national network of professionals and resource centres on family- and community-based care for families with parents and children living with HIV in nine provinces by 2007 and all provinces, municipalities and autonomous regions by 2010.

Prevention of infection among adolescents and young people

Global Campaign target

By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally

National targets

- By 2010, over 90% of the school students should have correct knowledge on HIV prevention, including issues related to blood donation
- By 2010, over 75% of young people who are not in school should have correct knowledge on HIV prevention, including issues related to blood donation

UNICEF Collaborative Programme with government target

- By 2010, 90% of adolescents have correct knowledge and can express non-stigmatizing attitudes toward PLWHIV in project provinces by 2010

Major progress

- Development of life skills training guideline for children and youth in and out of school
- Conduct operational research to understand and respond to the needs of girls at high risk of HIV infection

- Conduct baseline Household Surveys (HHS) and Knowledge, Attitude, Practices and Behaviour (KAPB) surveys by the Ministry of Education (MOE) and Ministry of Civil Affairs (MCA) in project counties
- Promotion of knowledge on prevention by the Chinese National Committee for the Care of Children (CNCCC), which trained over 2,000 adolescents in 12 labour schools in Beijing and Shanghai where rates of knowledge on key HIV facts increased from less than 30 to over 80 per cent
- Establishment of Knowledge, Attitude and Practice (KAP) life skills baselines for 12 MOE/UNICEF life skills counties, which would feed into the development of plans of action
- Integration of over 14,000 young people into existing MOE peer-education networks, including 100 Campaign Youth Ambassadors reaching an additional 200,000 youth with interpersonal communications and 3.2 million over the Internet
- Drafting of youth-friendly facts in partnership with the State Council AIDS Working Committee Office (SCAWCO), the UN and with young people themselves, and provision of a standard tool for assessing knowledge levels and results

Scale-up plans

- Development of provincial communication strategies and guidelines to decrease stigma and discrimination and increase knowledge among 10-18 year olds in three provinces by 2007 and nine by 2009 to levels of 20 per cent and 95 per cent, respectively
- Improvement of knowledge base on what puts young people at risk of HIV infection
- Improvement in participation of young people in programme communication activities – i.e. disseminating and promoting information on the 10 facts on AIDS, and increasing interpersonal communication; improvement of programme communications on the 10 messages to decrease stigma and discrimination – Youth as a Force for Change
- Support to policies/guidelines to respond to the needs of children in and out of school, including minority children, and children living or attending school in institutions

Major challenges [3]

- Inadequate scientific and sociological understanding of drug use, sex work and other risk behaviours among youth
- Low level of support, including a dearth of institutionalized mechanisms, for effective management and programming skills

Protection and care

Global Campaign target

By 2010, reach 80% of children most in need

National targets

- By 2010, 100% of double orphans due to AIDS should receive free compulsory education
- By 2010, ensure enrolment of orphans in the civil affairs system

UNICEF Collaborative Programme with government target

- By 2010, reach 80% of children most in need in project areas

Major progress

- Development of a national policy for the care of children orphaned by AIDS
- Over 90 per cent of children orphaned by AIDS receiving support and care in five UNICEF project counties
- Development of a comprehensive approach to women living with HIV/AIDS and their households, which includes medical, educational, social outreach and welfare interventions
- Development of the *Family- and community-based care manual for women, children and families affected by AIDS*, and a section of the newly developed *Youth Ambassadors Training Manual* specifically devoted to working with young women in HIV/AIDS-prevention and anti-discrimination work
- Unofficial estimates of orphans and vulnerable children by the Beijing Research Information Institute (BRII), which contributed to the five-year planning processes and a deeper understanding of the impact of HIV/AIDS on children and households

- Advocacy on response to the issue of children orphaned and affected by AIDS through national media campaigns
- Drafting and ultimate signing of the first inter-Ministerial policy, involving 14 Ministries, on “children without caregivers”, and the launch of the Chinese Campaign on Children, Young People and AIDS by State Council AIDS Working Committee Office (SCAWCO)
- Capacity building of MCA to respond to children and families affected by AIDS through training of Child Department employees in Sichuan, Shanxi and Henan Provinces
- Support to the National Association for People Living with AIDS to develop guidelines for vocational education for 15-17 year olds affected by AIDS and for income-generation activities for female-headed households

Scale-up plans

- Implementation of national guidelines and policies on ensuring access for children affected by AIDS to school (with other children) in nine provinces by 2008 and all by 2010
- Implementation of guidelines for family- and community-based care in 100 China CARES counties by 2007; 250 by 2009
- Development of one national network of professionals and resource centres on family- and community-based care for families and children affected by HIV in nine provinces by 2007 and all provinces, municipalities and autonomous regions by 2010
- Conduct situation analyses on children affected by HIV bi-annually
- Increase in knowledge of “Children and HIV” legislation and guidelines at Central Party school to cover 95 per cent of officials by 2010
- Improvement in policy environment and promotion of best practices for implementation and scale-up by the government
- Capacity building of the Ministry of Civil Affairs personnel to respond to the needs of children and households affected by AIDS through building linkages with civil society and people living with AIDS
- Improvement of family- and community-based care for women and children living with AIDS,

including psycho-social and nutritional support, income generation, access to health, education and welfare subsidies

- Improvement of family- and community-based care through programme communications
- Building of a knowledge base on the economic and social impacts of AIDS on households towards re-evaluating, designing and promoting effective national responses
- Programme communications to reduce stigma and discrimination toward families affected by AIDS among MCA and government staff

Major Challenges [3]

- Generally low public awareness of HIV and AIDS
- Stigma and discrimination against those infected or affected by HIV/AIDS

COVERAGE

UNICEF Country Office covers 8 of 34 (or 24 per cent) of the total number of provinces in China.

UNICEF’S KEY PARTNERS IN 2006

Government (national and provincial levels)

- State Council AIDS Working Committee Office (SCAWO), Ministry of Health
- Ministry of Education
- Ministry of Civil Affairs

National NGOs

- Chinese National Committee for the Care of Children (CNCCC)
- Beijing Research Information Institute [BRII]
- Association François-Xavier Bagnoud (FXB)
- National Association for People Living with AIDS

International organizations

- WHO
- Clinton Foundation
- Harvard University
- Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM)

FUNDING SITUATION AND REQUIREMENTS

Current funding situation

Names of donors, and amounts raised, available and committed, covering the 4Ps for China HIV and AIDS programme at UNICEF

4Ps	Donor	Available		Committed	
		US\$	Period	US\$	Period
P1- PMTCT	Hong Kong NatCom	200,000	2005-2007	200,000	2007
P2 - Paediatric AIDS	US Fund for UNICEF	200,000	2007-2008	110,000	2007
	French NatCom	40,000	2007-2009	20,000	
	China Private Sector	25,000	2005-2010	25,000	
P3 - Prevention	M.A.C. Cosmetics	129,000	2007-2009	0	2007
	French [15-3-07]	355,000	2007-2009	110,000**	
	Canadian NatCom	51,000	2007-2009	0	
P4 - Protection	US Fund for UNICEF	800,000	2007-2008	402,000	2007
	UK NatCom	35,000	2007-2009	35,000	
	China Private Sector	177,000	2005-2010	177,000	

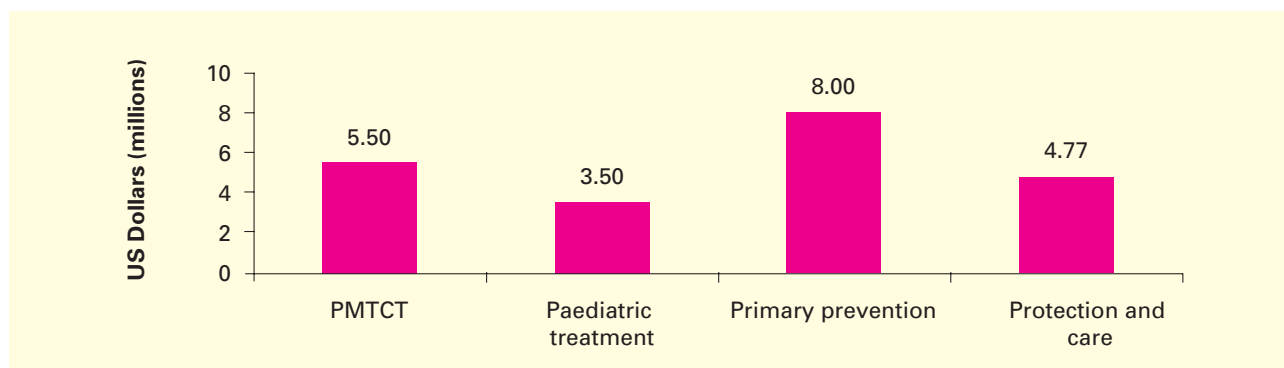
The private sector's fund contribution to HIV/AIDS in China represents 10 per cent of the total available funds from donors. Among the four Ps, protection has received the largest fund support. On the other hand, while the government has exerted efforts to address the issue of HIV/AIDS, it has yet to cost the National AIDS Programme.

Estimated resource needs for scaling up the 4Ps

Agencies/organizations to be influenced to leverage resources for the 4Ps

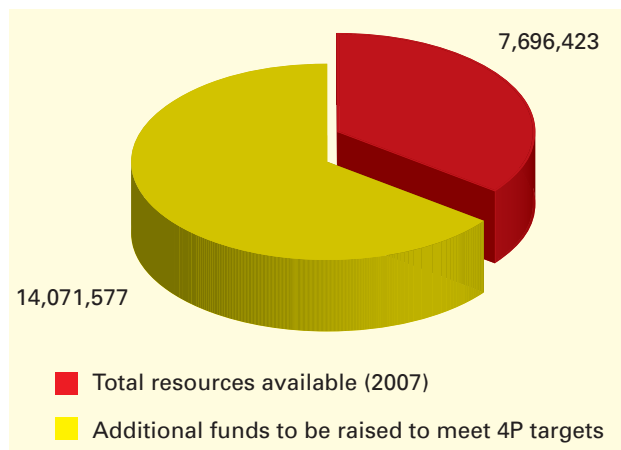
Ranking	UN or international partners	Which of the 4Ps?
1	Global Fund rounds 3, 4 & 5	Prevention and Protection
2	Gates Foundation	Not Specified
3	DFID	Not Specified
4	USAID	Not Specified
5	World Bank	Not Specified
6	AusAID	Not Specified

Estimated resource needs for scaling up 4Ps, China



A total of US\$ 21,768,000 is required to reach the 4P targets by 2010, with primary prevention receiving the highest funding priority.

Target funds for scaling up 4Ps (in US Dollars), China



For further information, please contact:

Yin Yin Nwe
Representative
ynwe@unicef.org

Ken Legins
Chief, HIV and AIDS Programme
klegins@unicef.org

Data sources

- [1] UNAIDS/WHO AIDS, 2006 Report on the Global AIDS Epidemic, May 2006.
- [2] UNAIDS, UNICEF and WHO, Children and AIDS: A Stocktaking Report (Action and progress during the first year of Unite for Children, Unite against AIDS), January 2007.
- [3] UNICEF China Annual Report 2006.
- [4] The 'Four Frees and One Care' policy refers to a nationwide policy to provide the following services: (1) Free ARV drugs to AIDS patients who are rural residents or people with financial difficulties living in rural areas; (2) Free Voluntary Counselling and Testing (VCT); (3) Free drugs to HIV-infected pregnant women to prevent mother-to-child transmission and HIV testing of newborn babies; (4) Free schooling for children orphaned by AIDS; and (5) Care and economic assistance to the households of people living with HIV/AIDS.

Constraints in fund-raising and resource leveraging

- The value added of a "UN response" is not clear – especially in a climate of UN reform.
- Bi-lateral donors have large agendas with the Chinese government, thus, there is a tendency to seek bi-lateral agreements, and to establish bi-lateral project offices rather than pass through the UN. On the other hand, a significant opportunity lies with private sector fundraising.

Plans for resource leveraging and working with partners to achieve 2010 4P targets

- China will focus on private sector fundraising to obtain funds for the UNICEF Programme.
- To leverage work, UNICEF will utilize the Chinese Campaign on Children, Young People and AIDS, the UN Joint Programme on AIDS, and the integration of the 4P work into the Global Fund work.



Population size [1]	Adult (aged 15-49) rate (%)	Estimated Number of Adults and Children Living with HIV/AIDS			Estimated number of deaths from AIDS, adults and children	Estimated number of children orphans due to all causes [2]	Orphans as a percent of all children [2]
		Adults and Children	Women (15+)	Children (0-14)			
22,488,000	No data	No data	No data	No data	No data	No data	10

BACKGROUND

Officially, there are no cases of HIV in DPR Korea and concern regarding potential HIV transmission remains limited among government and other partners. However, awareness is rising among key decision makers of the extent of HIV epidemics in the region, particularly in neighbouring countries such as China, and of the vulnerability this poses to DPR Korea. Early prevention activities are required if an epidemic is to be avoided. High literacy rates, universal school enrolment and highly organized channels for information dissemination present a unique opportunity to ensure popular awareness of HIV issues. Minimal investment now could prevent significant social and economic consequences. With few resources available and considerable problems already facing DPR Korea, an HIV epidemic would have a devastating effect on the country and children in particular, given the large number of orphans.

GLOBAL CAMPAIGN FOUR Ps

Apart from advocacy, limited activities are undertaken in the area of HIV/AIDS and child protection due to the specific context in DPR Korea. While there is a mechanism for disease surveillance, there are hardly any testing or counselling facilities for HIV/AIDS [3].

Based on the Annual Work Plan, one of the key results for 2006 was the increased awareness on key caring practices for young children and on HIV/AIDS prevention at national, provincial and county levels. Following from 2005, UNICEF continued chairing the UN Theme Group on HIV/AIDS.

Prevention of infection among adolescents and young people

Major Progress

- Discussions with MoE on expanding life skills-based learning to areas such as HIV/AIDS
- Participation of a number of staff in the UNAIDS day celebration during which staff and their dependents were sensitized on what causes HIV/AIDS and how to control it
- Distribution of UNAIDS booklets to all staff.

Scale-up Plans

- Expansion of life skills-based learning to develop a holistic package for hygiene promotion through schools to introduce other topics such as accident prevention and HIV/AIDS.

For further information, please contact:

Gopalan Balagopal
 Representative
 gbalagopal@unicef.org

Cristina Brugiolo
 Education Specialist and HIV/AIDS Focal Person
 cbrugiolo@unicef.org

Data sources

- [1] UNAIDS/WHO AIDS, 2006 Report on the Global AIDS Epidemic, May 2006.
- [2] UNAIDS, UNICEF and WHO, Children and AIDS: A Stocktaking Report (Action and progress during the first year of Unite for Children, Unite against AIDS, January 2007.
- [3] UNICEF DPRK Country Office Annual Report 2006.



Population size [1]	Adult (aged 15-49) rate (%) [1]	Estimated Number of People Living with HIV/AIDS [1]			Estimated number of deaths from AIDS, adults and children [1]	Estimated number of children orphans due to all causes [2]	Orphans as a percent of all children [2]
		Adults and Children	Women (15+)	Children (0-14)			
222,781,000	0.1	170,000	29,000	No data	5,500	5,300.000	8

BACKGROUND

Indonesia has a concentrated HIV epidemic, with adult prevalence estimated to be 0.1 per cent in 2006. Serious sub-national epidemics are underway in the eastern province of Papua, where HIV has spread beyond sex workers and their clients. HIV prevalence as high as 48 per cent has been found in IDUs at rehabilitation centres in Jakarta and even higher infection levels have been reported in Pontianak on the island of Borneo. Many cultural, social, and economic factors play a role in Indonesia’s HIV epidemic. Reticence on issues such as sex, sexuality, injected drug use, reproductive health and condoms limit the ability of young people to protect themselves. Stigma attached to STIs prevents people from seeking HIV testing.

On the positive side, the Government of Indonesia is expanding its response to the epidemic, and has been actively engaged in the Global Campaign, with particular attention to increasing the visibility of children and young people in the national HIV response.

GLOBAL CAMPAIGN FOUR Ps

Indonesia is making progress towards key UNGASS targets and the national commitment to addressing HIV and AIDS is growing. There was a 106 per cent increase in government funding allocations from US\$ 6.3 million in 2003 to US\$ 13.0 million in 2005 (US\$ 11.4 million by the central government and US\$ 1.6 million by local governments). The National AIDS Commission is now focusing on strengthening AIDS Commissions in the highly affected provinces and districts, and implementing a comprehensive HIV/AIDS prevention, care and treatment programme in 100 districts in 21 provinces. Three positive results in 2006 that affect children include: (1) the development of policy and guidelines on PMTCT; (2) initiation of a planning process to develop a national strategic plan on children; and (3) scaling up of life skills

education for HIV/AIDS prevention in junior secondary schools across all provinces [3].

PMTCT

Global Campaign target

By 2010, offer appropriate services to 80% of women in need

National targets

- N/A

UNICEF Collaborative Programme with government target

- By 2008, at least 80% of pregnant women accessing ANC have information, counselling, and other HIV prevention services available
- By 2008, at least 80% of women at high risk of HIV have access to information about HIV and PMTCT referrals
- By 2008, at least 80% of HIV positive pregnant women attending prevention and care service points are receiving comprehensive PMTCT services

Major progress

- Capacity building of national and provincial cadres of trained professionals, community health workers, health service providers and NGO representatives to support GOI in scaling up PMTCT services in 9 provinces
- Development of national PMTCT guidelines and a detailed national operational plan for PMTCT services
- Advocacy and orientation directed at addressing discrimination in hospitals and in ARV referral hospitals in Central, East and West Java
- Provision of provider-initiated routine offer of HIV testing (opt-out) in all PMTCT sites
- Availability of Dried Blood Spot (DBS) technology for use in PMTCT and paediatric HIV-care programmes

- Evaluation of community-based PMTCT programmes by NGO “Yayasan Pelita Ilmu”
- Conduct rapid assessment of MoH-run PMTCT in six provinces

Scale-up plans

- Development of operational plans for low and highly affected provinces, with a focus on technical capacity at provincial and district levels for ensuring 80 per cent coverage for most-at-risk women (sex workers, IDUs, among others, to be reached through social mobilization and outreach programmes)
- Strengthening of referral linkages for access to VCT and health services
- Establishment of model PMTCT centres in highly affected provinces
- Operationalization of a communication strategy for reaching wives of clients of sex workers
- Through linkages with Maternal Health programme, integration of PMTCT in ongoing MH programmes in Papua
- Implementation of PMTCT in 25 public hospitals
- Training of health service providers in 11 provinces, reaching target of 330 trained personnel

Major challenges [4]

- Limited health-facility coverage
- Limited number of skilled and motivated human resources
- Weak monitoring and evaluation system

Paediatric treatment

Global Campaign target

By 2010, provide either ART or cotrimoxazole, or both, to 80% of children in need

National targets

- Subject to national estimation (underway)

UNICEF Collaborative Programme with government target

- By 2008, 80% of children born to HIV-positive mothers enrolled in PMTCT programmes are tested for HIV at the appropriate time
- By 2008, 80% of HIV-positive children under the age of 15 in need of treatment are receiving ART.

Major progress

- Availability of ARV drugs for treatment of HIV-infected children in liquid formulations (AZT, 3TC and NVP)
- Estimation of number of children infected with HIV, with the Ministry of Health

- Conduct national assessment of affected children, with Ministry of Health
- Conduct national study on orphans and vulnerable children
- Development of paediatric guidelines with WHO and the Ministry of Health
- Support to government’s procurement of ARVs.

Scale-up plans

- In partnership with the Clinton Foundation, adaptation by KPA, WHO and MoH of national IMCI guidelines and training materials to include: management of HIV-related conditions; nutritional guidance for HIV-infected children; and counselling of parents and children as well as increase in ARV access for children living with HIV
- Support for the development of a national procurement plan and the establishment of a monitoring and evaluation system
- Development and implementation of Infant Feeding and Pneumocystis Carinii Pneumonia prevention policies
- Strengthening of linkages with other programmes such as health, nutrition, infant feeding and early childhood development.

Major Challenges [4]

- Limited availability/high cost of paediatric formulations
- Limited number of trained clinicians in paediatric HIV care
- Limited number of sites with the capacity to provide paediatric HIV care
- Lack of paediatric guidelines
- Limited capacity for early diagnosis (virological testing)
- Lack of central coordination mechanism

Prevention of infection among adolescents and young people

Global Campaign target

By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally

National targets

- N/A

UNICEF Collaborative Programme with government target

- By 2008, at least 30% of most- at-risk adolescents and especially vulnerable adolescents ages 13-18 and at-risk young people ages 18-24 are equipped with skills and information to prevent HIV and drug use

Major progress

- Capacity building of peer educators who would provide HIV-prevention education among most-at-risk young people in Papua, Aceh, East Java, NTT and Central Java
- Development of a core trained resource pool in 10 provinces
- Initiation of life-skills education programme for schools in NTT, Central Java, East Java, West Java, Maluku and South Sulawesi
- Information dissemination on LSE and HIV/AIDS prevention in Papua among parents who would provide support to in-school LSE learning, and among tribal leaders who would provide information to the general community and other tribal members
- Establishment of student clubs to engage students in developing activities related to HIV/AIDS prevention
- Conduct rapid assessment on LSE and peer education in Papua
- Advocacy workshops, study tours and training workshops in junior high schools in Papua and Islamic schools in East Java.

Scale-up plans

- Provision of technical support to the KPA and Ministry of Social Affairs (MoSA) to increase coverage and strengthen quality of peer education and outreach as well as to operationalize a communication strategy for most-at-risk young people
- Finalization of appropriate tools and support for the establishment of a database on risk population, etc.
- Support to the Education Unit to spearhead age-appropriate integration into the curriculum for students, teacher educators and in-service teacher training; support to MoNE in finalizing user-friendly tools for use in the classrooms
- Conduct workshops to re-orient counterparts on special needs of most-at-risk adolescents (MARAs) and especially valuable adolescents (EVAs), particularly IDUs
- Working with the Youth Theme Group chaired by UNFPA to promote prevention among children and young people.

Major challenges [4]

- Need to build capacity of the National AIDS Commission at national, provincial and district levels to implement an effective, decentralized HIV-prevention education programme

Protection and care

Global Campaign target

By 2010, reach 80% of children most in need

National targets

- N/A

UNICEF Collaborative Programme with government target

- By 2008, national legislation, policies, and guidelines on the protection, care and support of orphans and children affected by HIV and AIDS are implemented
- By 2008, advocacy and social mobilization activities to support children orphaned or made vulnerable by HIV and AIDS are improved
- By 2008, at least 85% of children less than 1 year old are registered
- By 2008, community-based responses to provide immediate and long-term support to vulnerable households are improved

Major progress

- Implementation of national assessment and analysis
- Strengthening of support for Greater Involvement of People Living with HIV/AIDS Project
- Support to the development of guidelines for HIV monitoring and evaluation
- Support to national and provincial advocacy workshops for health officers, education officials and NGOs
- Appointment of MoSA as the focal point for children affected by HIV in collaboration with KPA. MoSA will coordinate activities at the national level and Dinas Sosial at provincial levels (including all line ministries and related NGOs/INGOs)
- Initiation of a National Situation Analysis on children affected in seven provinces
- Strengthening of UNICEF capacity at national and provincial levels to provide effective technical assistance to government

Scale-up plans

- Provision of technical support to government and NGOs in implementing national and provincial plans
- Finalization and dissemination of the National Strategy for Affected Children
- At provincial and district levels, provision of technical assistance to MoSA in order to support actions to capacitate communities, NGOs, CBOs and government in providing home-based care

- Support by UNICEF and WHO for capacity building of health institutions, especially the primary facilities to provide clinical care, which includes VCT, prevention and treatment of opportunistic infections, management of STI and palliative care; nutritional guidance; psychosocial support including adherence to medications; and referrals.
- Implementation of assessment results and recommendations
- Strengthening of collaboration with national and international NGOs, Save the Children, faith-based organizations, ILO, UNICEF Child Protection section, etc.

Major challenges [3]

- Limited number of NGOs working on HIV/AIDS at district and provincial levels

COVERAGE

UNICEF covers one third (11 of 33) of the total number of provinces in Indonesia.

UNICEF'S KEY PARTNERS IN 2006

Government (national and provincial levels)

- Ministry of National Education
- Ministry of Health
- Ministry of Religious Affairs
- Ministry of Social Affairs National AIDS Commission
- National Planning & Development Coordinating Board
- National Family Planning Coordinating Board

National NGOs

- Yayasan Harapan Permata Hati Kita (Yakita)
- Spiritia Foundation
- Yayasan Pelita Ilmu
- Council of Ulama
- Center for Indonesia Medical Students Activities
- Indonesia Forum for Parliamentarians On Population and Development Yayasan Cinta Anak Bangsa
- Indonesia Planned Parenthood Yayasan Mitra Indonesia

International organizations

- WHO
- UNFPA
- UNESCO
- UNDP
- UNAIDS
- ILO

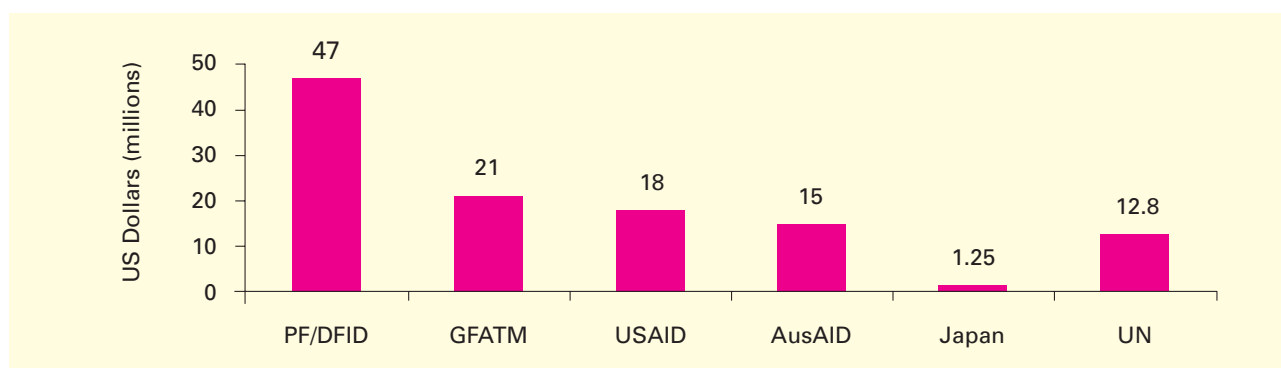
FUNDING SITUATION AND REQUIREMENTS

Current funding situation

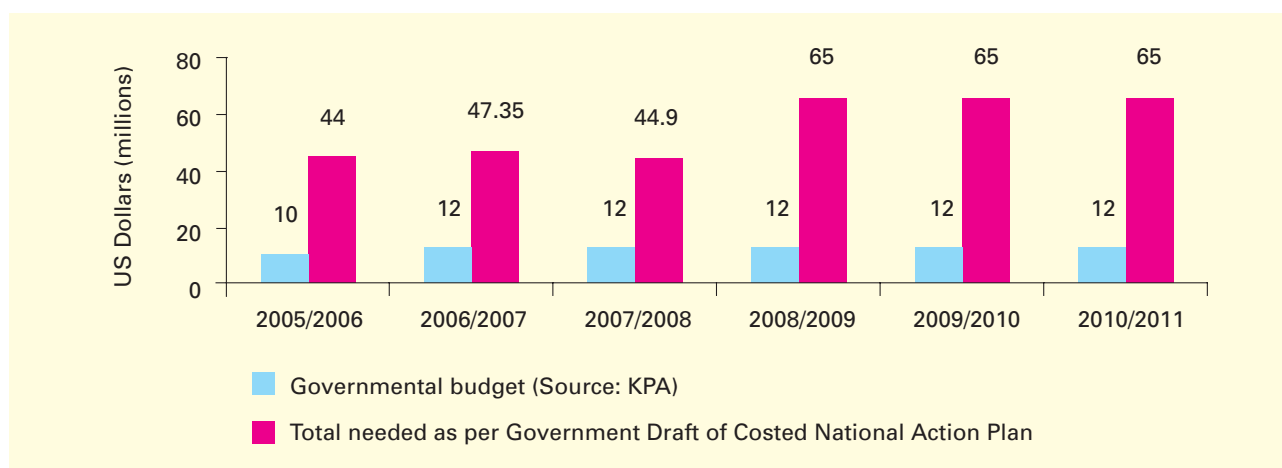
PF/DFID has been Indonesia's major source of ODA from 2005 to 2008, followed by GFATM and USAID. The fund share of UN agencies for 2006 amounts to US\$ 12,800,000, or 11 per cent of the total generated funds.

The government has allocated US\$12,000,000 per year from 2006 to 2010 for HIV and AIDS programmes based on the National Strategic Plan. Indonesia's National AIDS programme has been costed in the amount of US\$1,793,215,274 from 2006/07 up until 2010/11. Governmental budget ranges from 18 per cent to 23 per cent of the total funds needed as per the government's draft costed National Action Plan.

Major donors/sources of ODA to the National AIDS Programme/Response, Indonesia



Costed National AIDS programme, 2006-2010, Indonesia

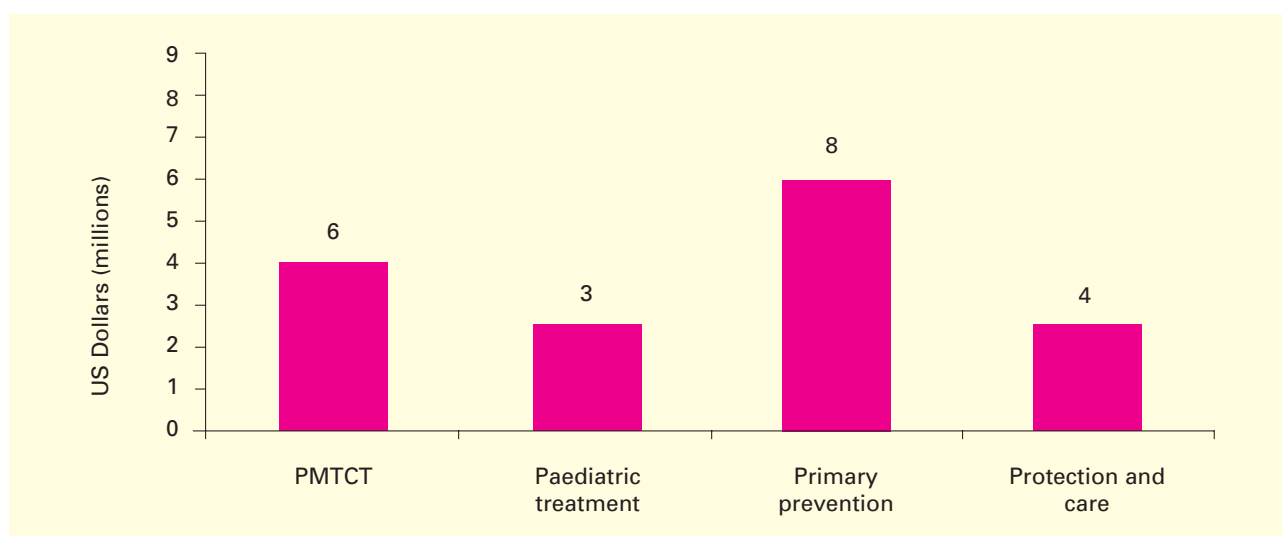


Estimated resource needs for scaling up the 4Ps

Agencies/organizations to be influenced to leverage resources for the 4Ps

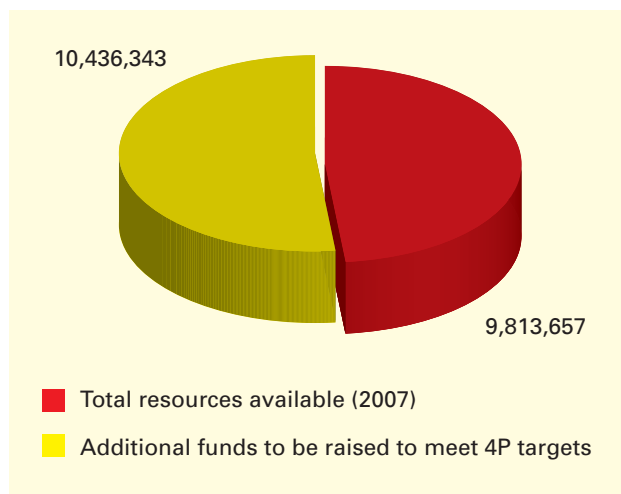
Ranking	Government (list name of government bodies or department, etc)	UN or international partners	Which of the 4Ps?
1	NAC, MoSA, MoNE,	Japan, Netherlands, PEPFAR, GFATM	Prevention
2	MoH, NAC	GFATM, Clinton	Paediatric
3	MoH, NAC	DFID, Australia,	PMTCT
4	MoSA, NAC	Japan, Norway, DFID	Protection

Estimated resource needs for scaling up 4Ps by 2010, Indonesia



The National AIDS Commission is the commonly cited government counterpart that can help leverage resources to implement the four Ps. A total of US\$20 million is needed to scale up the 4Ps by 2010, two-fifths of which is allocated for prevention-related activities.

Target funds for scaling up 4Ps (in US Dollars), Indonesia



Constraints in fund-raising and resource leveraging

1. Need to inform potential donors about the HIV/AIDS situation and response needs in Indonesia
2. Weak coordination between partners
3. Absence of accurate baseline data on the 4Ps that has limited advocacy for leveraging resources for programme implementation

Plans for resource leveraging and working with partners to achieve 2010 4P targets

Resource mobilization:

- Support the KPA/MoH Round 7 proposal for integrated programming in Papua (to ensure that PMTCT and Care and support for children are integral components)
- Support UNAIDS in developing a joint programme for HIV in Papua

- Advocacy with MoSA for budgetary allocations for community-based care and support programmes for most vulnerable children in highly affected provinces
- Partnership with the Clinton Foundation for Paediatric AIDS, and with UNESCO, UNFPA and Civil Society for reaching young people (including young people at high risk of infection)

Implementation:

- Strengthen evidence based programming (supporting the assessment studies, disaggregating data, etc.)
- Support KPA in disaggregating data and addressing implementation gaps for most at risk young people and most at risk women (PMTCT)
- Through linkages with Maternal Health programme – integrate PMTCT into ongoing MH programmes in Papua

For further information, please contact:

Dr. Gianfranco Rotigliano
Representative
grotigliano@unicef.org

Sharifah Tahir
Chief, HIV and AIDS Programme
stahir@unicef.org

Veera Mendonca
HIV/AIDS Specialist
vmendonca@unicef.org

Data sources

- [1] UNAIDS/WHO AIDS, 2006 Report on the Global AIDS Epidemic, May 2006.
- [2] UNAIDS, UNICEF and WHO, Children and AIDS: A Stocktaking Report (Action and progress during the first year of Unite for Children, Unite against AIDS, January 2007.
- [3] UNICEF Indonesia Annual Report 2006.
- [4] UNICEF Country 2006 PMTCT Report Card.



Population size [1]	Adult (aged 15-49) rate (%) [1]	Estimated number of adults and children living with HIV/AIDS [1]			Estimated number of deaths from AIDS, adults and children [1]	Estimated number of children orphans due to all causes [2]	Orphans as a percent of all children [2]
		Adults and children	Women (15+)	Children (0-14)			
5,924,000	0.1	3,700	<1,000	No data	<100	290,000	10

BACKGROUND

Lao PDR currently has a low prevalence rate, but the country is witnessing many risk factors that could fuel an expanding epidemic. The main mode of HIV transmission is through heterosexual intercourse, and women increasingly account for new HIV cases. More young women between the ages of 20 and 24 are now reported infected than men of the same age.

The country is also witnessing other trends with alarming implications for the HIV epidemic. STI rates, particularly for chlamydia and gonorrhoea, are high. In 2005, the majority of new STI cases were found in married men and women. Economic and social change has led to increased mobility and migration, both within the country as well as to neighbouring countries, several of which already have generalized epidemics. Also, young temporary migrant labourers who have worked in neighbouring countries constitute the majority of HIV infections. Most reported HIV cases are between young adults aged 20 to 39. Furthermore, Lao PDR has reported geographic pockets where injecting drug use is prevalent among sex workers.

GLOBAL CAMPAIGN FOUR Ps

Building on the 2005 advocacy campaign for decision makers, 2006 saw a focus on strengthening of capacities in paediatric AIDS and PMTCT, in life skills education, and in empowerment and participation of people living with HIV/AIDS. Increased focus was given to districts and provinces identified as most at risk in the National AIDS Strategy and Action Plan 2006-2010.

In 2006, concerted efforts were made with the UN Joint Working Group to contribute to: a) active engagement of political leaders and decision makers in an expanded response to HIV/AIDS through participation in the Country Coordinating Mechanism (CCM) and National HIV/AIDS

Partnership Forum 2006; b) effective management and coordination of an expanded response, through support to the National Strategy and Action Plan; c) development of a national strategic information system, through the agreement to fund planning and implementation of sentinel surveillance in antenatal care (ANC) in 2007; d) active involvement of the most marginalized people living with HIV/AIDS in decision-making processes, through support and capacity building for self-help groups; and e) support for paediatric AIDS and the preparation of a proposal that includes a treatment plan for children [3].

PMTCT

Global Campaign target

By 2010, offer appropriate services to 80% of women in need

National targets

- HIV fully integrated into MCH hospital and community programmes
- At least 4 sites with ARV also provide ARVs for PMTCT

UNICEF Collaborative Programme with government target

- HIV and PMTCT integrated into MCH outreach in 6 provinces
- HIV and PMTCT integrated into ANC in 4 hospitals in Vientiane and 1 in Savannakhet
- PMTCT services for HIV positive women introduced in 1 hospital in Vientiane and 1 in Savannakhet
- 3,000 pre-pregnant young women factory workers have skills, knowledge and access to services to protect themselves from HIV

Major progress

- Initiation of integration of HIV and PMTCT into MCH outreach in six provinces, and ANC health education in four hospitals in Vientiane and one in Savannakhet

- Updating and publication of PMTCT guidelines
- Thorough revision of the community and workplace HIV prevention curricula, based on trials in the field
- Adjustment in focus to primary prevention through advocacy and capacity building for the integration of HIV and PMTCT into MCH services, and through expansion of the factory-based primary prevention programme
- Conduct HIV/AIDS/STD and PMTCT sessions by the provincial outreach teams with 13,657 vulnerable youth 15-35 years old (7,818 female) in 120 villages in attendance (over 100% of target)

Scale-up plans

- Advocacy for integration of PMTCT into MCH
- Capacity building in HIV among MCH staff
- Improvement of quality of VCT
- Improvement of links and referrals between MCH, VCT and STI
- Promotion of male involvement in MCH
- Introduction of couples counselling in MCH
- Additional provinces for MCH outreach in 2007-2011
- Ensuring that ANC is in hospitals in the capital, including HIV and PMTCT information and referral

Major challenges [4]

- Limited health facility coverage
- Low utilization of ANC services
- Low rates of skilled attendant deliveries
- Limited number of skilled and motivated human resources
- Drug shortages
- Limited community and male partner involvement
- Limited funding

Paediatric treatment

Global Campaign target

By 2010, provide either ART or cotrimoxazole, or both, to 80% of children in need

National targets

- ART available in 4 provinces with minimum of 1,000 treatment slots for adults and children
- 2 support centres for adults and children with HIV in 4 provinces
- Links made between prevention and care

UNICEF Collaborative Programme with government target

- Train 50 key HIV clinical care providers from central, provincial and district hospitals on paediatric AIDS treatment

Major progress

- Participation of senior paediatricians from Vientiane in two technical fora on PMTCT, during which a training plan for 2007 was developed
- Participation in development of GFATM proposal
- Discussions with Medecins Sans Frontieres and WHO on organizing training for clinical care providers on paediatric AIDS treatment

Scale-up plans

- Capacity building on Paediatric AIDS among Lao Paediatricians
- Ensuring a continuum of care between hospital and community
- Increase in access to ARV for children with HIV and access to education for chronically ill children

Major challenges [4]

- Limited availability/high cost of paediatric formulations
- Limited number of trained clinicians in paediatric HIV care
- Limited number of sites with the capacity to provide paediatric HIV care
- Lack of paediatric guidelines
- Limited capacity for early diagnosis (virological testing)
- Lack of central coordination mechanism

Prevention of infection among adolescents and young people

Global Campaign target

By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally

National targets

- 30% of primary and secondary schools nationwide implement education on reproductive health, STIs and drugs
- 40% of out-of-school youth reached with awareness-raising campaigns
- Most-vulnerable youth have package of peer education, IEC, condoms, STI and VCT services

UNICEF Collaborative Programme with government target

- Improvement of geographical focus and quality of prevention education carried out over 2005-2006, with a reduction of target provinces from 17 to 7
- 4,500 most vulnerable youth have skills, knowledge and access to services to protect themselves from HIV
- 36,000 youth in schools in 6 priority provinces and the capital acquire correct knowledge and skills to protect themselves from HIV through life skills
- 60 monks teach Buddhist life skills in the capital and 4 provinces
- Youth-friendly VCT services developed, promoted and linked to awareness-raising

Major progress

- VCCT training for 16 MCH and 41 counselling staff using WHO SEARO Training of Trainers (TOT) curriculum; promotion of VCCT services in outreach to youth in workplaces and communities
- Provision of information on:
 - HIV to 25 per cent of the targeted 40,000 women (10,340 women in 47 villages) in one province, following training of eight teams
 - Life skills building to 1,500 students from grades 8 to 11 in Oudomxay and Luang Namtha (bringing life skills coverage of secondary schools in these provinces to 100% including schools/students covered in previous years)
 - Local services and skills building on HIV/AIDS/STDs and PMTCT to 6,605 (or 66% of target) factory workers, around 80 per cent of whom are women, in 55 factories of three provinces
- Extension of the life skills approach in schools with a view to achieving 100% coverage of high school students in seven priority provinces in 2007

Scale-up plans

- Integration of life skills approach in RH/HIV/AIDS/STI education into National Schools curriculum and its introduction in 100 per cent of high schools in 11 provinces
- Establishment of a Hotline service
- Improvement of youth access to counselling, VCT and STI services

Major challenge [3]

- Fund shortage has affected plans for development and promotion of a hotline and youth counselling services

Protection and care

Global Campaign target

By 2010, reach 80% of children most in need

National targets

- Home-based care and support services available in 4 provinces

UNICEF Collaborative Programme with government target

- 150 infected and affected children and 300 adults from 3 provinces have increased access to care and support
- Train 20 PLWHIV to participate in policy development, planning and implementation of HIV prevention and care
- Train 100 Buddhist monks in acceptance and care for PLWHIV in 3 provinces.

Major progress

- Implementation and publication of an action research study on "Life-skills and Leadership Camps: towards a model for support and participation of children affected by HIV/AIDS in the Lao PDR," which was circulated and used for subsequent camps
- Home visits to 40 HIV-affected families (around 150 children and adults) by nurses and peer counsellors
- Conduct training in leadership and life skills to 70 affected children (over 100% of target)
- Provision of material support to 200 affected and infected children (school supplies), 45 affected poor families (income generation grants), and 300 adults (medical examination)
- Participation of over 300 adults in self-help groups
- Conduct training in community education, management and ARV adherence to 42 people with HIV/AIDS
- Training of 180 Buddhist monks and 43 senior monks from five provinces (Vientiane capital, Savannakhet, Champassak, Luang Prabang and Vientiane province) on Buddhist life skills
- Continuing provision of support to self-help groups
- Lobbying for inclusion of provisions for children infected and affected by HIV in draft Children's Law; advocacy for inclusion of Hanoi Call to Action in ASEAN declaration

Scale-up plans

- Delay orphaning by ensuring HIV positive parents have access to treatment
- Ensuring that OVC receive external support and protection; ensuring that affected children have access to education and other services on an equal basis with others through support for the new Children's Law
- Reduction of stigma and discrimination in communities
- Advocacy for increased government resources to children in especially difficult circumstances, including HIV/AIDS-affected children

Major challenge [3]

- UNICEF withdrew from HIV dedicated radio programmes on the basis of the 2005 Assessment of Radio Programmes for HIV/AIDS Prevention & Care in the Lao PDR. The assessment found that a lot more staff time and resources would be needed in order to produce programmes of high quality to support behaviour change.

COVERAGE

UNICEF Country Office has covered 12 of 16 (or 75%) of the total number of provinces in Lao PDR.

UNICEF'S KEY PARTNERS IN 2006

Government (national and provincial levels)

- Centre for HIV/AIDS/STIs, Ministry of Health
- Provincial Committees for the Control of AIDS
- Ministry of Education (MoE)
- Ministry of Labour and Social Welfare

National NGOs

- Lao Federation of Trade Unions
- Lao Buddhist Fellowship Association
- Lao Front for National Construction
- Metta Dhamma
- Lao Youth AIDS Prevention Project

International organizations

- UNFPA
- AusAID
- UK NatCom
- WHO
- GFATM

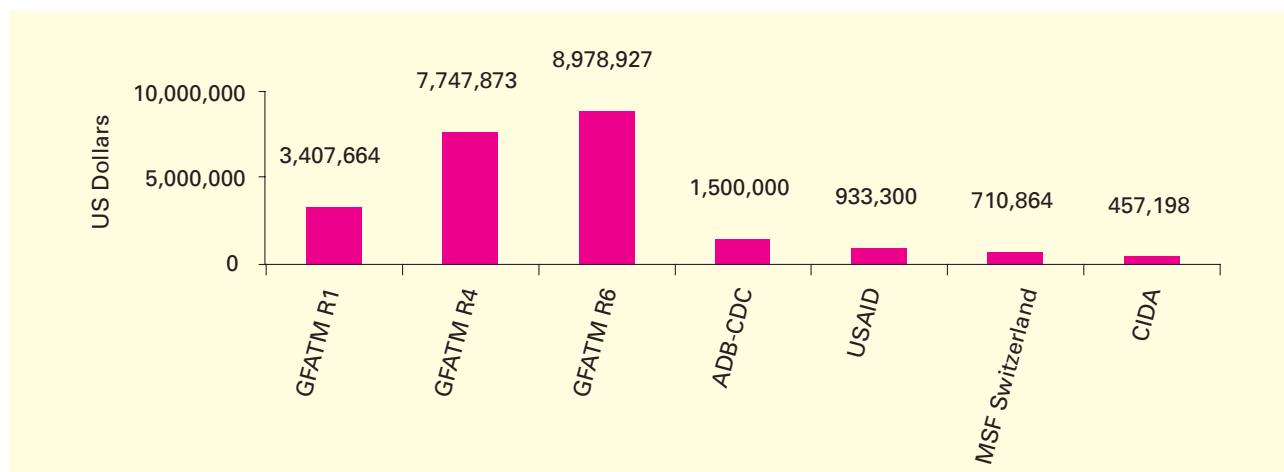
FUNDING SITUATION AND REQUIREMENTS

Current funding situation

Names of donors and amounts raised, available and committed, covering the 4Ps for Lao PDR HIV and AIDS programme at UNICEF

4Ps	Available			Committed/pledged		
	Donor	US\$	Period	Donor	US\$	Period
P1 - PMTCT	UNICEF RR set aside	403,594	Aug 2006- Aug 2007	Sida	200,000	2007-2009
P2 - Paediatric AIDS	Japan Nat Com	100,000	2006-2008			
	UNICEF RR set aside	40,000	2006-2007			
P3 - Prevention	AusAID, Lao PDR	37,000	2006-2007	Sida	460,000	2007-2009
	AusAID & Australian Nat Com	189,458.60	2006-2007			
P4 - Protection	UK NatCom-Parthenon Trust	166,358.76	2006-2008			
	UNICEF RR set aside	40,000	2006-2007			

Major donors/sources of ODA to the National AIDS Programme/Response, Lao PDR

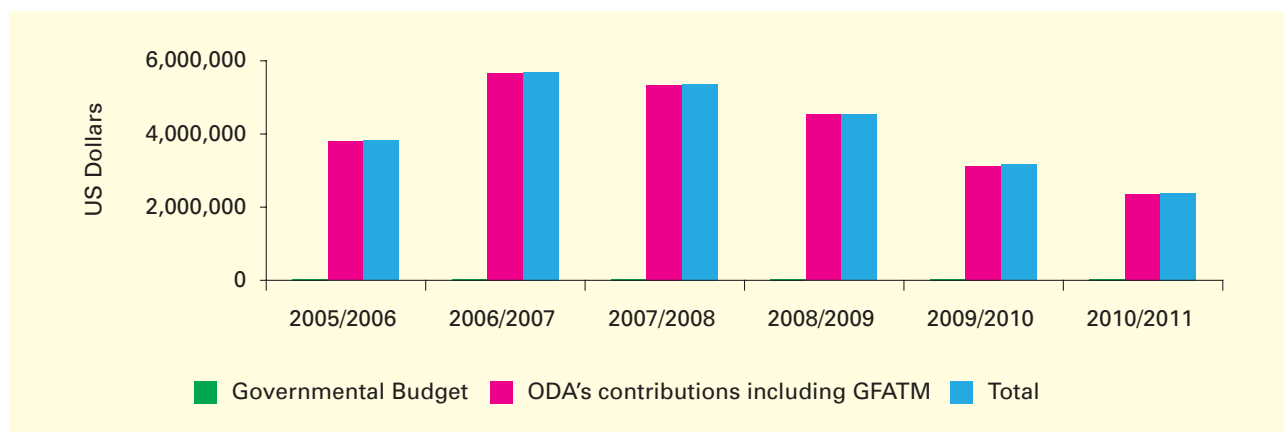


GFATM R1 (2003-2007)
 GFATM R4 (2005-2009)
 GFATM R6 (2007-2011)

ADB-CDC (2006-2008)
 USAID (2004-2011)
 MSF Switzerland, CIDA (2004-2008)

GFATM is the major source of external funds for the UNICEF Lao PDR Country Office.

Total available resources for HIV and AIDS based on national strategic plan (2006-2010), Lao PDR



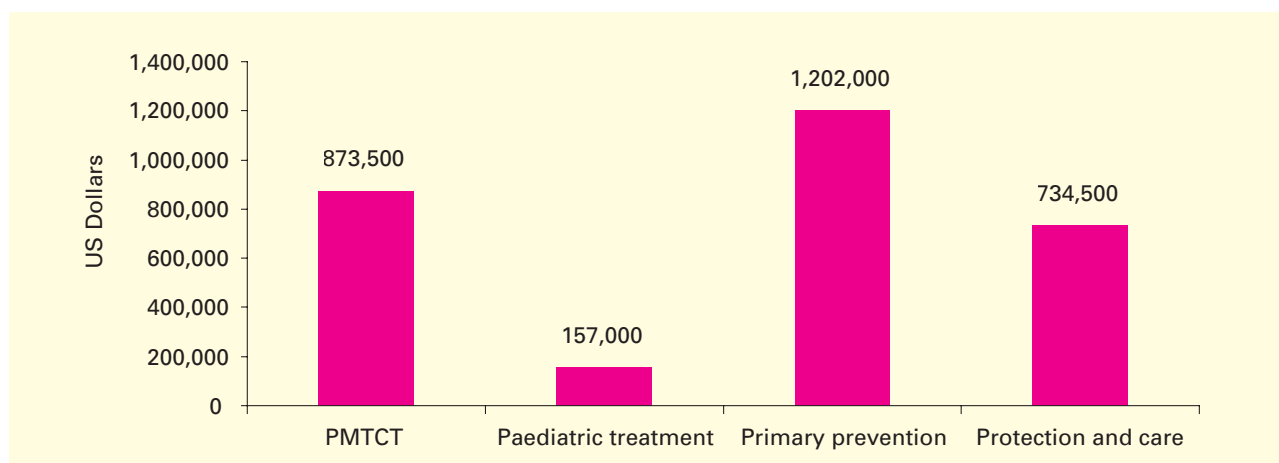
The National HIV/AIDS Programme in Lao PDR has been costed for the period 2006-2010 in the total amount of US\$28,427,483. Governmental budget is constant (at US\$25,000) per year, which constitutes a fraction (from 0.4% to 1%) of the total ODA contributions from 2006-2010.

Estimated resource needs for scaling up the 4Ps

Agencies/organizations to be influenced to leverage resources for the 4Ps

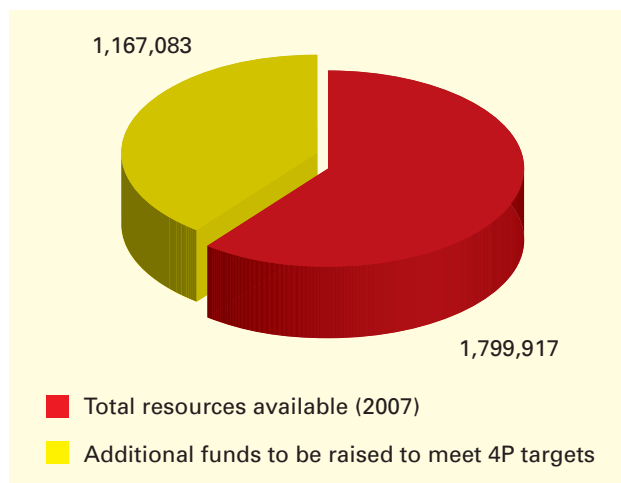
Ranking	Government (list name of government bodies or department, etc)	UN or international partners	Which of the 4Ps?
1		PEPFAR	Protection (including stigma and discrimination) and paediatric AIDS
2		AusAID	Prevention
3		UK NatCom and DFID Australian National	Protection and prevention
4		Committee	Protection and paediatric AIDS
5	Ministry of Labour and Social Welfare		Protection of OVC
6		Clinton Foundation	Paediatric AIDS, PMTCT

Estimated resource needs for scaling up 4Ps by 2010, Lao PDR



A total of US\$ 2,967,000 is needed to scale up the 4P targets by 2010. Of this amount, HIV primary prevention is accorded the highest funding priority (40%), followed by PMTCT and protection and care.

Target funds for scaling up 4Ps (in US Dollars), Lao PDR



Constraints in fund-raising and resource leveraging

- Increasingly donors want to fund governments directly through mechanisms such as the GFATM. This requires intensive UN support and technical assistance in both management and implementation. However, this support is not funded.
- Because of its 'low prevalence' status, several donor countries tend to consider Lao PDR as less strategically significant and less in need of support compared to countries with higher prevalence in the region.
- Long-term multi year funding has been hard to find and no OR funds are currently available for 2010-11.

Plans for resource leveraging and working with partners to achieve 2010 4P targets

- Submission of proposals through National Committees and liaising with Regional Office and HQ as to how best to approach potential donors
- In terms of working with partners, HIV/AIDS Section will liaise with Government Counterparts to ensure that the National Strategic AIDS Plan would achieve goals within UNICEF mandate.
- As Vice Chair of the GFATM oversight committee, HIV/AIDS Section Chief will follow closely the management and implementation of Round 6 GFATM grant especially areas that focus on children, and will provide technical assistance through Technical Working Group on Care and Support; will also be involved in Round 7 proposal development and in raising concerns for children.
- As a member of the UN team on HIV/AIDS, HIV/AIDS Section Chief will participate in developing and implementing the UN Joint Programme on AIDS.

For further information, please contact:

Laila Ismail-Khan
Representative
lismailkhan@unicef.org

Prudence Borthwick
HIV/AIDS Specialist
pborthwick@unicef.org

Data sources

- [1] UNAIDS/WHO AIDS, 2006 Report on the Global AIDS Epidemic, May 2006.
- [2] UNAIDS, UNICEF & WHO, Children and AIDS: A Stocktaking Report (Action and progress during the first year of Unite for Children, Unite against AIDS, January 2007).
- [3] UNICEF Lao PDR Annual Report 2006.
- [4] UNICEF Country 2006 PMTCT Report Card.



Population size [1]	Adult (aged 15-49) rate (%) [1]	Estimated number of adults and children living with HIV/AIDS [1]			Estimated number of deaths from AIDS, adults and children [1]	Estimated number of children orphans due to all causes [2]	Orphans as a percent of all children [2]
		Adults and Children	Women (15+)	Children (0-14)			
25,347,000	0.5	69,000	17,000	No data	4,000	480,000	5

BACKGROUND

Malaysia is experiencing a concentrated epidemic, with HIV prevalence of 0.5 per cent among the general population but consistently higher than 5 per cent among IDUs. The main mode of transmission is through the sharing of contaminated needles among IDUs. There has been a steep annual rise in reported HIV infections, and a relatively low but steadily increasing trend in AIDS cases and deaths. Given the prominence injecting drug use plays in the country’s epidemic, harm reduction measures have been identified as a priority in containing the spread of HIV. Malaysia has launched a needle/syringe and condom distribution programme along with a drug substitution initiative targeted at IDUs.

The government of Malaysia has taken decisive action in curbing the epidemic. The year 2006 marked a more than two-fold increase in the government’s budget for HIV, from US\$10.9 million to more than US\$27.2 million annually.

GLOBAL CAMPAIGN FOUR Ps

The Government has assigned high priority to halt and reverse the spread of HIV/AIDS and the National Strategic Plan on HIV/AIDS will guide the efforts for 2006-2010. The Country Office used the HIV/AIDS programme to pilot a flexible style of programme, less traditional in approach and more relevant to a middle income country. The new approach is based on four pillars: 1) technical assistance and capacity enhancement; 2) catalyst grassroots projects; 3) public information and dissemination; and 4) operational research and analysis.

In 2006, UNICEF Malaysia provided technical and financial support for: drafting and approval of National HIV/AIDS Strategy 2006-2010 and subsequent National Action Plan; establishment and operationalization of the Institute of Health Management (IHM)-UNICEF Collaborative Centre which is a joint platform for research and policy

development; and setting up of the HIV/AIDS “Harm Reduction Secretariat” in the Ministry of Health. It also conducted the first joint Economic Planning Unit (EPU)/UNICEF Situation Analysis of Children in the country.

PMTCT

Global Campaign target

By 2010, offer appropriate services to 80% of women in need

National targets

- Reportedly achieved (source: MoH in presentations and discussions)

UNICEF Collaborative Programme with government target

- N/A

Major progress

- Technical assistance to set up the HIV/AIDS Harm Reduction Secretariat in the Ministry of Health
- Offer of provider-initiated HIV testing (opt-out) in all PMTCT sites
- Strengthening of HIV/AIDS programme through targeted support with technical consultancies and training for counterparts
- Support to the first review/evaluation of Malaysia’s PMTCT programme. The PMTCT evaluation has established a methodology in MoH for subsequent reviews and a new policy on better engagement with the private health care sector for PMTCT.
- Support to the establishment of the IHM-UNICEF Collaborative Centre for Health Policy, Enhancement and Appraisal at the Institute of Health Management (National Institute of Health, Ministry of Health)

Scale-up plans

- Development of policy guidelines and recommendations for the PMTCT programme
- Updating and upgrading of PMTCT programme
- Strengthening of coverage of patients who opt for private health care. Currently the programme is provided through the MoH facilities.

Major challenge [4]

- Weak monitoring and evaluation system

Paediatric treatment

Global Campaign target

By 2010, provide either ART or cotrimoxazole, or both, to 80% of children in need

National targets

- Reportedly achieved (source: MoH in presentations and discussions)

UNICEF Collaborative Programme with government target

- N/A

Major Progress

- Setting up of experts' advisory group on paediatric AIDS treatment via the IHM-UNICEF Collaborative Centre for Health Policy

Scale-up Plans

- Use of recommendations of the advisory group in Annual Plan of Action on HIV and AIDS

Major Challenges [4]

- Limited availability/high cost of paediatric formulation
- Lack of dedicated HIV/AIDS paediatric programming

Prevention of infection among adolescents and young people

Global Campaign target

By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally

National targets

- No updates

UNICEF Collaborative Programme with government target

- N/A

Major progress

- Government's adoption of the National Strategic Plan, which provided the necessary framework for successful advocacy for inclusion of HIV/AIDS prevention module into the National Service Programme of Malaysia
- Support to the nationwide scale up of the MoH's Harm Reduction Programme, which contributed to a rapid engagement of the senior decision makers of the Royal Malaysian Police and the Anti Drugs Agency and the strengthening of capacity of the MoH to effectively implement its Harm Reduction Programme
- Testing of efficacy of setting up youth drop-in centres outside the school setting
- Incorporation of HIV/AIDS prevention messages in Life Skills Based Education (LSBE) project
- In the state of Kedah, expansion of the ProStar model to establish out of school drop-in youth centres in six districts; launching of pilot projects for peer to peer education on HIV for urban poor women and religious leaders
- Advocacy for emphasis on initiatives for women under the National Action Plan of the National Strategic Plan for HIV/AIDS 2006-2010
- Conduct a three-month campaign that used the high visibility and reach of the fashion industry to fight HIV/AIDS stigma and discrimination and raise funds for UNICEF Malaysia's "Unite for Children, Unite against AIDS" communications programme
- Production of "ProStar Youth Centres," a 9-minute documentary aimed to inspire youth-related organizations across the country to develop similar programmes to protect children and young people from the threat of drugs and HIV/AIDS
- Working with the media to secure free airtime for public service announcements and messages on HIV/AIDS
- Conduct study tours to Hong Kong and Thailand, which provided an opportunity for delegates to increase their knowledge on HIV surveillance and prevention strategies

Scale-up plans

- Replication of nationwide youth drop-in centres outside of school setting for peer education on HIV prevention
- Scaling up of the national harm reduction programme
- Human resources needs:
 - Capacity enhancement at MoH on Communications and Outreach
 - Human resources for beefing up coordination mechanisms among the agencies involved in HIV/AIDS work in Malaysia
 - Enhancement of partnerships with media outlets in rural and semi-urban Malaysia

- Long-term engagement with religious leaders of Malaysia through a dedicated systematic three-year programme

Major challenges [3]

- A conservative education system has so far hampered comprehensive sex education in schools.
- Limited availability of data on HIV/AIDS and children and young persons (especially in relation to knowledge, attitude and practice).

Protection and care

Global Campaign target

By 2010, reach 80% of children most in need

National targets

- No updates

UNICEF Collaborative Programme with government target

- N/A

Major progress

- Setting up of PLWHA support group outside Kuala Lumpur
- Forging of strategic partnership to influence care and support component of government's HIV plan
- Involvement of religious leaders

Scale-up plans

- Replication of PLWHA support group nationwide
- Generation of national programmes to counter stigma and discrimination
- Human resource (HR) needs:
 - Capacity enhancement at MoH on Communications and Outreach
 - HR for beefing up coordination mechanisms between agencies involved in HIV/AIDS protection work in Malaysia e.g. Attorney General's Chambers, Ministry of Women and Family Development and the religious authorities
 - Enhancement of partnerships with media outlets in rural and semi-urban Malaysia

Major challenge [3]

- Counselling and care services are inadequate to meet current needs.

Cross-cutting Issues [3]

- Cultural and religious perceptions that lead to stigma and discrimination
- Surveillance techniques in Malaysia and data collection mechanisms are inadequate and require major revisions.
- Leadership at all levels is essential to address social issues arising from HIV/AIDS.

COVERAGE

All of UNICEF Malaysia's HIV projects have a national reach because many of the initiatives have been taken on at the policy level. Grassroots initiatives are first piloted in Kedah state before being proposed for national expansion.

UNICEF'S KEY PARTNERS IN 2006

Government (national and provincial levels)

- Ministry of Health
- Malaysian AIDS Council
- Ministry for Women, Family and Community Development
- Department of Islamic Religious Affairs
- Ministry of Education/Curriculum Development Centre

National NGOs

- Standard Chartered
- Malaysian Fashion House
- Eclipse
- Prostanita NGO

International organizations

- UNAIDS
- UNDP
- UNFPA

FUNDING SITUATION AND REQUIREMENTS

Current funding situation

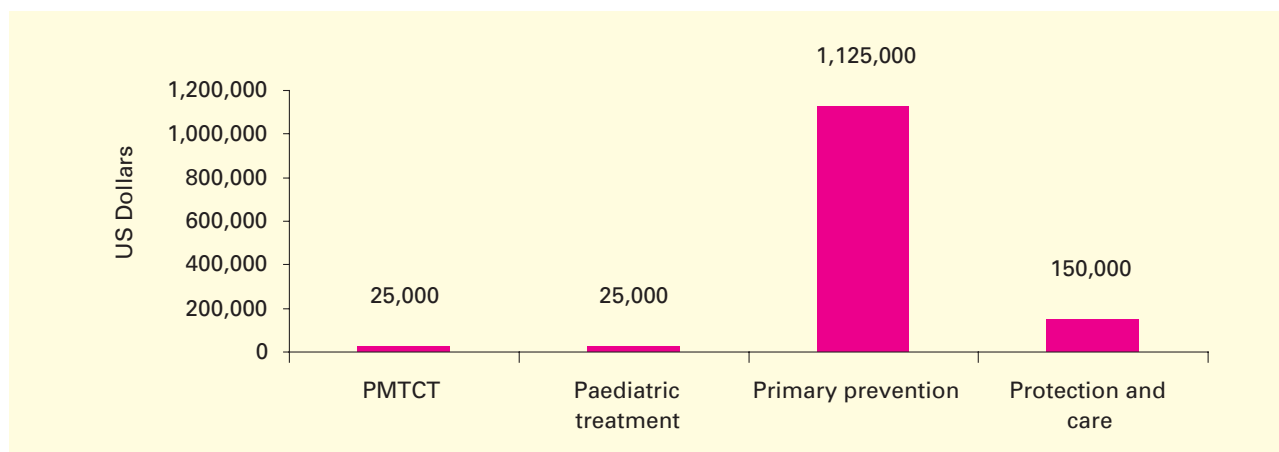
The Government of Malaysia has allocated US\$27.2 million per year to the HIV/AIDS programme. However, it has yet to cost the National AIDS Programme. UNICEF Malaysia reported a committed fund from Manchester United for HIV prevention in the amount of US\$150,000 for 2007. No other organization was mentioned as providing fund support for the HIV/AIDS programme.

Estimated resource needs for scaling up the 4Ps

Agencies/organizations to be influenced to leverage resources for the 4Ps

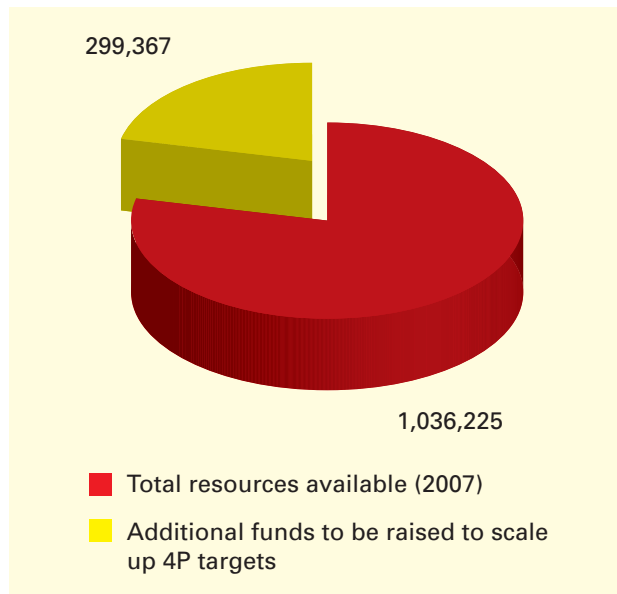
Government (list name of government bodies or department, etc)	UN or International partners	Which of the 4Ps?
Cabinet Committee on HIV AIDS	UNAIDS	Prevention and Protection
Ministry of Health	UNICEF	
Ministry of Education		
Ministry of Women and Family Development		
Cabinet Committee on HIV AIDS	UNAIDS	

Estimated resource needs for scaling up 4Ps by 2010, Malaysia



An estimated total amount of US\$1,325,000 needs to be raised to scale up the 4P targets by 2010. The bulk (85%) of this amount is apportioned to primary prevention.

Target funds for scaling up 4Ps (in US Dollars), Malaysia



Constraints in fund-raising and resource leveraging

- Currently UNICEF is not allowed to fundraise in Malaysia. UNICEF in Malaysia may be well positioned to advocate with the relevant Ministries and cabinet committees for allocation of funds for the 4Ps.

Plans for resource leveraging and working with partners to achieve 2010 4P targets

- Given the limited resources available to UNICEF Malaysia for HIV/AIDS work, it is through high-level advocacy with partners that UNICEF can encourage government agencies to allocate resources that could help achieve the 4P targets.

For further information, please contact:

Rudi Luchmann
Deputy Representative & OIC, UNICEF Malaysia
rluchmann@unicef.org

Maya Faisal
HIV/AIDS Programme Officer
mffaisal@unicef.org

Data sources

- [1] UNAIDS/WHO AIDS, 2006 Report on the Global AIDS Epidemic, May 2006.
- [2] UNAIDS, UNICEF & WHO, Children and AIDS: A Stocktaking Report (Action and progress during the first year of Unite for Children, Unite against AIDS, January 2007).
- [3] UNICEF Malaysia Country Annual Report 2006.
- [4] UNICEF Country 2006 PMTCT Report Card.



Population size [1]	Adult (aged 15-49) rate (%) [1]	Estimated number of adults and children living with HIV/AIDS [1]			Estimated number of deaths from AIDS, adults and children [1]	Estimated number of children orphans due to all causes [2]	Orphans as a percent of all children [2]
		Adults and Children	Women (15+)	Children (0-14)			
2,646,000	<0.1	<500	<100	No Data	<100	79,000	8

BACKGROUND

Mongolia so far has low national HIV prevalence, yet the country is highly vulnerable to a growing epidemic. Mongolia reports particularly high rates of STIs in the general population. In 2005, the number of reported cases of gonorrhoea, syphilis and trichomoniasis comprised a total of 50 per cent of all communicable diseases, according to the Ministry of Health. Moreover, knowledge of HIV remains low among young people, who account for over half of the population. A 2005 survey revealed that only 3.5 per cent of young people could correctly identify the ways of preventing HIV infection and reject the major misconceptions about HIV transmission.

At the same time, high levels of migration within the country and into China and Russia, where prevalence is higher, renders Mongolia vulnerable to an expanding epidemic. For instance, the national railway, which carries 4–5 million people a year, enters Mongolia from Irkutsk, a large Russian city just across the northern border that is home to an explosive HIV epidemic. As transport and communication infrastructure continues to grow, Mongolia will become increasingly exposed to the outside world.

GLOBAL CAMPAIGN FOUR Ps

In October 2006, Mongolia hosted the “Low to Zero: First Asia-Pacific Conference on Universal Access to HIV Prevention, Treatment, Care and Support in Low Prevalence Countries” putting HIV high on the political agenda.

PMTCT

Global Campaign target

By 2010, offer appropriate services to 80% of women in need

National targets

- N/A

UNICEF Collaborative Programme with government target

- PMTCT guideline is being developed and will be approved in the first quarter of 2007

Major progress

- Provision of provider-initiated routine offer of HIV testing (opt-out) in some PMTCT sites

Scale-up plans

- Establishment of a national PMTCT working group
- Development of PMTCT guidelines
- Technical and financial assistance to support planning and implementation of PMTCT programmes
- Strengthening of the capacity of Government and other partners to monitor, evaluate and document their PMTCT experience
- Giving focus to primary prevention including VCT, infant feeding, and reproductive health
- Coordination and collaboration with UN agencies, in particular with UNFPA, to support HIV infected women in making informed decisions and as part of reproductive health care programmes
- Improvement of antenatal care and MCH services, treatment and care

Major challenges [3]

- Weak monitoring and evaluation system
- Limited funding
- Lack of policy and guideline documents

Paediatric treatment

Global Campaign target

By 2010, provide either ART or cotrimoxazole, or both, to 80% of children in need

National targets

- N/A

UNICEF Collaborative Programme with government target

- N/A

Major progress

- No data

Scale-up plans

- Technical support to develop guidelines according to WHO standards
- Training of paediatricians, nurses and neo-natal caregivers in close collaboration with WHO
- Provision of assistance to the Government in ARV procurement
- Securing of political and financial commitment

Major challenges [3]

- Limited number of trained clinicians in paediatric HIV care
- Limited number of sites with the capacity to provide paediatric HIV care
- Lack of paediatric guidelines

Prevention of infection among adolescents and young people

Global Campaign target

By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally

National targets

- N/A

UNICEF Collaborative Programme with government target

- N/A

Major progress

- Training of three to eight peer trainers in HIV/AIDS prevention in each district using "Knowledge Station" participatory approach
- UNICEF's substantial technical and other support to the MoH in establishing VCT services

- Step by step advocacy efforts among high and middle level decision makers, which resulted in the establishment of the national VCT working group led by the MoH and the approval of the VCT Action Plan for 2006-2010
- Conducted the first national training of trainers on VCT in December 2006
- Organization of a consensus meeting in November 2006 by the National Center for Non-formal and Distant education to develop the HIV/AIDS prevention curriculum for non-formal education
- Development of the HIV/AIDS prevention curriculum by a team of experts
- UNICEF Mongolia's active participation in the organization of the First Regional Conference of Low HIV prevalence countries

Scale-up plans

- Programme communication initiatives to provide relevant and accurate information to all young people
- Life skills based HIV education programmes for young people in- and out-of-school
- Advocacy to break the silence and taboos associated with HIV and AIDS
- Promotion of HIV prevention within existing national AIDS strategy, participation of young people, and 'youth friendly' health services that are acceptable and accessible to young people
- Establishment of VCT services at national and provincial levels

Protection and care

Global Campaign target

By 2010, reach 80% of children most in need

National targets

- N/A

UNICEF Collaborative Programme with government target

- Same as global target

Major progress

- Continuation of the Buddhist Leadership Initiative project in 2006; Conduct three trainings among lamas and nuns by the Dashichoiling monastery

Scale-up plans

- Advocacy for a systems based approach to create a protective environment for children who are vulnerable and at risk of HIV and AIDS

- Promotion of societal behavioural change towards protection of vulnerable and at risk children
- Advocacy for enabling legislative and regulatory mechanisms
- Strengthening of the social welfare system for quality care and prevention of at risk children from abuse, exploitation and neglect

National NGOs

- World Vision
- Adventist Development and Relief Agency (ADRA)
- Norwegian Lutheran Mission

International organizations

- WHO
- UNFPA
- GFATM
- UNAIDS
- GTZ

COVERAGE

UNICEF Country Office covers 5 of 21 (or 24%) of the total number of provinces in Mongolia.

UNICEF'S KEY PARTNERS IN 2006

Government (national and provincial levels)

- National AIDS Committee
- National Health Development Center, Ministry of Health
- National Center for Non-formal and Distant education

FUNDING SITUATION AND REQUIREMENTS

Mongolia has total available resources amounting to US\$ 4,937,000 for HIV and AIDS programmes from FY 2005/2006 to FY 2010/2011 based on the National Strategic Plan. Almost all resources come from ODA's contributions including GFATM with only US\$12,000 as the government's counterpart and only for FY 2006/2007. So far, the National HIV/AIDS Programme has not been costed.

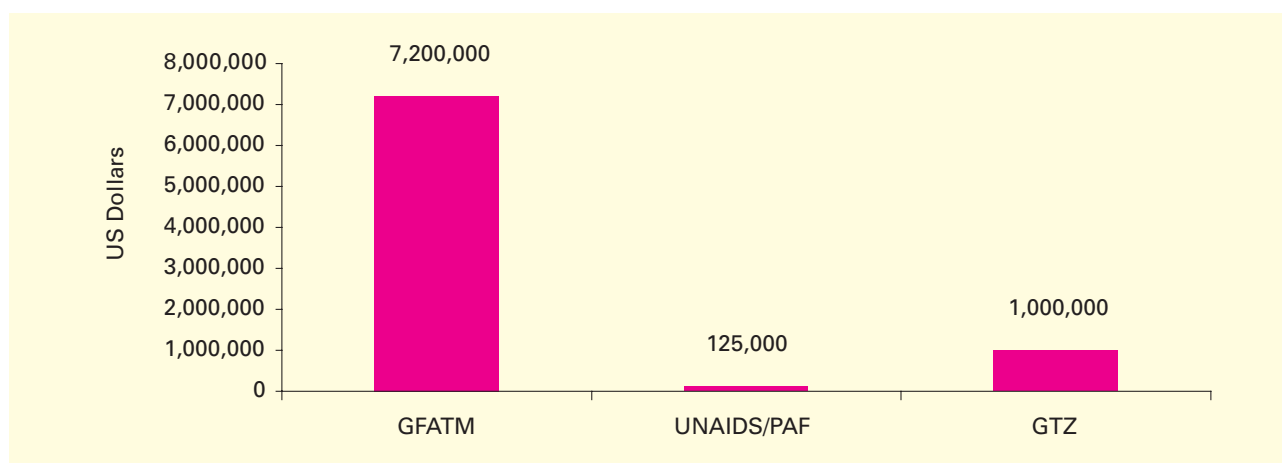
Current funding situation

Names of donors and amounts raised, available and committed, covering the 4Ps for Mongolia HIV and AIDS programme at UNICEF

4Ps	Available			Committed/pledged		
	Donor	US\$	Period	Donor	US\$	Period
P1 - PMTCT		4,000	2006-2011			
P3 - Prevention	Global Fund ATM	986,419	2006-2011	Korean NatCom	120,000	2007-2008

HIV prevention has received the largest fund support within the country programme cycle.

Major donors/sources of ODA to the National AIDS Programme/Response, Mongolia



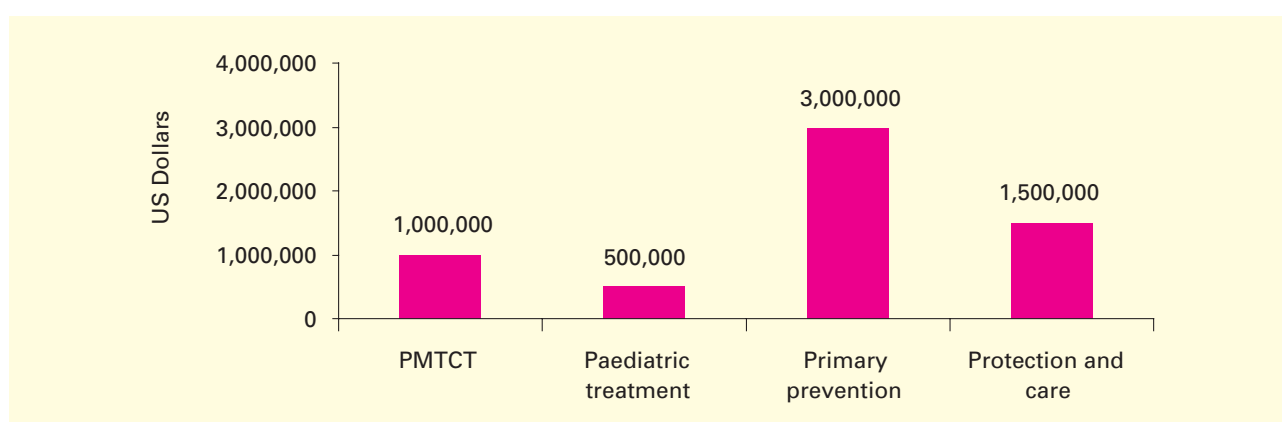
GFATM is the principal ODA fund source for the HIV/AIDS programme in Mongolia.

Estimated resource needs for scaling up the 4Ps

Agencies/organizations to be influenced to leverage resources for the 4Ps

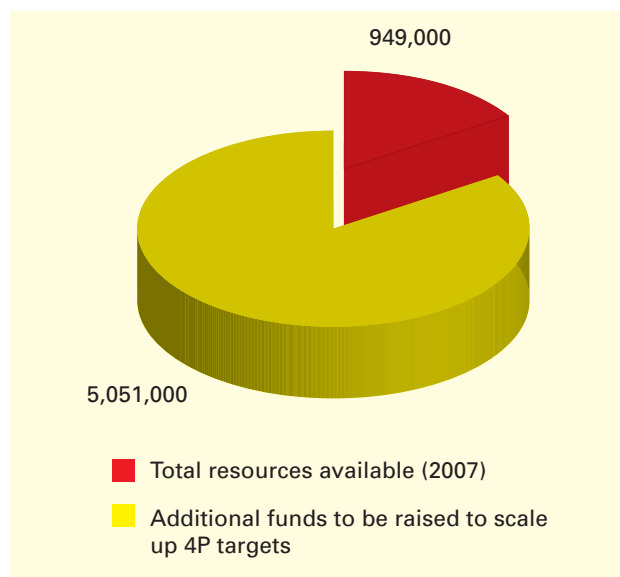
Ranking	Government (list name of government bodies or department, etc)	UN or international partners	Which of the 4Ps?
1	National AIDS Committee, Office of Deputy Prime- Minister	ADB/ WB/UNFPA/WHO	P3 – Prevention
2	MOH	UNFPA/ GTZ	P1 – PMTCT
3	MOH	UNFPA/ WHO	P2 – Paediatric AIDS
4	MOH, Ministry of Social Welfare and Labour	UNCT	P4 – Protection

Estimated resource needs for scaling up 4Ps by 2010, Mongolia



An estimated minimum amount of US\$ 6,000,000 is required to reach the 4P targets by 2010. The primary programme focus is HIV prevention, followed by protection and care.

Target funds for scaling up 4Ps (in US Dollars), Mongolia



Constraint in fund-raising and resource leveraging

- Because of its low HIV prevalence status, donors tend not to consider Mongolia as a priority country.

Plans for resource leveraging and working with partners to achieve 2010 4P targets

- Extensive resource mobilization strategy will be adopted by CO to generate additional resources, specifically for HIV prevention activities and PMTCT. Resources will be leveraged in two ways:
 - As part of the Joint UN programme on HIV and AIDS, in process of preparing a plan of action to be funded by UN agencies and with support from external donors

- Raise funds for UNICEF's own programmes with sharper focus on the 4Ps. UNICEF Mongolia will support the current initiative of the NatComs to raise the ambitious USD1 Billion and also with the Korean and Japanese NatComs to raise the OR component of the CP ceiling.
- Apart from fundraising, UNICEF in concert with other UN agencies will continue its advocacy efforts to engage the policy makers, donors and CSOs in raising the issue of HIV and AIDS as a priority challenge and in promoting the principle of 4Ps.

For further information, please contact:

Dr. Bertrand Desmoulins
Representative
bdesmoulins@unicef.org

Dr. Ider Dungereorj
HIV/AIDS Specialist
idungereorj@unicef.org

Data sources

- [1] UNAIDS/WHO AIDS, 2006 Report on the Global AIDS Epidemic, May 2006.
- [2] UNAIDS, UNICEF & WHO, Children and AIDS: A Stocktaking Report (Action and progress during the first year of Unite for Children, Unite against AIDS, January 2007.
- [3] UNICEF Country 2006 PMTCT Report Card.



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		Adults and Children	Women (15+)	Children (0-14)			
50,519,000	1.3	360,000	110,000	No Data	37,000	1,700,000	9

BACKGROUND

Myanmar is among the countries with the highest HIV prevalence and highest number of people living with and affected by HIV in East Asia and the Pacific. Already, the epidemic has spread to the general population. Yet, there are encouraging trends in official sentinel surveillance data on HIV: among pregnant women, prevalence had declined from 2.2 per cent in 2000 to 1.8 per cent in 2004. Still, the impact the epidemic has had on adults and children is visible in many parts of the country. Increasing numbers of children are being orphaned and made vulnerable, especially in states that have high levels of cross-border migration and trafficking into those regions of Thailand and China where HIV prevalence is highest.

In recent years, HIV-related services have been expanded, yielding positive results. However, all activities still need significant strengthening, in particular, prevention and education programmes for women, children and young adults.

The termination of the US\$98 million, five-year GFATM has left a major funding gap. Other challenges to an effective response to HIV in Myanmar remain. For example, scaling-up of pilot projects is constrained by limited human and financial resources. Stigma and discrimination, even in health care settings hamper HIV prevention and care efforts. Social services, including alternative care for OVC, are limited. Finally, insufficient monitoring of supplies and overall project implementation present ongoing challenges to the HIV response.

GLOBAL CAMPAIGN FOUR Ps

In 2006, three key result areas were identified in the HIV/AIDS Prevention and Control Project – PMTCT, care and support, and prevention among young people. It has been estimated that approximately half of new HIV/AIDS infections in infants were prevented, and a national care and support strategy was developed and implemented to reach children orphaned and made vulnerable by HIV/AIDS in 30 high-prevalence townships.

UNICEF also coordinated closely with UNAIDS and partners, especially in drafting the National Strategic Plan on HIV/AIDS. Hospital data showed a high HIV-testing rate of 93 per cent, which favourably supports the recent strategic shift from a community-based model to a hospital-based model [3].

PMTCT

Global Campaign target

By 2010, offer appropriate services to 80% of women in need

National targets

- Under development; nationwide coverage of service was the aim before GFATM termination

UNICEF Collaborative Programme with government target

- 30 high-prevalence townships and 100 hospitals

Major progress

- Expansion of PMTCT to 10 new hospitals and improvement of services in the existing 30 townships and six major hospitals
- As of late September 2006, provision of pre-test counselling to more than 85,000 pregnant women of whom 65.5 per cent were tested for HIV compared to 58 per cent in 2005
- Among those diagnosed HIV+, provision of antiretroviral prophylaxis to 95 per cent of mothers and 97 per cent infants
- HIV testing among 970 spouses (partners) of whom 12 per cent were found positive

Scale-up plans

- Support to the development of national guidelines for standardization of the PMTCT programme and for defining a care package for PLHIV, with special emphasis on children and families identified through the PMTCT programme

- Through the government sector, expansion of coverage by increasing the number of hospitals and MCH clinics that provide quality PMTCT services
- Implementation of comprehensive four-pronged PMTCT services in all 30 high-prevalence townships through a community-based model
- Working with local NGOs for social mobilization and prongs 1 & 4
- A joint external review of the PMTCT programme with UNFPA and WHO

Paediatric treatment

Global Campaign target

By 2010, provide either ART or cotrimoxazole, or both, to 80% of children in need

National targets

- Under development

UNICEF Collaborative Programme with government target

- 3,150 children receive OI treatment.
- 32,500 exposed babies receive cotrimoxazole prophylaxis
- 500 children receive ART

Major progress

- Development of guidelines for the clinical management of HIV-infected children, including cotrimoxazole
- In 2006, start of universal coverage of exposed infants with cotrimoxazole, though limited in scale

Scale-up plans

- Provision of cotrimoxazole to all infants born to HIV positive mothers starting 2007
- Advocacy and partnership with organizations already providing paediatric care and treatment
- Strengthening of capacity of 10 selected hospitals in the 30 townships to offer HIV-related care and treatment of children and their parents

Prevention of infection among adolescents and young people

Global Campaign target

By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally

National targets

- Nationwide coverage

UNICEF Collaborative Programme with government target

- Nationwide coverage

Major progress

- Adoption of the Ministry of Education of Life Skills as core curriculum to be taught in primary level and a co-curriculum for secondary level students
- Completion of revision of National Primary Level Life Skills Curriculum, making it more age and context appropriate, child-centred and life skill-based
- Implementation of peer-education programme for out-of-school youth by the Department of Health Planning and the Myanmar Red Cross Society in 12 townships
- Conduct 143 training sessions and training of 4,820 youths as peer educators. With this new batch the number of peer educators has reached nearly 49,000 at community level, representing about 10 per cent of young people in the townships.
- Training of 173 central, State and township education officials to facilitate training of teachers at township level. In addition, 59 'key trainers' from the Teacher Education Colleges and core trainers from Department of Education and Planning and Training (DEPT) trained 2,390 trainers at township level. These trainers in turn trained 34,767 primary teachers in 141 townships to deliver the new primary life skills curriculum.
- Training of 133 youths in basic counselling skills aimed at utilizing youth friendly centre facilities as youth friendly interface for VCCT, STI, and reproductive health services
- Assessment of life skills competencies among secondary students in 20 schools; ongoing assessment of peer education programme
- Access to eight previously established 'youth friendly centres' by 20,000 youths for library, health education and entertainment
- Establishment of youth-friendly centres in eight townships to provide information and services for young people (15-24 years)
- Airing of the HIV quiz programme both on TV and radio. A youth-oriented interactive quiz programme now regularly includes HIV question and answer. A special HIV quiz programme was produced for World AIDS Day
- Distribution of new student books on primary life skills to 16,181 primary schools in 141 townships making life skills available to 2.1 million children; 300 sets of teachers guidebooks and student books to all 23 Teacher Education Colleges and Institutes

Scale-up plans

- Conduct life skills-based HIV prevention education to all children in basic education school through teachers training and to out-of-schools children through capacity building of NGOs
- Establishment of more youth centres as a base for knowledge and skills as well as an interface with services

- Modelling of youth friendly services including VCCT and reproductive health services; provision of VCT, RH and STI services to out-of-school and older youth
- Support to mass media in providing HIV prevention messages targeting young people

Major challenge [4]

- Communication difficulties in educating people in rural and remote areas because of geographic, language and cultural barriers

Protection and care

Global Campaign target

By 2010, reach 80% of children most in need

National targets

- Reach 15% of children in need

UNICEF Collaborative Programme with government target

- Same as global target

Major progress

- Through joint efforts with the Health and Nutrition and the Child Protection sections, provision of some level of care and support to 670 adults living with HIV and 867 orphans and vulnerable children by various partners in six townships and Yangon city
- Establishment of self-help groups of people living with HIV in all project sites. More than 500 HIV+ people are meeting regularly.
- Through technical assistance and coordination with partners, contribution by the Child Protection Programme to the development of the National Strategic Plan on HIV/AIDS, and technical inputs into the country paper and draft Call to Action, which was adopted during the Regional Consultation on Children and HIV/AIDS (Hanoi)
- Development of new strategies and action plans on alternative care and community-based psychosocial care and support for vulnerable children through technical consultation meetings with the government and INGO/NGO partners
- Development of manuals and tools on community-based care, protection and support, home-based care, case management (Journey of Life, Mobility Mapping, Memory Work), family tracing and reintegration, which serve as guiding responses to vulnerable children for government, INGOs and NGOs/CBOs

- Training on child-friendly techniques of 160 staff from the Department of Social Welfare, the Myanmar Nurses Association, NGOs, Buddhist and other faith-based organizations from various states and divisions
- Support to three comprehensive projects on HIV prevention, community-based care, support and protection for 2,840 orphans and vulnerable children in 26 townships, including in tsunami affected areas, in collaboration with CARE, Myanmar Nurses Association, Rattana Metta and the UNICEF HIV unit
- Distribution of more than 2,600 child protection kits to vulnerable families (2,350), communities (26) and volunteers (260)

Scale-up plans

- Expansion of coverage of community-based psychosocial care models for children infected or affected by HIV
- Support to strengthening of social services including the expansion of social work
- Provision of community-based care, support and protection to orphans and vulnerable children affected by HIV/AIDS, jointly with INGOs and NGOs/CBOs:
- Technical assistance for the development of guidelines/tools
- Coordination with partners (especially INGOs & NGOs/CBOs)
- Advocacy
- Training on community-based care, protection and support
- Provision of a package of services (including education support, child protection kits)

Major challenge [4]

- Weakness in assessing home-based care activities and social support for people living with HIV/AIDS and their families including orphans

Cross-cutting issue [4]

- Insufficient financial and human resources to expand targeted intervention programmes such as PMTCT, 100 per cent condom use, ARV treatment, blood safety programme and the workplace and youth

COVERAGE

UNICEF Country Office covers 30 of 325 (or 9%) townships in Myanmar.

UNICEF'S KEY PARTNERS IN 2006

Government (national and provincial levels)

- Department of Social Welfare
- Department of Health Planning

National NGOs

- Population Service International (PSI)
- Association François Xavier Bagnoud
- Save the Children Foundation

- Myanmar Medical Association
- Myanmar Nurses Association
- CARE
- Rattana Metta
- Myanmar Red Cross Society

International organizations

- WHO
- UNFPA
- UNAIDS
- UNDP

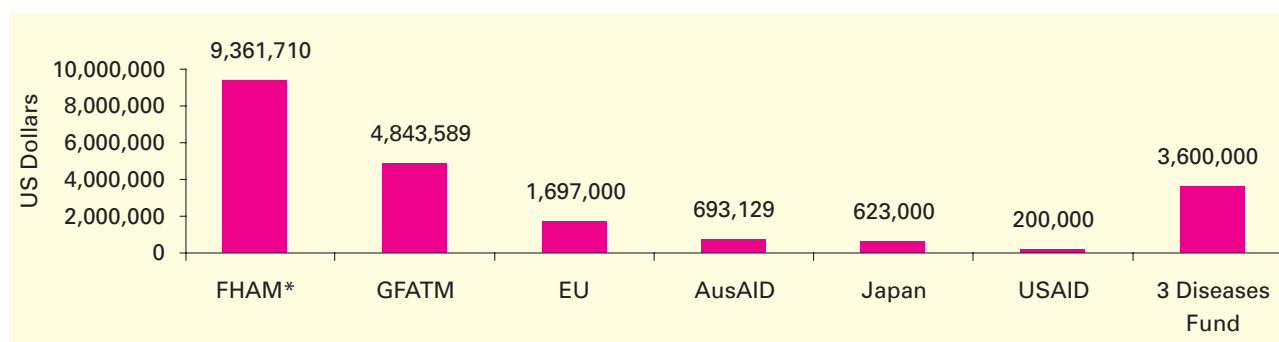
FUNDING SITUATION AND REQUIREMENTS

Current funding situation

Names of donors and amounts raised, available and committed, covering the 4Ps for Myanmar HIV and AIDS Programme at UNICEF

4Ps	Available			Committed		
	Donor	US\$	Period	Donor	US\$	Period
P1 - PMTCT	Japan	370000	2006-07			
	EC	300000	2006			
P3 - Prevention	AusAID	140000	2006-07			
	Swedish, Swiss, JCU, Netherland, German, Thematic (Girl's Education) Multi-donors: EU, DFID, Danish, Norway	1173400	2007			
P4 - Protection	Tsunami	38,776	2006	Regular resources	350,000	2007
	OPEC	4,087	2006			

Major donors/sources of ODA to the National AIDS Programme/Response, Myanmar



The total available resources for HIV and AIDS based on the National Strategic Plan for the period 2006-08 amounts to US\$36,066,428, the bulk (99%) of which comes from ODA including the GFATM. The government's fund share equals US\$200,000 for FY 2006-07. FHAM, representing the countries of UK, Sweden, Norway, the Netherlands and Australia, contributed the biggest fund share to the National AIDS response.

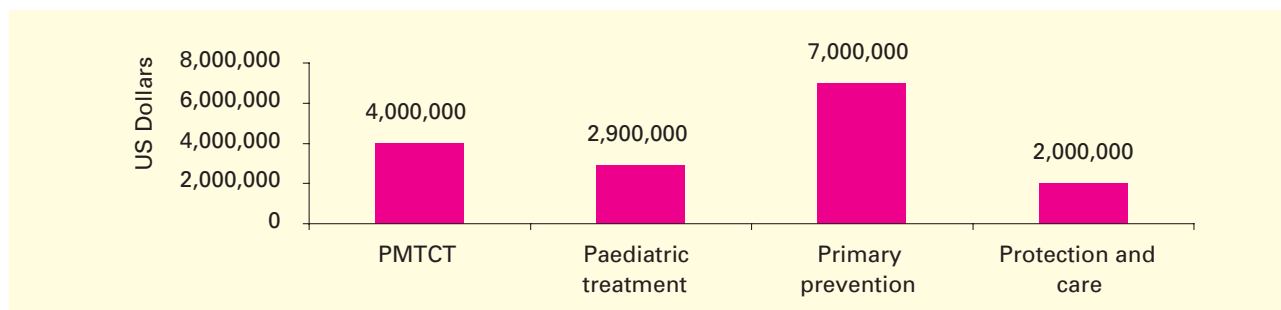
The National AIDS programme in Myanmar has been costed in the amount of US\$138,049,340 for the period April 2006-March 2009.

Estimated resource needs for scaling up the 4Ps

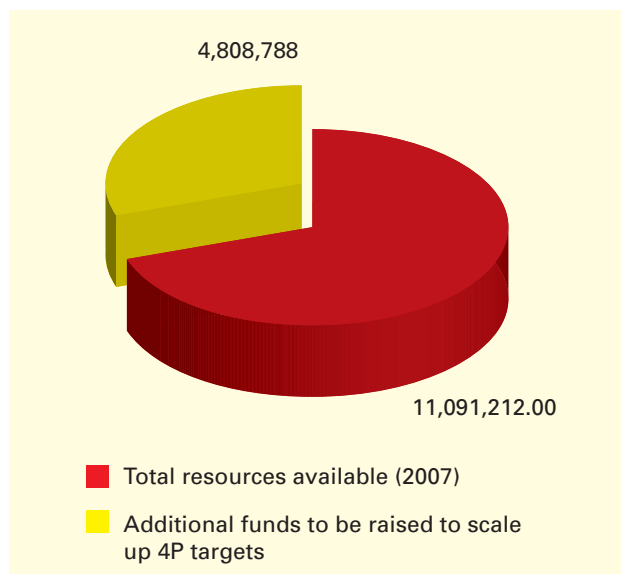
Agencies/organizations to be influenced to leverage resources for the 4Ps

Government (list name of government bodies or department, etc)	UN or international partners	Which of the 4Ps?
National AIDS Program, Department of Health		PMTCT Paediatric AIDS
Ministry of education		Prevention
Department of Social Welfare		Protection
	Donors (EC, DFID, AusAID, Japan)	All 4Ps
	UNAIDS	All 4Ps

Estimated resource needs for scaling up 4Ps by 2010, Myanmar



Target funds for scaling up 4Ps (in US Dollars), Myanmar



Constraints in fund-raising and resource leveraging

- Myanmar's political context makes it increasingly difficult to access funds from individual donors while the 3 Diseases Fund (3DF), replacing the Global Fund, is not yet operational. In both 2006 and 2007, UNICEF Myanmar has to rely heavily on internal sources of funding (RR, Thematic, Campaign, Set-Aside). Given this situation, a serious shortfall is foreseeable for 2008.
- 4P is not a priority for the 3DF as opposed to targeted interventions to high risk groups – with the exception of PMTCT. However, the 3DF's policy of 'zero cash flow' to the Government makes it rather difficult to support the PMTCT program.
- Myanmar does not have any specific funding for paediatric treatment, except for some private donations to government hospitals.
- Funding received in 2006 for care, support and protection of orphans and vulnerable children was mainly from UNICEF Regular Resources, with some funds from OPEC and tsunami. In 2007, despite fund-raising efforts (e.g. Thematic funds and 3D Fund), UNICEF Myanmar has to rely on Regular Resources, which seriously limits the activities it could implement for orphans and vulnerable children affected by HIV/AIDS.

Plans for resource leveraging and working with partners to achieve 2010 4P targets

- Except for the education sector, UNICEF Myanmar will rely on campaign funds. For PMTCT, UNICEF will mostly work with the government. Paediatric AIDS will require innovative partnerships among the private sector, NGOs and the government.
- Building on good progress made in 2006 and on new partnerships, UNICEF Myanmar is continuing its advocacy and coordination with partners (e.g. the Consortium on HIV/AIDS, including CARE, the local Buddhist NGO Rattana Metta) as well as conducting training, and community-based care, protection and support for orphans and vulnerable children.

For further information, please contact:

Ramesh Shrestha
Representative
rshrestha@unicef.org

Dr. Tadashi Yasuda
HIV/AIDS Specialist
tyasuda@unicef.org

Data sources

- [1] UNAIDS/WHO AIDS, 2006 Report on the Global AIDS Epidemic, May 2006.
- [2] UNAIDS, UNICEF & WHO, Children and AIDS: A Stocktaking Report (Action and progress during the first year of Unite for Children, Unite against AIDS, January 2007).
- [3] UNICEF, Myanmar Country Fact Sheet, Global Campaign on Children and AIDS: A Profile of UNICEF's Response in East Asia and the Pacific, 2006.
- [4] UNICEF Myanmar Country Office Annual Report 2006.

Population size [1]	Adult (aged 15-49) rate (%) [1]	Estimated Number of Adults and children Living with HIV/AIDS [1]			Estimated number of deaths from AIDS, adults and children [1]	Estimated number of children orphans due to all causes [2]	Orphans as a percent of all children [2]
		Adults and Children	Women (15+)	Children (0-14)			
848,000	0.1	<1,000	<500	No Data	<100	25,000	6

BACKGROUND

The Pacific Island Countries (PICs) currently have low HIV prevalence, but increased migration and mobility and emerging risk factors leave no room for complacency. Moreover, given the small populations and limited resources of many of the PICs, even the slightest increase in the number of HIV infections would be devastating.

The majority of new infections occur among young people between the ages of 15 to 24, primarily as a result of unprotected heterosexual intercourse. Young people are experiencing a rapid shift from subsistence to cash economies, the consequences of which include rapid urbanization and the disappearance of traditional lifestyles. As a result, early, unsafe sexual behaviour is common, often fuelled by increasing alcohol and marijuana consumption. Large numbers of young people are also going overseas in search of work, particularly in the seafaring industry, which is well known for harbouring high rates of HIV infection.

At the same time, social and cultural barriers impede sex education and HIV prevention. Young people also lack the negotiation and conflict resolution skills they need to protect themselves.

GLOBAL CAMPAIGN FOUR Ps

National HIV/AIDS strategies have been developed or are under development in most Pacific Island countries, but implementation remains a challenge. There are no reliable data on children orphaned by AIDS.

PMTCT

Global Campaign target

By 2010, reach 80% of children most in need

National targets

- N/A

UNICEF Collaborative Programme with government target

- By 2010, 60% of women of child bearing age and their partners have been exposed to accurate HIV prevention messages
- By 2010, 40% of health care workers have been exposed to HIV training
- By 2010, 6 "Centres of Excellence" have been set up to offer comprehensive care and support to PLHIV, including PMTCT Advocate

Major progress

- Development and implementation of PMTCT in at least four countries
- Broadcasting of a special feature on PMTCT on the Pacific Way programme to examine the multiple layers of vulnerabilities of Pacific women and girls to HIV
- Signing of partnership agreements with the Fiji Nursing Associations and the South Pacific Nursing Associations to introduce PMTCT to members
- Conduct evidence-based advocacy with policy makers

Scale-up plans

- Development of country-specific PMTCT policies, guidelines and programmes
- Integration of PMTCT with MCH services
- Training of health care providers, including traditional healers and traditional birth attendants
- Mapping of the most vulnerable women at country level to design behaviour change communication interventions addressing the needs of women of child bearing age and their partners

- Partnership with Secretariat of the Pacific Community (SPC), Fiji Pharmaceutical Services, WHO, UNFPA on STI, ARV-care and treatment capacity building for health care workers
- Expansion of VCT coverage outside of capital and main urban centres
- Development of culturally sensitive materials in vernacular language

Paediatric treatment

Global Campaign target

By 2010, provide either ART or cotrimoxazole, or both, to 80% of children in need

National targets

- N/A

UNICEF Collaborative Programme with government target

- N/A

Major progress

- Conduct advocacy to health workers on cotrimoxazole
- Discussions with WHO, the Secretariat of the Pacific Community and the Fiji Pharmaceutical Services (regional hub for ARV procurement) to explore the possibility for UNICEF Pacific via SD in Copenhagen to procure ARV for the region

Scale-up plans

- Partnerships with SPC, Fiji Pharmaceutical Services, WHO, UNFPA to ensure that Paediatric ARVs are procured and pre-positioned at country/sub-regional levels
- Capacity building for health care workers to ensure care teams know specifics of Paediatric AIDS care and support
- Advocacy on CTX for health care workers
- Evidence-based advocacy to partners using the ADB projections from study on social economic impact of HIV in the region

Prevention of infection among adolescents and young people

Global Campaign target

By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally

National targets

- More than 20,000 young people in 6 countries have benefited from life skills training (4% of youth population in 14 PICs)

UNICEF Collaborative Programme with government target

- By 2010, 20% of young people in the Pacific have developed their life skills through community-based workshops
- By 2010, 50% of young people have been exposed to accurate HIV prevention messages
- By 2010, 20% of young people have access to youth friendly services, including VCT

Major progress

- Integration by at least two MoE of Life Skill Based Education (LSBE) into their school curriculum
- Training on Pacific Stars Life Skill (PSLS) of 477 youth trainers in the Pacific – 225 young men and 252 young women aged 18-31 years were trained in 12 countries
- Conduct IEC activities (print and radio broadcast); development, production and dissemination of IEC materials on HIV and AIDS
- Access to accurate and creative IEC materials by at least 30 per cent of youth and women of childbearing age
- Development of a policy framework for Youth Friendly Service (YFS) for the Marshall Islands, Federated States of Micronesia, Kiribati and Solomon Islands
- Availability of VCCT services at ANC clinics in at least four countries
- Organization of a series of Training of Trainers (TOTs) involving women leaders (Fijian Soqosoqo Vakaramarama, women leaders of various Fijian FBOs, seafarers wives in Tuvalu) not only to empower them on the basics of HIV, but also to encourage them to instil a debate on the different standards between men and women.
- Community-based life skills training-workshops for 5,645 young people: 1,325 young people in Fiji, 1,800 in Kiribati, 1,000 in Solomon Islands, 680 in Tonga, 200 in Tuvalu and 640 in Vanuatu.

- Signing of a total of 20 partnership agreements with different partners to ensure the widest coverage as possible
- Preparation of an evidence-based communication strategy for behaviour change and development

Scale-up plans

- Strengthening of advocacy to invest more in LSBE
- Complementation of community-based activities with sound youth radio programmes, production of life skills DVDs and school-based interventions to integrate the life skills-based approach through partnerships with Curriculum Development Units, Teachers' college and Teachers' Union
- Strengthening of VCCT and youth friendly services
- Mapping of the most vulnerable young people to design behaviour change communication interventions (peer education; programme communication) addressing the needs of the most vulnerable young people
- Revision of joint partnership with SPC, UNFPA
- Ensuring provision of technical assistance to MoE for HIV and AIDS to be introduced into school curriculum both at primary and secondary levels

Protection and care

Global Campaign target

By 2010, reach 80% of children most in need

National targets

- N/A

UNICEF Collaborative Programme with government target

- N/A

Major progress

- Raising the impact of HIV and AIDS on children in at least two high level meetings
- Support to the Shelter for People Living with HIV to develop a medium- to long-term resource mobilization strategy to avoid last minute ad hoc arrangements which threaten service quality

Scale-up plans

- Commissioning of a study estimating the number of orphans and children deprived of parental care in Fiji and Solomon Islands
- Mapping of vulnerable young people; advocacy to MoSW; capacity building of social workers- follow up to Hanoi Call to Action on Children and AIDS

Cross-cutting issues

- Limited availability of testing facilities for HIV/AIDS, which indicates under-reporting of HIV/AIDS figures
- Understanding of Life Skills approach remains blurred among Pacific policy makers and education specialists. Life skills is often confused with livelihood skills

COVERAGE

UNICEF Pacific focuses on establishing few centres of excellence in designated countries.

UNICEF'S KEY PARTNERS IN 2006

Government (national and provincial levels)

- Ministry of Health
- Ministry of Education, Youth and Sports
- Ministry of Social Welfare

National NGOs

- Save the Children Australia
- Solomon Islands Broadcasting Corporation
- Fiji Association of Social Workers
- Fiji Council of Social Services
- Fiji School of Medicine
- Fiji Nursing Association
- Institute of Education at the University of the South Pacific
- Tebbutt Research

International organizations

- AusAID
- NZAID
- UNAIDS
- GFATM
- UNFPA

FUNDING SITUATION AND REQUIREMENTS

Current funding situation

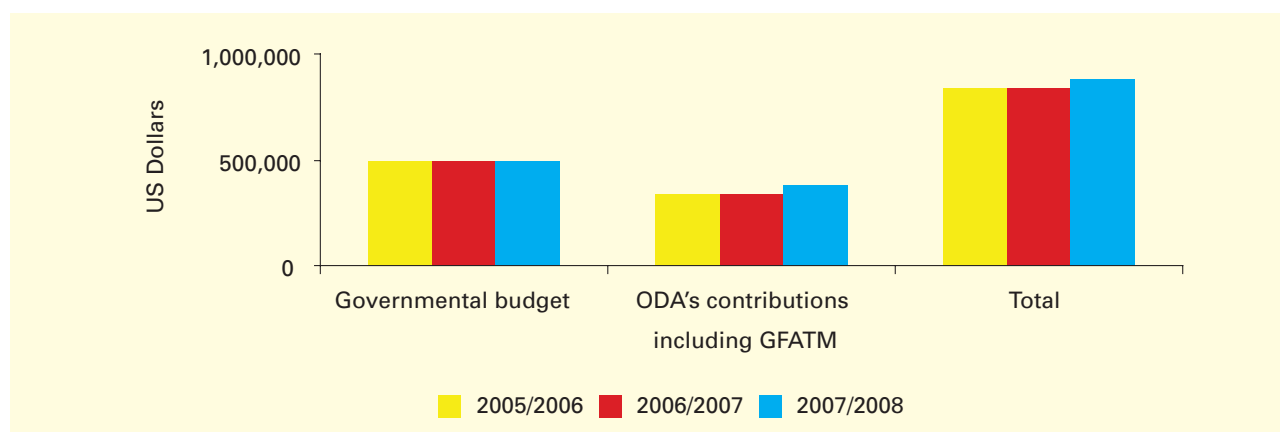
Names of donors and amounts raised, available and committed, covering the 4Ps for the Pacific Islands HIV and AIDS programme at UNICEF

4Ps	Available			Committed		
	Donor	US\$	Period	Donor	US\$	Period
P1 - PMTCT	NZAID	275,000	2005-2007	UK Nat Com	106,379	2007-2008
	GFATM (2nd Rd)	40,000	2005-2007			
P2 - Paediatric AIDS	N/A	N/A	N/A	N/A	N/A	N/A
P3 - Prevention	NZAID 1	659,000	2002-2005			
	NZAID 2	610,000	2005-2007			
	GFATM (2nd Rd)	65,000	2005-2007			
	RR Set Aside	300,000	2003-2004			
	RR Set Aside	400,000	2004-2005			
P4 - Protection	N/A	N/A	N/A	N/A	N/A	N/A

HIV prevention has received the largest budgetary support from donors. On the other hand, no funds were allocated for paediatric AIDS and protection. So far, only PMTCT has obtained fund commitment from a donor (UK NatCom).

Pacific Island countries have three major ODA sources for the National AIDS Programme or national AIDS response: AusAID and French through the Pacific Regional HIV Project with US\$1.4 million for the period 2006-08, and GFATM with US\$199,430 for 2004-2008.

Total available resources for HIV and AIDS based on National Strategic Plan



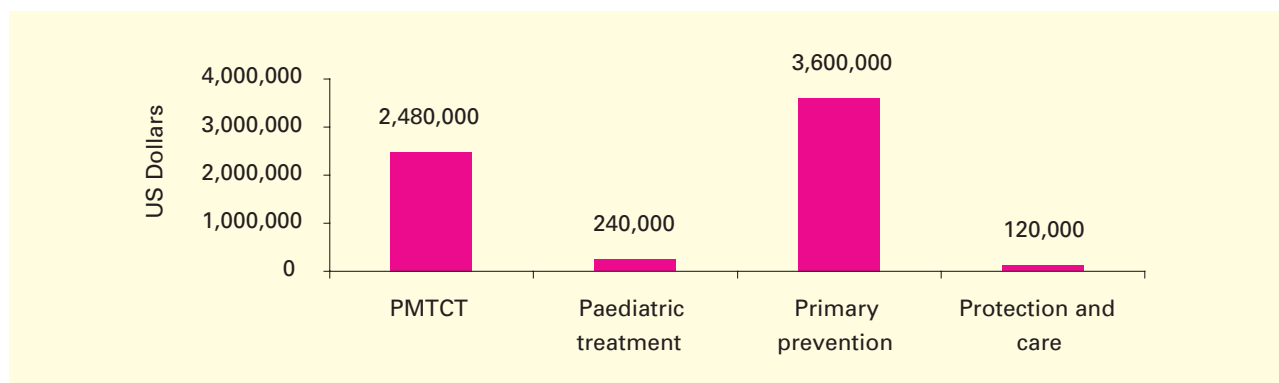
Governmental budget for HIV and AIDS based on the National Strategic Plan has been constant at US\$500,000 per year from 2005/06 to 2007/08. On the other hand, a very minimal increase in ODA contributions for this same period could be observed. To date, the national governments in the Pacific Island countries have yet to cost the National HIV and AIDS programme.

Estimated Resource Needs for Scaling up the 4Ps

Agencies/Organizations to be influenced to leverage resources for the 4Ps

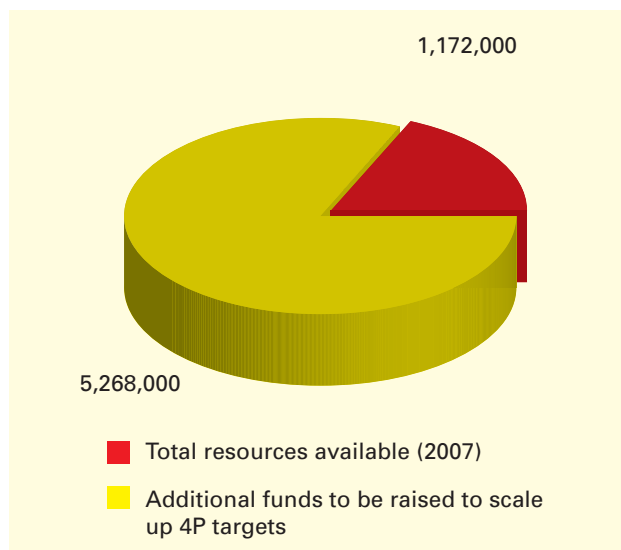
Government (list name of government bodies or department, etc)	UN or international partners	Which of the 4Ps?
Ministry of Health, Fiji Pharmaceutical Services, SPC	NZAID, AusAID, ADB (Revolving ARV fund), Clinton Foundation, Bill Gates Foundation	PMTCT, paediatric treatment Prevention
Ministry of Education, Ministry of Youth	NZAID, AusAID, GFATM,	Protection and care
Ministry of Social Welfare	ADB	

Estimated resource needs for scaling up 4Ps by 2010, Pacific Islands



An estimated total of US\$6,440,000 is required to realize the 4P targets by 2010, with primary prevention having the largest fund share (56%) followed by PMTCT (38%).

Target funds for scaling up 4Ps (in US Dollars), Pacific Islands



Pacific Island countries need to mobilize funds equivalent to four times their current available resources for them to reach their 4P targets by 2010.

Constraints in fund-raising and resource leveraging

- AusAID and NZAID are the only major donors in the region. However, AusAID plans to increase its assistance to SPC rather than to UN agencies
- A lot more resources are needed to address the technical capacity needs at country level to deliver the 4Ps, e.g. curriculum development that integrates HIV and AIDS in both primary and secondary school levels
- Continuing ARV treatment will be at risk in case the region and Fiji (separate biddings) fail to secure funding in the next round of GFATM

Plans for resource leveraging and working with partners to achieve 2010 4P targets

- Preparing future health care workers (through the schools of nursing in the region and the Fiji School of Medicine) for HIV prevention, care and support. A great deal of energy has been spent in setting up care and support teams – by

training in-service health workers. Although this is commendable, a lot more needs to happen at the community/primary health care level towards ensuring that the out-post nurses/doctors are active in prevention activities including condom promotion

- NCDs (diabetes and cardio-vascular diseases) are the primary causes of mortality in the region. UNICEF Pacific will work with partners to use evidence to show where the response has focused so far and where energy should be concentrated. UNICEF Pacific will also demonstrate its prevention packages to partners and donors (i.e. that PMTCT and Pacific Stars Life Skills are making a difference) and will properly document it.

For further information, please contact:

Dr. Isiye Ndombi
Representative
indombi@unicef.org

Judith Léveillé
Youth and Adolescent Development Specialist
jleveillee@unicef.org

Losana Korovulavula
HIV/AIDS Programme Officer
lkorovulavula@unicef.org

Data sources

- [1] UNAIDS/WHO AIDS, 2006 Report on the Global AIDS Epidemic, May 2006.
- [2] UNAIDS, UNICEF & WHO, Children and AIDS: A Stocktaking Report (Action and progress during the first year of Unite for Children, Unite against AIDS, January 2007.
- [3] UNICEF Pacific Islands Country Annual Report 2006.



Population size [1]	Adult (aged 15-49) rate (%) [1]	Estimated Number of Adults and Children Living with HIV/AIDS [1]			Estimated number of deaths from AIDS, adults and children [1]	Estimated number of children orphans due to all causes [2]	Orphans as a percent of all children [2]
		Adults and Children	Women (15+)	Children (0-14)			
5,887,000	1.8	60,000	34,000	No Data	3,300	350,000	9

BACKGROUND

Papua New Guinea is experiencing a rapidly escalating HIV epidemic, with the highest national adult prevalence in the region, estimated at 1.8 per cent (range: 0.9–4.4). High HIV prevalence, ranging from 1.1–8.4 per cent, has been reported in mining enclaves, urban settlements in the capital, Port Moresby, and urban centres. The rapid spread of HIV is driven by risk factors that are alarmingly similar to those reported in sub-Saharan Africa, including early initiation of sex, multiple partner sex, low condom-use rates, and high levels of STIs.

The epidemic is also fuelled by endemic violence against girls and women. Rape remains a major danger for women and girls, and violence is common. Twice as many women as men are infected in the 15–29 year age group, yet 95 per cent of girls and young women do not have access to information on reproductive health. Custom and social pressures mean that females are less likely to receive medical treatment, and there has been a dramatic rise in mother-to-child transmission rates. With more adults infected with HIV, the number of children infected and affected is also rising. Yet, the country is unprepared for an increase in orphans, especially since the tradition of childcare in the extended family is disappearing.

Fear and discrimination are widespread, hampering prevention and care efforts at all levels. Efforts at communication are confounded by disparities in geography, language and culture, although there have been notable recent successes in media coverage. But there are also success stories to be shared, including community-based prevention and care models that have empowered the very individuals and communities affected by the epidemic.

GLOBAL CAMPAIGN FOUR Ps

UNICEF, as part of the UN Country Team, has partnered with stakeholders in supporting the government to come up with a national strategic

plan for HIV and AIDS 2006-2010, and UNICEF has ensured the inclusion of MTR recommendations in the plans. Targets incorporated in the plan reflect universal access targets, which build on the “3 by 5” targets.

UNICEF has continued to champion the activities for PMTCT initiatives and HIV prevention for youth by providing direct support to the national department of health through its provincial and district health facilities, faith-based hospitals and organizations, national youth council, youth networks and organizations, NGOs, and CBOs.

The technical contribution of UNICEF for PMTCT under the Global Fund Initiative has proven critical especially in the areas of advocacy, capacity building of health facilities, and provision of supplies as well as coordination of PMTCT services at national and provincial levels. Results of UNICEF supported HIV/AIDS programme and its annual targets have been integrated in the HIV/AIDS National Strategic Plan and Integrated Monitoring Plan [3].

PMTCT

Global Campaign target

By 2010, offer appropriate services to 80% of women in need

National targets

- By 2010, 50% of 10 provincial hospitals, 100% of 20 provincial hospitals, and all major HCF provide PMTCT services, reaching 80% of pregnant women

UNICEF Collaborative Programme with government target

- 80% of pregnant women attending ANC with focus on 6 provinces (Note: 60% of all pregnant women attend ANC)

Major progress

- Mainstreaming of PMTCT in the government's safe motherhood programme and in the enhanced UNICEF-supported pregnancy outcomes initiatives
- Collaboration between UNICEF and WHO and Clinton Foundation to strengthen the clinical network of referral systems for comprehensive HIV/AIDS programmes including PMTCT/ Paediatric AIDS and adult HIV care and support services within the health care services
- Gender mainstreaming and male involvement in PMTCT services and other aspects of HIV programming as one major approach to breakthrough and increase use of health interventions by women
- Continuing support for antenatal surveillance through antenatal services, thereby contributing to national HIV monitoring
- Upgrading of PMTCT training; capacity building of health care workers
- Establishment of at least one VCT centre in each of the 6 focus districts; provision of VCT services, STI treatment and condom distribution
- Technical support in preparation of training manuals and clinical guidelines for both PMTCT and paediatric antiretroviral treatment (ART)
- Support to the Department of Health for effective supervision of trained care providers in provincial hospitals providing PMTCT services
- Mobilization of youth and community for HIV prevention including correct and consistent condom use

Scale-up plans

- Scaling up of health facility interventions to cover all provincial health facilities and selected district health facilities
- Technical support for coordination and quality delivery of PMTCT services
- Championing of community mobilization efforts through male involvement to increase use of PMTCT services
- Increase in number of provincial and other health facilities in PMTCT to ten provinces by end of 2007
- Ensuring accessibility of PMTCT to all 20 provinces by 2010; 80 per cent of pregnant women have access to PMTCT services by 2010

Major challenges [4]

- Limited health facility coverage
- Low utilization of ANC services
- Low rates of skilled attendant deliveries
- Limited number of skilled and motivated human resources
- Weak monitoring and evaluation system
- Although drugs are available, supply system is weak.

- Inadequate coordination of partner organizations
- Limited community and male partner involvement
- Lack of NDOH capacity to lead, coordinate and implement through MCH services

Paediatric treatment

Global Campaign target

By 2010, provide either ART or cotrimoxazole, or both, to 80% of children in need

National targets

- 10,000 people on ART by 2010 (including both children and adults)

UNICEF Collaborative Programme with government target

- 80% children in need (Note: Exact number of children in need difficult to verify due to paucity of data)

Major progress

- Establishment of paediatric AIDS clinic at the country's largest hospital
- Provision of continuing technical support to Port Moresby General Hospital, where it is reported that 60 children were on ART
- Conduct evaluation for possible integration of services in paediatric clinics in other four provincial hospitals in conjunction with the Clinton Foundation

Scale-up plans

- Development/Adaptation of a model for delivery of care in provincial and district health facilities, and facilitation of scale up in provincial health facilities
- Technical support for coordination and quality delivery of services in management of paediatric AIDS
- Linking up with community mobilization efforts through male involvement to increase use of AIDS services for children
- Ensuring availability of HIV treatment for children in major provincial hospitals
- Incorporation of AIDS management for children in IMCI

Major challenges [4]

- Limited number of trained clinicians in paediatric HIV care
- Limited number of sites with the capacity to provide paediatric HIV care
- Limited capacity for early diagnosis (virological testing)
- Lack of central coordination mechanism

Prevention of infection among adolescents and young people

Global Campaign target

By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally

National targets

- Treatment, counselling and care, education and prevention
- Social and behavioural change
- Family and community support
- Monitoring and evaluation
- To increase safer sexual practices amongst the sexually active population, in particular, the young population

UNICEF Collaborative Programme with government targets

- Age group from 14-24 out-of-school and in school
- Schools in the 6 selected provinces

Major progress

- Strengthening of six provincial and six district health facilities by training health care providers and providing primary prevention materials and condoms to patients and clients in antenatal services, family planning clinics, gynaecology clinics and other sections of health facilities
- Support for establishment of youth friendly centres to attract more youth for training in psychosocial life skills, referral to STI services, access to condoms, and youth involvement in other activities to prevent HIV
- Conduct a youth summit with 150 youth participants from 20 provinces
- Support to partners in basic HIV primary prevention, peer education at various higher educational institutions
- Conduct youth radio drama programme
- Support to development of VCT services in selected provinces

Scale-up plans

- UNICEF support for DoE's implementation of the HIV/AIDS policy in education, in coordination with other partners
- Training in psychosocial life skills for most at risk adolescents and for in school children
- Involvement of adolescents and youth in national HIV response, and development of youth communication
- Conduct psychosocial life skills training and HIV prevention education in six provinces
- Support to establishment of youth friendly centres in at least six districts and six provinces

Major challenges [3]

- Limited organization of youth into groups
- Limited youth involvement in HIV prevention work
- Limited awareness on youth involvement for HIV response and lack of capacity to coordinate HIV prevention initiatives at the national level

Protection and care

Global Campaign target

By 2010, reach 80% of children most in need

National targets

- To provide 80% of the country's population with relevant, accurate and comprehensive messages about prevention of HIV transmission by 2008

UNICEF Collaborative Programme with government target

- Communities in the 6 selected provinces and the district. Local level government and community leaders

Major progress

- Coordination of volunteer work by NGOs and CBOs (Save the Children in Megabo, Kainantu, and Goroka, Shalom care, and National spiritual Assembly of Bahai, among others) in six districts
- Community mobilization and strengthening of AIDS competencies through the use of COMATAA (community mapping and theatre against AIDS) to conduct mapping of HIV risk and orphans and vulnerable children in communities and to formulate action plans
- Development of a curriculum training module for youth, and training of peer educators and tutors in Port Moresby and central district
- Conduct community sessions on HIV prevention
- Support to faith-based organizations' workshop on OVC; to Department of Community on OVC programme
- Technical support to development of OVC policy
- Support to care and support programmes at health care facilities as linkage points with community-based follow up of HIV-affected families

Scale-up plans

- Identification and strengthening of community models for care of orphans and vulnerable children in selected districts
- Support to national efforts in developing a national plan of action

- Support to increasing number of health care facilities establishing care and support programmes as linkage points to community-based care and support programmes
- Support to established NGOs and community-based organizations providing care and support programmes to integrate support for infected and affected children and families

Major challenges [4]

- A dearth of community-based organizations that can carry out community mobilization interventions, with more male involvement.
- Faith-based organizations have used their own networks for community mobilization such that those who do not belong to the faith might not be reached.
- Very low risk perception and high degree of stigma for those affected by AIDS due to limited awareness of HIV and AIDS in communities

COVERAGE

UNICEF Country Office covers 6 of 20 (or 30%) of total provinces in Papua New Guinea, namely: Simbu, Wewak, Goroka, Mt. Hagen, Bougainville, and Mine Bay.

UNICEF'S KEY PARTNERS IN 2006

Government (national and provincial levels)

- National Department of Community Development, specifically the National Youth Commission
- National AIDS Council

- Department of Health
- Department of Education
- National HIV/AIDS Support Project

National NGOs

- National Catholic AIDS Office
- Special Youth Project
- PNG Council of Churches

International organizations

- Save the Children PNG
- Christian Children's Fund
- AusAID
- WHO
- UNICEF
- UNFPA
- UNAIDS
- UNDP
- UNOMB

FUNDING SITUATION AND REQUIREMENTS

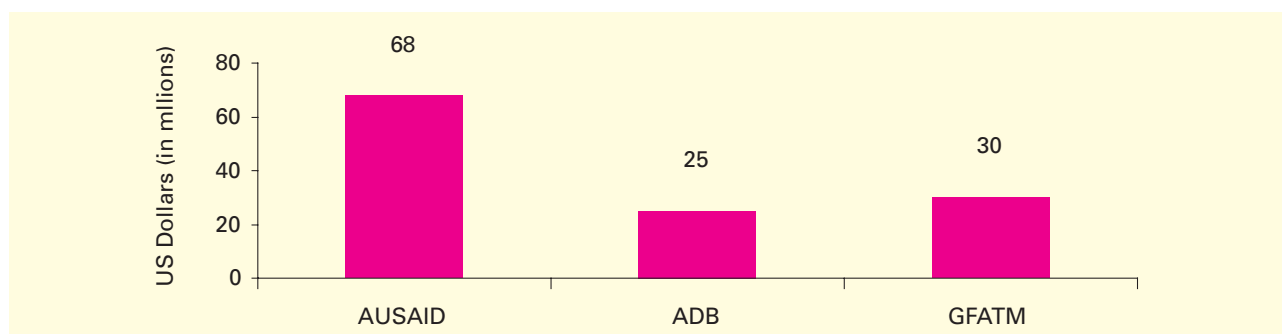
Current funding situation

The principal donors/sources of ODA to the National AIDS Programme/Response are AusAID and the GFATM. PNG government's total budget for HIV and AIDS from 2005/06 to 2008/09 amounts to US\$46,614,791, with more than 800 per cent increase from 2005/06 (US\$3,183,745) to 2007/08 (US\$31,778,700). However, the government has yet to cost the National AIDS Programme. The following table shows the absence of donor support for HIV protection and paediatric AIDS.

Names of donors and amounts raised, available and committed covering the 4Ps for PNG HIV and AIDS programme at UNICEF

4Ps	Available			Committed		
	Donor	US\$	Period	Donor	US\$	Period
P1 - PMTCT	AUSAID and Japanese Embassy	1,750,000	2005-2008	NZAID	68,000	2006/2007
P3 - Prevention	AUSAID and Japanese Embassy	1,000,000	2005-2008	NZAID	68,000	2006/2007

Major donors/sources of ODA to the National AIDS Programme/Response, Papua New Guinea



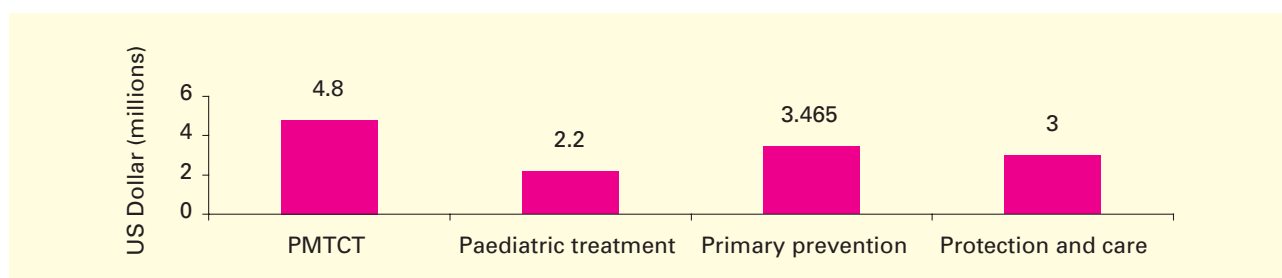
Estimated Resource Needs for Scaling up the 4Ps

Agencies/Organizations to be influenced to leverage resources for the 4Ps

UN or International partners	Which of the 4Ps?
AUSAID	All 4Ps
NZ Natcom	PMTCT and Paediatric AIDS
ADB	Paediatric AIDS and PMTCT

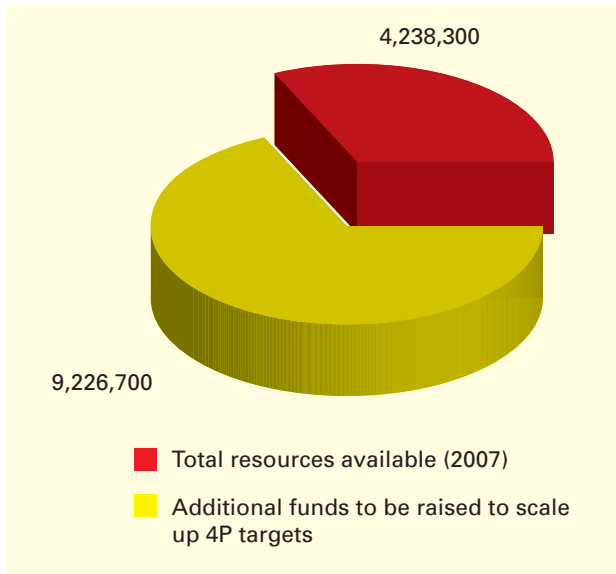
UNICEF Country Office points to AusAID as the agency that can be influenced to leverage resources for all the four Ps while ADB and New Zealand NatCom, for PMTCT and paediatric AIDS. These are the same agencies that are currently providing fund support to the country's HIV/AIDS programme.

Estimated resource needs for scaling up 4Ps by 2010, Papua New Guinea



An estimated total of US\$13,465,000 is needed to meet the 4P targets by 2010. PMTCT has been accorded the highest funding priority (36%), followed by prevention and protection.

Target funds for scaling up 4Ps (in US Dollars), Papua New Guinea



For further information please contact:

Hamish Young
Representative
hyoung@unicef.org

Dr. Annefrida Kisesa
Chief, HIV and AIDS Programme
akisesa@unicef.org

Regina Kagl
HIV/AIDS Programme Officer
rkagl@unicef.org

Data sources

- [1] UNAIDS/WHO AIDS, 2006 Report on the Global AIDS Epidemic, May 2006.
- [2] UNAIDS, UNICEF & WHO, Children and AIDS: A Stocktaking Report (Action and progress during the first year of Unite for Children, Unite against AIDS, January 2007).
- [3] UNICEF PNG, Surviving, Living and Having a Life (A Global Campaign proposal, 2006).
- [4] UNICEF PNG Annual Report 2006.
- [5] UNICEF Country 2006 PMTCT Report Card.

Plans for resource leveraging and working with partners to achieve 2010 4P targets

- Collaboration with AUSAID, which has a five-year plan focusing on strengthening the national HIV response through National AIDS Council and provincial and district AIDS committees
- UNICEF's capacity to provide technical assistance and its engagement and contribution to national plans at national, provincial and district levels means that it is capable of leveraging resources.



PHILIPPINES



Population size [1]	Adult (aged 15-49) rate (%) [1]	Estimated Number of Adults and Children Living with HIV/AIDS [1]			Estimated number of deaths from AIDS, adults and children [1]	Estimated number of children orphans due to all causes [2]	Orphans as a percent of all children [2]
		Adults and Children	Women (15+)	Children (0-14)			
83,054,000	<0.1	12,000	3,400	No Data	<1,000	2,000,000	6

BACKGROUND

Although the HIV epidemic in the Philippines has grown slowly, some experts fear that HIV infections might be undetected and on the rise. While the reported level of infection among young people is low, the potential of rising HIV infections among them does exist. The proportion of young people engaged in risk behaviours such as unprotected sex, drinking, smoking and using illegal drugs has increased. Alarming high rates of STIs among high-risk groups and youth aged 18–24 have been reported in some selected sites in the country. For example, recent surveys show gonorrhoea and chlamydia rates range from 6 to 51 per cent.

Other factors such as a relatively high primary school dropout rate (8.6% for boys and 6.2% for girls), child trafficking and commercial sexual exploitation put children at risk of HIV infection. An estimated 250,000 children live on the streets, with female children especially vulnerable to abuse and sexual exploitation. Young people between the ages of 15 and 24 comprise one-fifth of the population, and their numbers are growing fast. By 2030, that segment of the population is forecast to hit 30 million. Therefore, it is crucial to begin engaging young people now on HIV awareness and prevention.

GLOBAL CAMPAIGN FOUR Ps

The HIV programme in the Philippines prioritizes and focuses resources on the most at-risk, vulnerable and most disadvantaged populations such as children and youth living or working in the streets and those involved in the sex industry, who are often deprived of their basic rights to social services and care.

The HIV Programme has made major progress during 2006. More than 90 per cent of planned activities were implemented and the programme is well on track in relation to planned outputs and the higher level results as planned in the CPAP.

The integration and mainstreaming of HIV/AIDS in all UNICEF programme sectors in the 2006 annual work plans contributed significantly to an increased coverage among beneficiary groups. UNICEF in partnership with WHO and UNAIDS, supported the National Epidemiology Centre to strengthen national monitoring and evaluation systems, which will capture data on adult and pediatric ARV, opportunistic infection treatment, mother-to-child transmission, and HIV affected children [3].

PMTCT

Global Campaign target

By 2010, offer appropriate services to 80% of women in need

National targets

- NSP does not reflect% coverage

UNICEF Collaborative Programme with government target

- By 2010, 80% of women in CPC 6 areas have access to HIV information and education including PMTCT

Major progress

- Through the Country Coordination Mechanism (CCM) network, reflection of PMTCT, paediatric ARVs, and VCCT in new Global Fund proposals
- Development of health workers' handbook on HIV and AIDS
- Development of HIV education tools to be used at health posts in the country
- Integration of HIV education as part of the regular education at health posts

Scale-up plans

- Integration of HIV and STI prevention education and STI management services in Maternal and Child Health facilities and primary health care facilities in general

- Integration of all components of PMTCT services in six major HIV and AIDS treatment hubs in partnership with the Department of Health
- Capacity building of staff in MCH facilities in providing HIV and STI information, education and counselling and referral to PMTCT sites for those who need ARV prophylaxis
- Development of programme communication tools to establish PMTCT Programme
- Procurement of drugs, HIV test kits and supplies

Major challenges [4]

- Limited health facility coverage
- Low utilization of ANC services
- Limited number of skilled and motivated human resources
- Weak monitoring and evaluation system
- Shortage of liquid formulations
- Limited community and male partner involvement
- Limited funding
- Lack of policy and guideline documents

Paediatric treatment

Global Campaign target

By 2010, provide either ART or cotrimoxazole, or both, to 80% of children in need

National targets

- N/A

UNICEF Collaborative Programme with government target

- By 2010, 80% of children who need ART will have access to comprehensive management.

Major progress

- Development of paediatric ARV treatment guidelines
- In collaboration with WHO, provision of technical support in assessing the procurement and supply management of ARVs and HIV related commodities in the country
- Technical support to the Department of Health in developing standard modules and guidelines for quality implementation of new intervention areas such as paediatric management and voluntary counselling and testing
- Procurement of STI drugs, HIV test kits and other supplies to set up VCT programme in selected sites and paediatric ARVs for children as an initial start up in establishing comprehensive paediatric management, the first time paediatric medicines for HIV were officially made available.

Scale-up plans

- In partnership with Department of Health, development of national paediatric HIV and AIDS management guidelines, training of staff in major HIV treatment hubs in the country to strengthen their skills in managing paediatric HIV infection and AIDS, and procurement of drugs and supplies for paediatric AIDS cases
- In partnership with NGOs, supplementation of medical management by providing psychosocial support for children and their families through establishment of paediatric AIDS support groups, and capacity building of NGO staff to provide psychosocial counselling and support
- Utilization of resources to strengthen data collection, monitoring and evaluation of the programme

Major challenges [4]

- Limited availability/High cost of paediatric formulations
- Limited number of trained clinicians in paediatric HIV care
- Limited number of sites with the capacity to provide paediatric HIV care
- Limited capacity for early diagnosis (virological testing)
- Lack of central coordination mechanism

Prevention of infection among adolescents and young people

Global Campaign target

By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally

National targets

- N/A

UNICEF Collaborative Programme with government target

- To maintain low prevalence of HIV among young people in the context of increasing at-risk population

Major progress

- Provision of access to HIV prevention services: HIV and STI information to over five million individuals through radio and TV plugs aired at national and local radio stations in CPC6 areas; different interactive education programmes to more than 362,000 young people; and peer education and behavioural change interventions to over 17,000 most at-risk and vulnerable children and young people
- Leveraging of programme acceleration funds (PAF) for HIV prevention for most vulnerable and at-risk children in Metro-Manila

- Conducted four island-wide Legislative Summits participated in by 1,609 legislators who were informed about HIV/AIDS issues and were encouraged to provide leadership for local HIV/AIDS responses in their respective areas
- Capacity building on policy advocacy among 68 participants from the 24 CPC six areas. As a result eight LGUs have now established an AIDS council at the city level, two AIDS councils at municipal level, and 12 local areas have passed HIV prevention ordinances.
- Training of more than 1,120 health workers in CPC6 areas on basic HIV/AIDS information and 500 health staff on STI management
- Conducted community awareness and education campaigns with special focus on children and young people in 13 of 24 focus areas and with NGO partners outside of the CPC6 areas
- Conducted MTV “Staying Alive” Music Summit for HIV/AIDS, reaching over 40,000 young people
- First anniversary launching of “Unite for Children Campaign” at the 8th National Convention on HIV/AIDS with over 700 participants from all over the country
- Conducted orientation about HIV/AIDS among 90 media professionals from different parts of the country

Scale-up plans

- Partnership with the Department of Social Welfare and Development to reach vulnerable and at-risk adolescents and young people
- For *most-at-risk* adolescents and *young people*: In partnership with NGOs - conduct behavioural change and risk reduction interventions; use resources to ensure access to information through peer education, counseling, outreach education programmes, STI treatment, condoms and VCCT
- For *adolescents and young people in school*: In partnership with Department of Education and UNFPA - use resources to advocate for the education sector to adequately reflect life skills and HIV prevention information; build capacity of teachers in teaching life skills and HIV/AIDS education to students; and monitor and evaluate the prevention programme
- For *mass media*: Conduct media campaign, social mobilization through print and broadcast media to build knowledge and awareness of HIV and AIDS-related issues among young people, and to reach as many young people as possible

Major challenge [3]

- Whilst the NGOs in the Philippines have a fair amount of experience in dealing with at-risk populations such as registered sex workers, very few have experience in dealing with the most vulnerable street kids and young people on the street and especially to address the HIV and STI prevention.

Protection and care

Global Campaign target

By 2010, reach 80% of children most in need

National target

- N/A

UNICEF Collaborative Programme with government targets

- By 2010, reach 40% of children most in need

Major progress

- Availability of better data on children and HIV/AIDS; strengthening of data collection and reporting systems in the country
- Working with the Council for the Welfare of Children and the Department of Social Welfare and Development on a policy framework for vulnerable and at-risk children

Scale-up plans

- Laying the groundwork and capacity building of implementing partners to support orphans and children affected by HIV and AIDS
- Coordination with Department of Social Welfare and National Statistics Committee to establish data-based system on magnitude of the problem and situation of orphans and vulnerable children in the Philippines
- Use of resources to advocate partners, develop training modules for psychosocial child counselling on HIV and AIDS perspectives, train health workers and social workers, strengthen network of positive community, and to establish community based interventions for orphans and vulnerable children
- Continuation of work with Council for the Welfare of Children to ensure all institutions are aware and do practice protection and support for infected and affected children

Major challenge [3]

- Stigma and denial in many communities and amongst health workers

Cross-cutting issues [3]

- Limited knowledge and weak capacity of health care workers to deliver appropriate education and services
- Limited funding to provide training and IEC materials needed by health facilities

COVERAGE

UNICEF Country Office has covered 17 of 79 (or 22%) provinces and 6 of 117 (or 5%) chartered cities in the Philippines.

- National Epidemiology Centre
- Local government units

National NGOs

- National and local media
- NGOs working with street kids and vulnerable children

UNICEF'S KEY PARTNERS IN 2006

Government (national and provincial levels)

- Department of Health
- Philippine National AIDS Council Department of Agriculture

International organizations

- UNAIDS
- UNFPA
- WHO

FUNDING SITUATION AND REQUIREMENTS

Current funding situation

Names of donors and amounts raised, available and committed, covering the 4Ps for the Philippines HIV and AIDS programme at UNICEF

4Ps	Available			Committed		
	Donor	US\$	Period	Donor	US\$	Period
P1 - PMTCT	AusAID	50,000.00	2005-2007	AusAID	130,300.00	2005-2009
P2 - Paediatric AIDS	AusAID	54,800.00	2005-2007	AusAID	-	2005-2009
P3 - Prevention	AusAID	282,168.00	2005-2007	AusAID	787,952.00	2005-2009
	CIDA	78,158.00	2005-2007	CIDA	122,088.00	2005-2007
	Newzealand	6,647.00	2006-2007	Newzealand	9,596.00	2006-2007
	RR-Set aside	269,167.00	2005	RR-Set aside	269,167.00	2005

AusAID has provided and committed fund support for PMTCT and HIV prevention-related activities for the country programme cycle (2005-2009). On the other hand, no funds are available and committed for protection and care.

Major donors/sources of ODA to the National AIDS Programme/Response

Ranking	Name(s) of Donor	US\$*	Multi-year funding period (including 2007)
1	USAID	8,073,000	2000 - 2004
2	JICA	5,134,000	2000 - 2004
3	KFW	4,596,000	2000 - 2004
4	WB	2,670,000	2000 - 2004
5	Packard	1,039,000	2002 - 2004
6	UNICEF	896,967	2000 - 2004
7	EU	889,801	2003
8	UNAIDS	356,897	2002 - 2004
9	UNFPA	307,000	2000 - 2004
10	Ford Foundation	291,359	2000 - 2004
11	GFATM	279,705	2004
12	CAFOD –UK	199,771	2000 - 2004
13	PSI-PFID	152,700	2002 - 2003
14	SC-US	60,137	2000 - 2004
15	UNDP	44,537	2000 - 2002

The foregoing data refer to ODA fund sources before the recent country programme cycle, with USAID providing the biggest fund support followed by JICA and KFW. There are other donors (5C-UK, WHO, Plan International, Amkor, British Embassy and Xtian AID) whose total contributions amount to less than US\$15,000.

For FY 2005-06, the total available resource for HIV and AIDS based on national strategic plan was US\$10,590,361.44, with government fund share equivalent to 24 per cent while the rest came from ODA contributions including the GFATM. No figures were provided beyond this period.

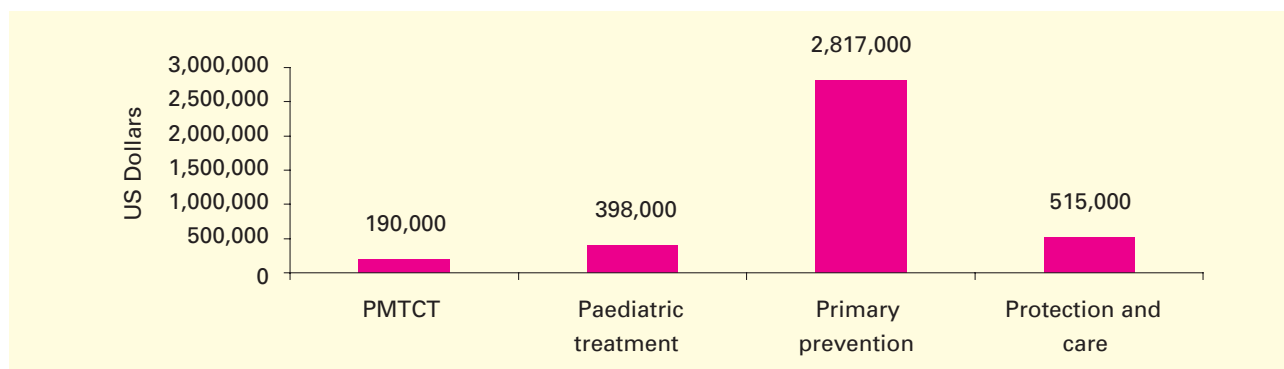
The National AIDS Programme in the Philippines has been costed for the period 2005-2009 in the amount of US\$15,880,764.43. However, this amount is much less compared to the estimated cost for implementing the AIDS Medium-Term Plan (AMTP) IV Operational Plan for 2007 alone (US\$17,636,061.49).

Estimated resource needs for scaling up the 4Ps

Agencies/Organizations to be influenced to leverage resources for the 4Ps

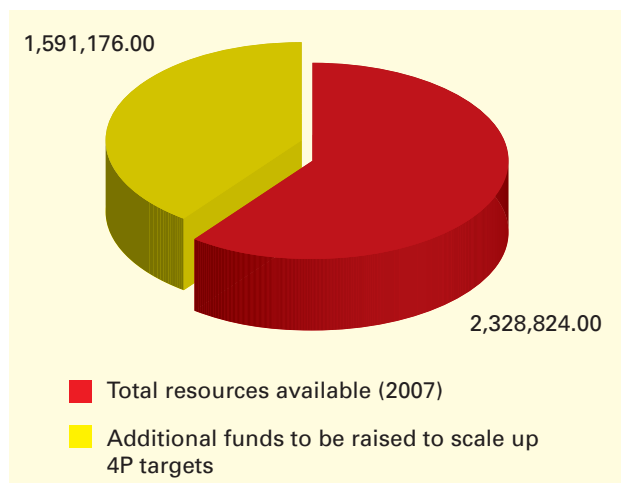
Ranking	Government (list name of government bodies or department, etc)	UN or international partners	Which of the 4Ps?
1	Department of Health, Philippine National AIDS Council	UN	All Ps
2		GFATM	Prevention and Protection and Care
3		USAID	Prevention and Protection and Care

Estimated resource needs for scaling up 4Ps by 2010, Philippines



An estimated total of US\$ 3,920,000 is required to scale up the 4P targets by 2010, 72 per cent of which is allocated for primary prevention-related activities.

Target funds for scaling up 4Ps (in US Dollars), Philippines



- Protection programme units for supplementary support to HIV and AIDS related activities, as reflected in their respective annual work-plan
- *Among the UN family:* Advocate among the UN partners to leverage resources through Programme Acceleration Funds and UN Joint Programme, and through UNICEF's participation in the UN HIV Core Team
 - *Through GFATM:* Work through Country Coordination Mechanism and the Technical Working Group. UNICEF priority target groups and interventions are reflected in the Global Fund proposals.
 - *With Local Governments:* Advocate and promote local AIDS response plan in collaboration with the Philippine National AIDS Council and the Department of Interior and Local Government

For further information, please contact:

Dr. Nicholas Alipui
Representative
nalipui@unicef.org

Dr. Aye Aye Mon
HIV/AIDS Specialist
amon@unicef.org

Data sources

- [1] UNAIDS/WHO AIDS, 2006 Report on the Global AIDS Epidemic, May 2006.
- [2] UNAIDS, UNICEF & WHO, Children and AIDS: A Stocktaking Report (Action and progress during the first year of Unite for Children, Unite against AIDS, January 2007).
- [3] UNICEF Philippines Country Office Annual Report 2006.
- [4] UNICEF Country 2006 PMTCT Report Card.

Constraints in fund-raising and resource leveraging

- The HIV prevalence status of the country ("low and slow" epidemic) has made it difficult for UNICEF to mobilize funds at the international level unlike in medium and high HIV prevalence countries.
- Local government units have not given HIV and AIDS response a priority because they perceive it as having no potential threat to the socio-economic development of areas within their jurisdiction.

Plans for resource leveraging and working with partners to achieve 2010 4P targets

- *Within UNICEF:* Leverage funds from the Health, Education, Communication, Local Policy and Institutional Development, and Child

Population size [1]	Adult (aged 15-49) rate (%) [1]	Estimated Number of Adults and Children Living with HIV/AIDS [1]			Estimated number of deaths from AIDS, adults and children [1]	Estimated number of children orphans due to all causes [2]	Orphans as a percent of all children [2]
		Adults and children	Women (15+)	Children (0-14)			
64,233,000	1.4	580,000	220,000	16,000	21,000	1,200,000	7

BACKGROUND

Thailand has long been considered one of the world’s success stories in containing HIV. In the 1990s, HIV transmission fell rapidly as a result of the strong focus on prevention. It has been estimated that over 5.7 million HIV infections have been averted thus far through effective prevention. Thailand also remains a leader in the region in providing PMTCT, paediatric AIDS treatment, and protection and care services.

In spite of these efforts, there are signs that the HIV epidemic is threatening to rebound. Though the estimated number of adults and children living with HIV in Thailand has fallen from 630,000 in 2001 to 580,000 in 2005, Thailand continues to report a generalized epidemic with national HIV prevalence at 1.4 per cent. The annual number of new infections is no longer declining as rapidly as it did in the last decade. Several factors are behind this threat, including the spread of HIV to women in stable relationships; a sharp rise in STIs due to reduced access and quality of services for sex workers; and increased risk behaviours among adolescents. Finally, HIV is not given as much priority by the government, leading to recent cutbacks in publicly funded HIV-prevention activities.

Despite a good overall national response, HIV continues to limit gains for children and much more needs to be done. Recent cutbacks in the public budget for prevention activities are worrying and could result in a resurgence in infections after almost two decades of decline.

GLOBAL CAMPAIGN FOUR Ps

In 2006, the HIV/AIDS Prevention and Care Project expanded programming in tsunami-affected provinces as well as in conflict-affected areas in the south of the country, reflecting recognition of the southern region as the one with the fastest

growing HIV infections in Thailand. UNICEF Thailand was involved in stronger advocacy, care and support for children and HIV/AIDS, and was able to link HIV/AIDS with the response to avian and human pandemic influenza.

In the new five-year programme cycle (2007-2011), HIV/AIDS will be under a separate programme with focus on preventing and reducing HIV transmission among young people and from mothers to children, and on ensuring essential care and support for children who are living with or affected by HIV/AIDS. At the national level, the programme will support policy development and advocacy for universal prevention, care, support and treatment. At the sub-national level, the programme will develop effective models, establish standards and help encourage demand from beneficiaries in the 25 high disparity/vulnerability provinces in order to generate resources and support policy-making. The programme will build capacities of inter-provincial and regional young people’s networks [3].

PMTCT

Global Campaign target

By 2010, offer appropriate services to 80% of women in need

National targets

- Not specified in current 5-year plan

UNICEF Collaborative Programme with government target

- By 2010 offer appropriate PMTCT services to 95% of women in need
Key result: All women in 25 provinces, especially those in vulnerable groups, have access to PMTCT services

Major progress

- Continuing development of the national PMTCT programme under the Department of Health of the Ministry of Public Health
- Increase in coverage covering a total of 894 facilities nationwide with over 636,900 women attending antenatal care being counselled and tested for HIV. Of these, 5,622 (0.9%) tested positive and 5,358 HIV-exposed children received ARV prophylaxis at birth.
- Support to improve monitoring and evaluation systems and the PMTCT plus programme, linking PMTCT to comprehensive care for mothers and children after delivery
- Promotion of community awareness and understanding of PMTCT programme with focus on border and high mobility populations

Scale-up plans

- Expansion of current national PMTCT plus programme through direct funding support to the Ministry of Public Health to ensure access for vulnerable groups and mobile populations
- Completion of a planned review of PMTCT coverage and continuing support for development of the Monitoring and Evaluation component of the national programme
- Working with partners from all sectors at the local level to develop effective context-specific approaches that can be scaled-up to reduce disparities

Major challenge

- Low rate of access of vulnerable groups including mobile populations, migrants and minorities to PMTCT services [3]

Paediatric treatment

Global Campaign target

By 2010, provide either ART or cotrimoxazole, or both, to 80% of children in need

National targets

- Not specified in current 5-year plan

UNICEF Collaborative Programme with government target

- By 2010 provide ART treatment, cotrimoxazole, or both, to 95% of children in need
Key result: Increase access to and utilization of effective health, medical, education and social services for children affected by HIV/AIDS in 25 vulnerable provinces from estimated 25% to 90%.

Major progress

- Development of effective community-based care and support models for children with HIV in Chiang Rai and Khon Kaen
- Development of art therapy approaches to provide psychosocial help to children with HIV
- Increase in public awareness of children living with HIV through poster campaign, art and drama activities

Scale-up plans

- Development of effective approaches for community-based treatment that can be scaled up to include all regions through support for the work of local government as well as for community based HIV/AIDS networks
- Addressing the issue of increasing acceptance of children and families living with HIV through mass campaigns and strengthening of local responses
- Verification and documentation of programme results for further advocacy and the promotion of promising approaches
- Development of comprehensive and replicable models for community-based care and support for children and families affected by HIV/AIDS, including paediatric AIDS care and alleviation of psycho-social impact in nine selected provinces in four regions

Major challenges [4]

- Limited availability/high cost of paediatric formulation
- Limited number of trained clinicians in paediatric HIV care
- Lack of paediatric guidelines
- Limited capacity for early diagnosis (virological testing)

Prevention of infection among adolescents and young people

Global Campaign target

By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally

National targets

- N/A

UNICEF Collaborative Programme with government target

- By 2010 reduce percentage of adolescents and young people living with HIV by 25%
Key result: At least 50% of children and young people in 25 provinces of Thailand have access to information, skills and services for HIV/AIDS prevention and care including life skills-based education (LSBE), counselling and testing services, reduction of drug-related harm, and antiretroviral medicines.

Major progress

- Support for LSBE for HIV/AIDS and sexuality, which resulted in an increase in the resource base for both in- and out-of-school teaching and strengthening of the curriculum
- Development of effective approaches for peer-based HIV/AIDS education for vulnerable young people in cooperation with the "Right to Know" Project, which was extended to the South and Central regions of Thailand
- Initiation of a new project with the Faculty of Nursing, Prince of Songkhla University, which sought to strengthen HIV/AIDS and sexuality teaching in the south of the country
- Support for participation of partners and young people in national, regional and international activities: national-level symposium on sexuality and HIV/AIDS education; Toronto International AIDS Conference; Hanoi Consultation on Children and HIV/AIDS; Kuala Lumpur Asia-Pacific Inter-agency Forum on HIV/STI Prevention, Treatment and Care, Reproductive Health and PMTCT; and Junior G-8 video-conference on HIV/AIDS. In addition, representatives from regional branches of the Thailand Network of People Living with HIV/AIDS (TNP+) participated in a training-workshop on Participatory Learning and Action (PLA) for avian influenza.
- Distribution of over 66,500 printed media items and more than 500 VCDs on children, young people and HIV/AIDS as part of the national campaign to raise awareness of HIV/AIDS-related issues

Scale-up plans

- Strengthening of the current prevention programme for in- and out-of-school young people, which includes: curricula on HIV and sexuality education; promotion of LSBE for HIV prevention; promotion of peer-based approaches to enable access and participation of vulnerable groups; and development of effective context-specific approaches that can be scaled-up
- Use of Multiple Indicator Cluster Survey (MICS), Sexual Behaviour Survey and other available data for intensive advocacy and more effective targeting of programmes
- Use of LSBE approach for HIV prevention and sexuality education by education personnel at all levels and sectors and its implementation in 25 selected provinces
- Demonstration of replicable models for HIV/AIDS prevention among vulnerable young people, including active participation of young people
- Expansion of youth-friendly services for HIV/AIDS prevention, sexual and reproductive health, and drugs, including increasing access to condoms, VCT, hotline or web-based counselling and advice and harm reduction

Protection and care

Global Campaign target

By 2010, reach 80% of children most in need

National targets

- Not specified in current plan

UNICEF Collaborative Programme with government target

- By 2010 reach 95% of children most in need of protection and support.
Key result: Increase from estimated 25 per cent to 90 per cent access to, and utilization of, effective health, medical, education and social services for children affected by HIV/AIDS in 25 vulnerable provinces.

Major progress

- Development of effective models for community-based care and support of children affected by HIV/AIDS, especially for HIV-positive children, in cooperation with the AIDS ACCESS Foundation in the north and the Paediatrics Department, Srinakharin Hospital, Khon Kaen University in the northeast
- Participation of children from these locations as well as other provinces in art therapy in cooperation with the We Understand Group, which developed painting, photography and drama skills in children. Beneficiaries and participants in activities for children living with HIV totalled almost 6,500, including over 4,100 children affected by HIV/AIDS. Over 416 leaders from the people living with HIV network and 127 self-help groups participated in these activities.

Scale-up plans

- Development of effective approaches for community-based care and support that can be scaled up to include all regions through support to the government (Ministry of Public Health and Ministry of Social Development and Human Security) and civil society, including community-based HIV/AIDS networks
- Addressing the issue of increasing acceptance of children and families living with HIV through mass campaigns and strengthening of local responses
- Documentation of evidence and the results for advocacy, including the latest MICS and revised estimates of numbers of children affected by HIV/AIDS
- Support for planning community-based care and support for children affected by HIV/AIDS outputs through capacity building of Tambon, district and provincial levels

- Enhancement of national and sub-national levels reporting of data on the situation and impact on children affected by HIV/AIDS
- Development of comprehensive and replicable models for community-based care and support for children and families affected by HIV/AIDS, including paediatric AIDS care and alleviation of psycho-social impact in nine selected provinces in four regions

Cross-cutting issues [3]

- Stigma and discrimination
- Limited availability of government funding for HIV/AIDS
- UNICEF also experienced cash flow challenges in the last quarter of 2006 owing to over-reliance on locally raised funds.
- Escalation of conflict in the southern-most provinces bordering Malaysia (ongoing since January 2004). The deteriorating security situation hindered the planned expansion of programmes. Nonetheless, UNICEF continued to be engaged in cooperation with development actors in the region in areas such as overall situation analysis, Child Protection and HIV/AIDS

COVERAGE

UNICEF Country Office covers all 76 provinces at some level and at least one programmatic area in Thailand.

UNICEF'S KEY PARTNERS IN 2006

Government (national and provincial levels)

- Ministry of Public Health (Bureau of AIDS, TB and STIs; Department of Disease Control; and Bureau of Health Promotion, all under the Department of Health)
- Ministry of Social Development and Human Security
- National AIDS Committee
- Ministry of Education
- Ministry of the Interior

National NGOs

- National Thailand Network of People Living with HIV/AIDS (TNP+) and regional branch networks
- Thailand NGOs Coalition on AIDS (TNCA) and member organizations
- YouthNet (Thailand Youth Network on HIV/AIDS)

International organizations

- UNAIDS
- UNESCO
- ILO

FUNDING SITUATION AND REQUIREMENTS

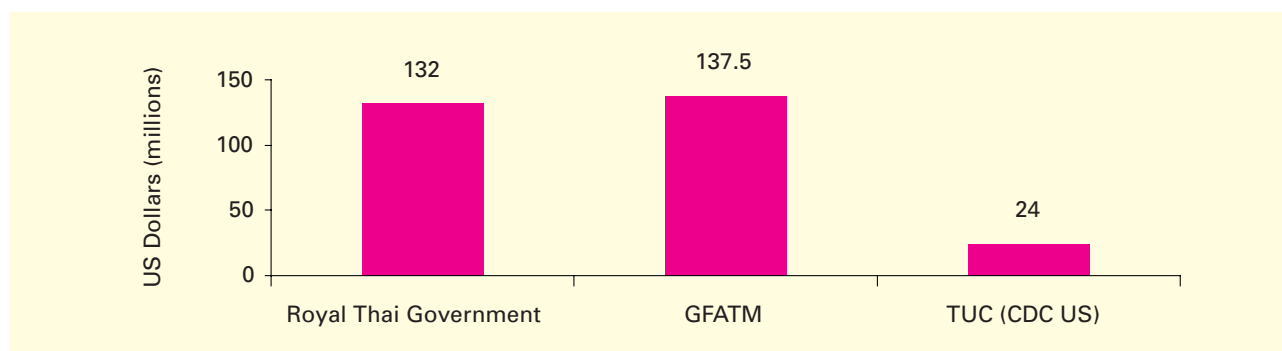
Current funding situation

Overall, the project was 100 per cent funded. Locally raised fund was by far the single largest source of regular programme funding.

Names of donors and amounts raised, available and committed, covering the 4Ps for the Thailand HIV and AIDS programme at UNICEF

4Ps	Available			Committed		
	Donor	US\$	Period	Donor	US\$	Period
P1 - PMTCT	Private Sector Fundraising (PSFR; locally raised in Thailand)	20,000	2007	PSFR	20,000	2007
P2 - Paediatric AIDS	PSFR	20,000	2007	PSFR	20,000	2007
P3 - Prevention	PSFR	90,000	2007	PSFR	90,000	2007
P4 - Protection	PSFR	70,000	2007	PSFR	70,000	2007

Major donors/sources of ODA to the National AIDS Programme/Response (in millions), Thailand



Funding period

Royal Thai Government (2006-07)

GFATM (2003-07)

TUC (CDC US) (2002-07)

The Royal Thai Government has allocated US\$231,000,000 for the HIV and AIDS programme based on the National Strategic Plan for the period 2005-2007. However, the National AIDS Programme of the country is yet to be costed.

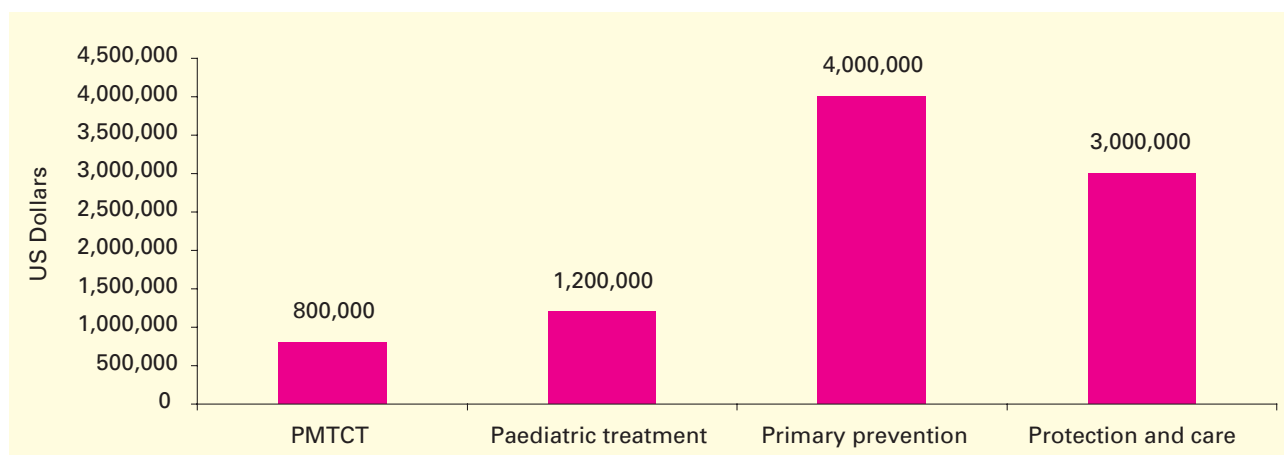
Estimated resource needs for scaling up the 4Ps

Agencies/Organizations to be influenced to leverage resources for the 4Ps

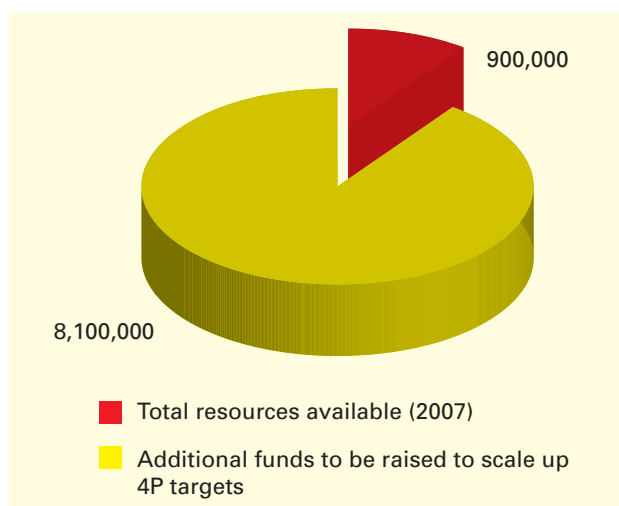
Ranking	Government (list name of government bodies or department, etc)	UN or international partners	Which of the 4Ps?
1	Ministry of Public Health		PMTCT, Paediatric treatment, Prevention (among vulnerable young people)
2	Ministry of Education		Prevention among young people
3	Ministry of the Interior		Protection and support, Prevention
4	Ministry of Social Development and Human Security		Protection and support
5	National AIDS Committee	GFATM	All areas

An estimated total of US\$9,000,000 is required to reach the 4P targets by 2010. Of this amount, 44 per cent is allocated for primary prevention.

Estimated resource needs for scaling up 4Ps by 2010, Thailand



Target funds for scaling up 4Ps (in US Dollars), Thailand



Constraints in fund-raising and resource leveraging

- Need for a sustained commitment and effective national response to HIV/AIDS on the part of government and for its recognition of the extent of impact of HIV/AIDS on children and young people
- Need to address some HIV data gaps and unclear data dissemination process to mobilize support and action on the part of the government, national and international organizations, private sector and civil society organizations

Plans for resource leveraging and working with partners to achieve 2010 4P targets

- Significantly increase advocacy for greater budgetary support and leadership in HIV/AIDS and for the 4Ps in particular
- Full coordination with the national authorities and with members of the UN Theme Group on HIV/AIDS

- Considering that Thailand has already largely met the 4P targets in terms of averages, use of disaggregated data to highlight the women and children who have been left behind in progress (people living in border areas, ethnic groups, and migrants from neighbouring countries) and to mobilize concrete actions for them
- Support to local action in the 25 disadvantaged provinces, mainly along the country's borders, with the objective of reducing disparities in access to services and information on HIV/AIDS. Experiences and lessons learned in those areas will feed into national policy-making and planning
- Making full use of UNICEF's private sector fundraising activities to increase local resources for UNICEF as well as a channel for further advocacy for action. International funding will be sought to ensure full funding of UNICEF's programme of action in HIV/AIDS and strengthen its stability
- UNICEF will seek increase in the effectiveness of the UN Theme Group and its links with national AIDS authorities and in doing so will play a stronger influencing role in national decision-making processes including the GFATM's.

For further information, please contact:

Tomoo Hozumi
Representative
thozumi@unicef.org

Dr. Scott Bamber
Chief, HIV and AIDS Programme
sbamber@unicef.org

Data sources

- [1] UNAIDS/WHO AIDS, 2006 Report on the Global AIDS Epidemic, May 2006.
- [2] UNAIDS, UNICEF & WHO, Children and AIDS: A Stocktaking Report (Action and progress during the first year of Unite for Children, Unite against AIDS, January 2007.
- [3] UNICEF Thailand Country Office Annual Report 2006.
- [4] UNICEF Thailand Country 2006 PMTCT Report Card.



Population size [1]	Adult (aged 15-49) rate (%) [1]	Estimated number of adults and children living with HIV/AIDS]			Estimated number of deaths from AIDS, adults and children [1]	Estimated number of children orphans due to all causes [2]	Orphans as a percent of all children [2]
		Adults and children	Women (15+)	Children (0-14)			
947,000	No Data	No Data	No Data	No Data	No Data	No Data	No Data

BACKGROUND

Timor-Leste has a low-prevalence epidemic, but the number of HIV infections has risen steadily in recent years. The country is also witnessing numerous factors that could feed into an expanding epidemic, including low levels of knowledge on HIV and AIDS, common multiple-partner sex, and early sexual initiation. Moreover, Timor-Leste has the lowest rate of condom use in Asia. Condom use among sex workers is close to zero, due to lack of knowledge, unavailability and cost of condoms. A 2003 study by FHI found that 40 per cent of female sex workers did not know what a condom was and could not recognize one, while 80 per cent did not know condoms can prevent HIV transmission. A UNICEF study found that young people, too, often did not know how to prevent HIV infections. Educational materials are available but are not widely or systematically distributed. Meanwhile, there are no youth-friendly clinical services for reproductive health, STIs and HIV and access to VCT is limited.

The government, however, recognizes the importance of involving young people in its response and is strengthening their capacity through LSE. Timor-Leste is also part of the 'Brazil + 7' Initiative, launched by UNICEF and the Brazilian government. The initiative aims to help Timor-Leste expand access to prevention, care, and treatment services, including the delivery of ARVs with a particular focus on pregnant women, children, and adolescents.

GLOBAL CAMPAIGN FOUR Ps

UNICEF Timor-Leste's HIV/AIDS project focuses on building the skills of young people to reduce their vulnerability to HIV and give them greater access to information and counselling for HIV/AIDS prevention. The Country Office supported the revision and development of a National HIV/AIDS strategy and the implementation of its key elements. It also contributed to activities of the National AIDS Commission, which included a

variety of communication initiatives for the development of a nationwide HIV/AIDS campaign.

UNICEF Timor-Leste provided an international adviser to lead the review of the old National HIV/AIDS Strategic Plan (NSP1), and develop the NSP2 for 2006-2010 and sectoral implementation plans through a multi-sectoral participatory process. The NSP2 was approved by the Council of Ministers. Further, two Regional Consultation Workshops and two National Congresses were held, with participation by stakeholders from relevant sectors, NGOs, the Church and district representatives.

PMTCT

Global Campaign target

By 2010, offer appropriate services to 80% of women in need

National targets

- VCT available in all health facilities and offer necessary testing to all pregnant women attending ANC by 2010

UNICEF Collaborative Programme with government target

- Ensure the availability of good quality VCT in 1 national and 3 regional hospitals and counselling on HIV/VCT at MCH outlets in 13 districts by 2010

Major progress

- Working with the government and other partners to ensure the inclusion of provision of Voluntary Counselling and Testing to all pregnant women in the National Strategic Plan
- Training of MCH workers from seven districts in VCT
- Availability of VCT services in two clinics and at the national hospital in Dili

Scale-up plans

- Support for building the capacity of the Maternal and Child Health service outlets to deliver VCCT
- Ensuring the availability of Rapid Test Kits for Voluntary HIV Testing
- Development of PMTCT protocols and handbook for health workers
- Working in close collaboration with UNFPA and WHO in the provision of services at district level
- Provision of technical lead and support to Government and partners in PMTCT

Paediatric treatment

Global Campaign target

By 2010, provide either ART or cotrimoxazole, or both, to 80% of children in need

National targets

- All persons (up to 100) known to be HIV-positive (including women and children) have access to ART by 2010

UNICEF Collaborative Programme with government target

- 100% coverage for children in need (Only 2 children are known to be HIV positive to date)

Major progress

- Facilitation of shipment of ARVs donated by the Government of Brazil to Timor-Leste as part of the Brazil+7 Initiative; provision of 5,000 Determine HIV-1/2 w/b test kits to be used in two clinics in Dili, the National Hospital and 3 regional hospitals

Scale-up plans

- Incorporation of PMTCT and paediatric HIV components into integrated management of childhood illnesses training for relevant health workers
- Support for developing technical expertise to facilitate training of government staff and partners
- Tapping of available resources of UNFPA and building on some of the work that had been done by UNFPA with MCH staff
- Support for developing appropriate policy treatment and care of children living with AIDS
- Ensuring availability of ARV drugs for Paediatric AIDS treatment

Prevention of infection among adolescents and young people

Global Campaign target

By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally

National target

- By 2010, enable all people in Timor-Leste to have knowledge on how to minimize their personal risk to HIV infection

UNICEF Collaborative Programme with government targets

- To reach at least 40,000 young people age 15-25 directly with HIV prevention education by end of 2007
- To reach at least 30% of young people in and out of school in 6 districts with LSE by end of 2007

Major progress

- Information-education-communication (IEC) activities to advocate for child rights and to help students protect themselves against HIV/AIDS
- Support to the formulation of a National Youth Policy for Timor-Leste, and the development of primary and pre-secondary curricula including teaching and learning materials, which incorporate provisions on LSBE
- Technical support to the MoH in the following areas: developing the Behaviour Change Communication (BCC) component of the HIV/AIDS Proposal for the provisionally approved Global Fund round 5 to ensure harmony between it and the NSP 2; establishing the National AIDS Commission; and developing the national campaign strategy and building capacity for its implementation
- Development of communication and information materials for use in the campaign; commissioning the campaign baseline and post-campaign evaluation survey that will help measure the achievement of the campaign and identify the way forward
- Working in partnership with the Government on the Brazil+7 Initiative to expand access to HIV care and treatment services, with particular focus on pregnant women, children and adolescents
- In collaboration with MEC and local NGOs, and with technical inputs from the MoH, training of 328 young people in 19 IDP Camps in Dili as HIV/AIDS/STI peer educators; training of 367 young people in 19 IDP Camps in Dili and 1269 young people in 4 districts in LSBE

- Conduct a comprehensive youth study to explore the hopes, aspirations and attitudes of young people, which served as inputs to the formulation of the National Youth Policy

Scale-up plans

- Conduct a nationwide HIV campaign targeting young people 15 -25 years old
- Continuing support for LSBE and peer education activities for young people in-and out-of-school
- Support for HIV awareness and education of women in the child bearing age group through MCH outlets
- Advocacy for the provision of youth friendly health service outlets especially for VCCT and facilitating access to condoms
- Working in close collaboration with the Ministry of Health, UNFPA, UNTG, Ministry of Education, District and other relevant community structures
- Establishment of communication and information centre for adolescents

Protection and care

Global Campaign target

By 2010, reach 80% of children most in need

National targets

- N/A

UNICEF Collaborative Programme with government target

- N/A

Major progress

- In view of the fact that only two of the 31 reported cases of HIV in the country are children and no known cases of orphans due to AIDS, no action has been initiated in this aspect.

Scale-up plans

- Advocacy for the establishment of a network of People Living with HIV/AIDS (PLHIV) and for care and support of PLHIV
- Provision of equipment and training of appropriate persons to ensure high level of confidentiality for people seeking HIV testing
- Advocacy for the right of young people to salient information and services about their health including the right to reproductive health services in close collaboration with UNFPA
- Development of a project for the protection and support of children infected and affected by HIV/AIDS jointly with the UNICEF Child Protection Section and to be implemented in collaboration with relevant government and non-government sectors

Cross-cutting issues

- Limited capacity of counterparts to implement projects at an expected pace; lack of leadership capacity to establish a coordinated approach to various donors in order to avoid programme overlaps
- Recent civil unrest that affected the commencement or disrupted the progress of some project activities
- Limitations in government structure and decision-making process that affected programme implementation processes such as the delay in some targeted results in 2006 and the timely expenditure of allocated budget
- In terms of project monitoring, activity reports focus more on quantity rather than on critical analysis of results

COVERAGE

UNICEF's focus for the HIV campaign is nationwide. LSBE on HIV prevention, supported by UNICEF and partners, is currently being piloted in Dili, Maliana, Mantuto, Baucau, Lospalos and Lekisa districts, and will be scaled up nationwide as soon as possible.

UNICEF'S KEY PARTNERS IN 2006

Government (national and provincial levels)

- Ministry of Education, Culture, Youth and Sports
- Ministry of Health
- Secretary of State for Youth and Sport (SSYS)

National NGOs

- 15 NGOs across the country

International organizations

- World Bank
- UNESCO
- Portuguese and Brazilian missions
- UN Theme Group on HIV/AIDS

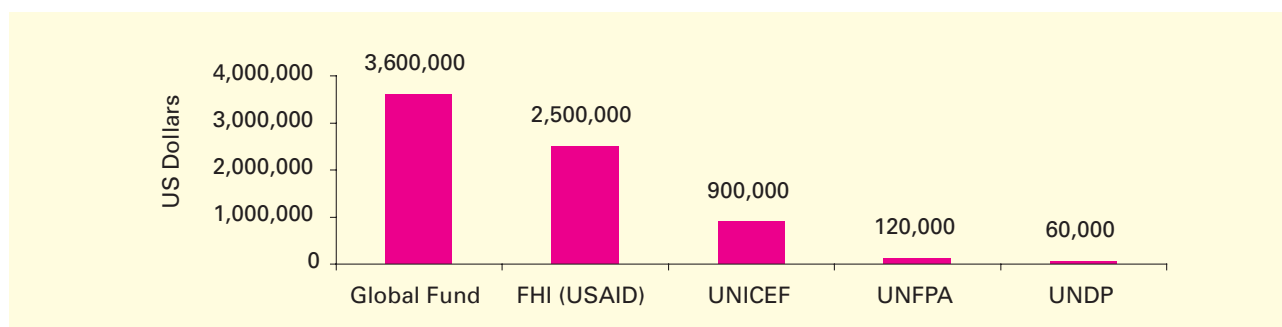
FUNDING SITUATION AND REQUIREMENTS

Current Funding situation

The National AIDS Programme in Timor-Leste has been costed in the amount of US\$4,755,000 for 2007-2008. The costing for 2009-2010 is yet to be done.

UNICEF Timor-Leste reported having committed funds for 2007-2008 from the Global Fund in the amount of US\$3,680,000 for three project areas. No available and committed funds were reported for the other three Ps. Half of the total ODA fund support for the National AIDS Programme comes from the Global Fund.

Major donors/sources of ODA to the National AIDS Programme/Response, Timor-Leste



Global Fund (2007-2008)
FHI (USAID) (2003-2006)

UNICEF (2003-2007)
UNFPA, UNDP (2006-2007)

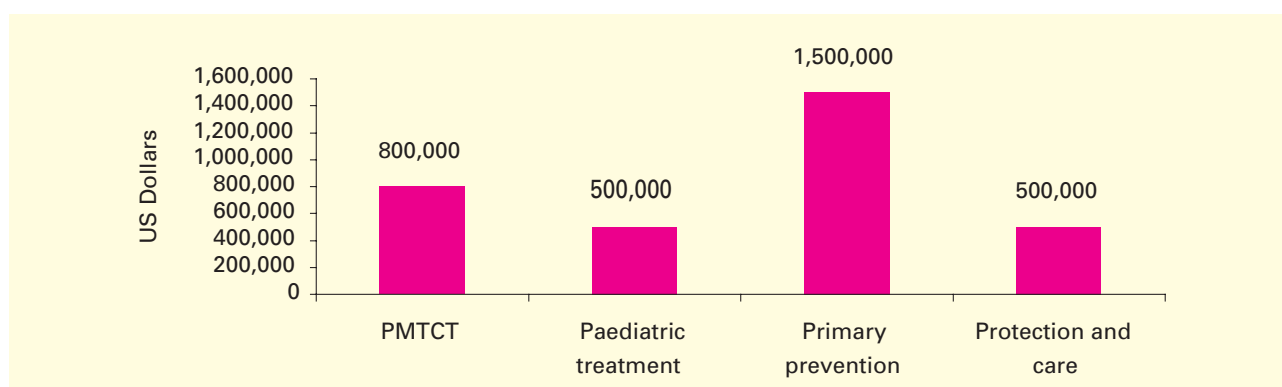
Estimated resource needs for scaling up the 4Ps

Agencies/Organizations that can be influenced to leverage resources for the Ps

Ranking	Government (list name of government bodies or department, etc)	UN or international partners	Which of the 4Ps?
1	Ministry of Health	UNICEF	Paediatric AIDS, Primary prevention
2	Ministry of Health	UNFPA	PMTCT
3	Ministry of Health, Ministry of Education	UNICEF	Primary prevention

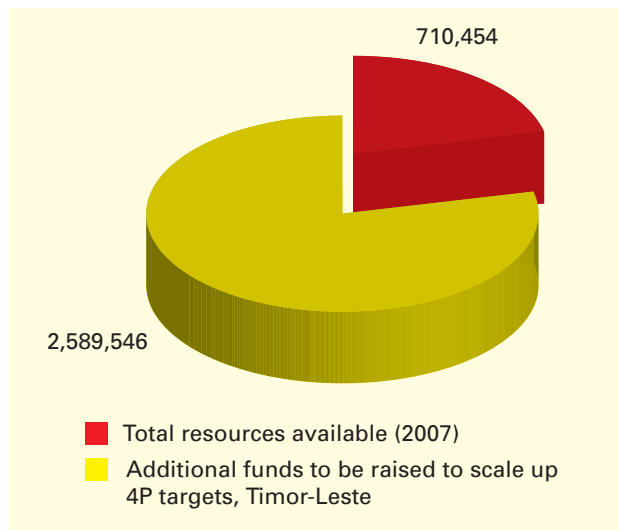
The Ministry of Health, Ministry of Education, UNICEF and UNFPA were identified as possible agencies/organizations that can be influenced to leverage resources for the 4Ps. There is no evident support for protection and care.

Estimated resource needs for scaling up 4Ps by 2010, Timor-Leste



An estimated total of US\$3,300,000 is required to scale up the 4P targets by 2010, with primary prevention receiving the biggest fund share (45%) followed by the PMTCT (24%).

Target funds for scaling up 4Ps (in US Dollars), Timor-Leste



Constraints in fund-raising and resource leveraging

- The current low level of reported HIV cases and the classification of Timor-Leste as a low HIV prevalence country have made it less attractive for donors to support HIV/AIDS prevention activities in the country. Because of its low prevalence status, the bulk of interventions relates to capacity building, prevention education including among most at risk populations and provision of services. The intricacies of determining the outcome of capacity building, prevention education versus high visibility of service provision made it difficult to generate funds.
- Gross lack of evidence and data on HIV/AIDS in Timor-Leste. Donors tend to support activities that are empirical evidence.

Plans for resource leveraging and working with partners to achieve 2010 4P targets

- Continuing collaboration with other UN agencies under the auspices of the HIV UNTG and with the Government and other partners, and provision of needed technical support in ensuring effective utilization of the Global fund resources especially in prevention education among young people and women of child-bearing age, as well as in voluntary counselling and testing
- Development of a more strategic fund-raising approach for HIV/AIDS

For further information, please contact:

Shui-Meng Ng
Representative
sng@unicef.org

Bridget Job-Johnson
Youth and Adolescent Development Specialist
bjbjohnson@unicef.org

Data sources

- [1] UNAIDS/WHO AIDS, 2006 Report on the Global AIDS Epidemic, May 2006.
- [2] UNICEF, At a Glance – Timor Leste, <http://www.unicef.org/infobycountry/Timorleste.html>.



Population size [1]	Adult (aged 15-49) rate (%) [1]	Estimated Number of Adults and Children Living with HIV/AIDS [1]			Estimated number of deaths from AIDS, adults and children [1]	Estimated number of children orphans due to all causes [2]	Orphans as a percent of all children [2]
		Adults (15-49 Years)	Women (15+)	Children (0-14)			
84,238,000	0.5	260,000	84,000	No Data	13,000	1,800,000	7

BACKGROUND

Viet Nam has reported a rapid increase in its epidemic, mainly driven by injecting drug use and unprotected sex among sex workers and clients. Emerging trends in the epidemic are cause for concern. The number of HIV infections among women has increased. By late 2004 women accounted for 15 per cent of detected HIV cases, and in some provinces, such as Quang Ninh and Ho Chi Minh City, prevalence among women seeking ANC has been reported at 1 per cent. More than half of HIV infections are among 15 to 24 year olds. Adolescents and young people have few opportunities to learn correct information on sex, substance abuse, HIV and STIs. A national survey assessment of Vietnamese youth in 2005 found that while young people possessed high levels of knowledge about HIV and AIDS, the accuracy of knowledge was lower. Nearly three quarters of young people who had attended school had never heard of AIDS.

Moreover, widening disparities have created conditions for widespread drug abuse among youth. Children in need of special protection, including children living with HIV, are a particular cause for concern. Viet Nam is witnessing a growing number of orphans, street children, child labourers, child sex workers and trafficked children who are highly vulnerable to not only HIV but also various forms of neglect and abuse.

There is strong political commitment to confront HIV. Inroads are being made, although slowly, in educating the general public and lessening the stigma attached to those affected by the virus. However, we cannot afford to lose any momentum in scaling up the response.

GLOBAL CAMPAIGN FOUR Ps

In 2006, UNICEF in cooperation with other partners supported Viet Nam’s hosting of the East Asia and Pacific Regional Consultation on Children and

HIV/AIDS. The outcome document, Hanoi Call to Action, led to Viet Nam developing an outline for a National Plan of Action (NPA) on Children and HIV/AIDS due for completion in June 2007. Together with other international partners UNICEF provided technical support for the NPA’s development. The Buddhist Leadership Initiative, which is providing care and support for children and people living with HIV/AIDS was reviewed and expanded. Based on the review, a five-year strategy on faith-based programming on HIV/AIDS was proposed and a national conference held. Capacity building for government counterparts, mass organizations and religious partners, and support for community-based and pagoda-based models were provided [3].

PMTCT

Global Campaign target

By 2010, offer appropriate services to 80% of women in need

National targets

- By 2010, achieve >90% coverage
- Contain MTCT below 10%

UNICEF Collaborative Programme with government targets

- By 2008, increase coverage of PMTCT services from <10% at present to 30%
- By 2010, reduce paediatric infections through MTCT by 20%

Major progress

- Approval of PMTCT National Plan of Action in June 2006
- Achievement of 100 per cent PMTCT coverage in Ho Chi Minh City
- PMTCT now high on Ministry of Health’s agenda, included in GFATM proposal (coverage of 10 provinces) and proposals to ASEAN

- Continuing support for PMTCT projects in five pilot provinces
- Development of a model for PMTCT Plus interventions
- Evaluation, replication and development of protocols relating to HIV/AIDS including PMTCT
- Collaboration with WHO, CDC/Life Gap, the Clinton Foundation and UNAIDS to standardize a national VCT manual focusing on PMTCT
- Support for training workshops on BCC and PMTCT for key Women's Union members
- Children on ARVs increasing in government, GFATM and PEPFAR-supported sites (Around 120 by June 2006. The Clinton Foundation provided 800 children/year worth of ARVs in 2006, so numbers of HIV positive children in need of treatment receiving ARVs are expected to increase quickly)
- Inclusion of cotrimoxazole prophylaxis for children exposed in national guidelines
- Inclusion and determination of costs for paediatric treatment in the National Plan of Action for Care and Treatment

Scale-up plans

- Achievement of 20 per cent increase in provinces with PMTCT services per year until universal coverage is reached by end 2010
- Human resource development
- Partnership/coordination/advocacy
- Policy work on guidelines, plans
- Capacity building at national, provincial and local levels in priority areas
- Programme communication for primary prevention
- Research and monitoring

Major challenges [4]

- Limited health facility coverage
- Low utilization of ANC services
- Low rates of skilled attendant deliveries
- Limited number of skilled and motivated human resources
- Weak monitoring and evaluation system
- Limited community and male partner involvement
- Limited funding

Scale-up plans

- Achievement of 20 per cent increase in provinces with PMTCT services per year until universal coverage is reached by end 2010
- Human resource development
- Partnership/coordination/advocacy
- Policy work on guidelines, plans
- Capacity building at national, provincial and local levels in priority areas
- Programme communication for primary prevention
- Research and monitoring

Major challenges [4]

- Limited availability/high cost of paediatric formulations
- Limited number of trained clinicians in paediatric HIV care
- Limited number of sites with the capacity to provide paediatric HIV care
- Limited capacity for early diagnosis (virological testing)

Paediatric treatment

Global Campaign target

By 2010, provide either ART or cotrimoxazole, or both, to 80% of children in need

National targets

- By 2010, achieve 100% coverage

UNICEF Collaborative Programme with government target

- By 2008, at least 15% people receiving ARVs are children
- By 2010, 100% known HIV infected children in need of treatment receive it

Major progress

- Development of protocols relating to paediatric AIDS prophylaxis, treatment for opportunistic infections and anti-retroviral formulations for infants

Prevention of infection among adolescents and young people

Global Campaign target

By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally

National targets

- Control HIV rate among general population to <0.3% with no further increase after 2010
- 100% of urban and 80% of rural population understand and identify ways of preventing HIV transmission

UNICEF Collaborative Programme with government target

- By 2010, reduce risk and vulnerability to HIV of 50% adolescents in the country, and at least 70% of most vulnerable groups among them

Major progress

- Collaboration with the Viet Nam Administration for AIDS Control (VAAC) leading to endorsement of the National Programme of Action on PMTCT
- Conduct by UNICEF in partnership with MoH and UNAIDS of a rapid assessment on current performance, the results of which will guide future interventions
- Piloting of school-based HIV and life skills interventions in 10 provinces (including youth participation in HIV prevention, peer education)
- Setting up of community-based HIV intervention through healthy living clubs
- Support to young people's forum, associated with national workshops/events to express youth views on HIV prevention, stigma and discrimination
- Organization of HIV/AIDS Learning Fair for all UN staff under the umbrella of UNAIDS and the HIV/AIDS Theme Group, which served as an opportunity for learning and building networks as well as for increasing synergy between UN agencies and staff

Scale-up plans

- Achievement of 20 per cent increase in provinces with PMTCT services per year until universal coverage is reached by end 2010
- Human resource development
- Partnership/coordination/advocacy
- Policy work on guidelines, plans
- Capacity building at national, provincial and local levels in priority areas
- Programme communication for primary prevention
- Research and monitoring

Protection and care

Global Campaign target

By 2010, reach 80% of children most in need

National targets

- N/A

UNICEF Collaborative Programme with government target

- N/A

Major progress

- Assistance to the Government to pilot models on community-based child protection, prevention and protection for street children, victims of trafficking and sexual exploitation, diversion and reintegration support for children in conflict with the law, care and support for children affected by HIV/AIDS and counselling models for children. These pilot models have a strong link to the government's national programmes for replication as well as for law and policy development

- Support to a study on Vulnerability of Young People to HIV/AIDS focusing on children in institutions
- Conduct legal review on children affected by HIV and AIDS in Viet Nam
- Development of training manual on home-based care and support for affected children
- Capacity building on home-based care and support for affected children
- Piloting of initiatives on community-based care and support for affected children in four provinces

Scale-up plans

- Development and revision of policy on alternative care for affected children
- Raising awareness on children's HIV and AIDS-related issues
- Capacity building on alternative care and support
- Development of modalities of community- and faith-based care and support
- Partnership/resource leveraging
- Social mobilization
- Policy development
- Capacity building
- Research and monitoring

COVERAGE

UNICEF Country Office has covered 12 areas out of total 59 provinces and 5 municipalities in Viet Nam. In 2006, it was decided that any expansion of decentralized service delivery or support would be done in convergent provinces/districts, with a comprehensive approach of prevention, treatment, care and support.

UNICEF'S KEY PARTNERS IN 2006

Government (national and provincial levels)

- Ministry of Health
- Vietnam Administration for AIDS Control
- Ministry of Planning and Investment (MPI)
- Ministry of Labour, Invalids and Social Affairs
- Viet Nam National Committee for Population & Family Planning
- Ministry of Education and Training

National NGOs

- Save the Children Fund UK
- Family Health International
- Viet Nam Women's Union
- CDC/Life Gap
- Clinton Foundation

International organizations

- UNAIDS
- UNDP
- ILO
- WHO

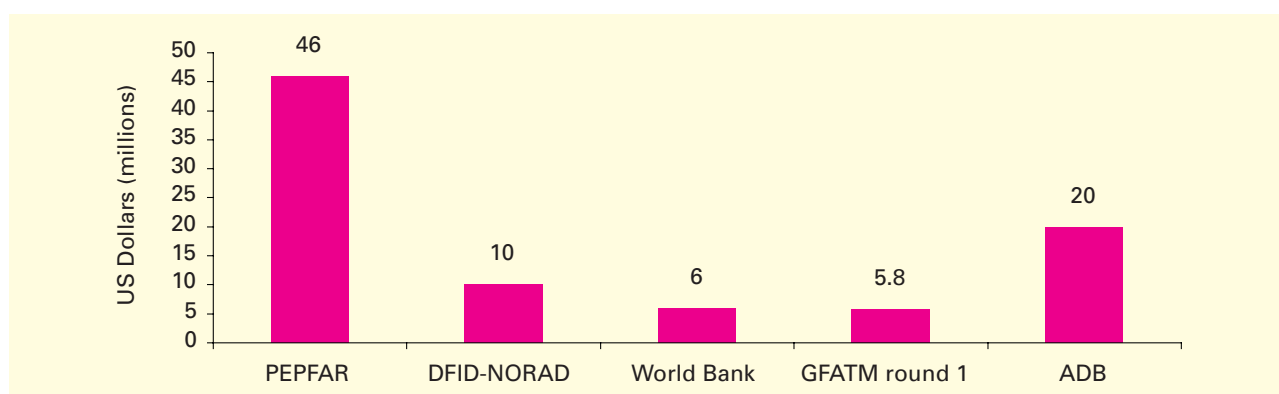
FUNDING SITUATION AND REQUIREMENTS

Current funding situation

Names of donors and amounts raised, available and committed, covering the 4Ps for Viet Nam's HIV and AIDS Programme at UNICEF

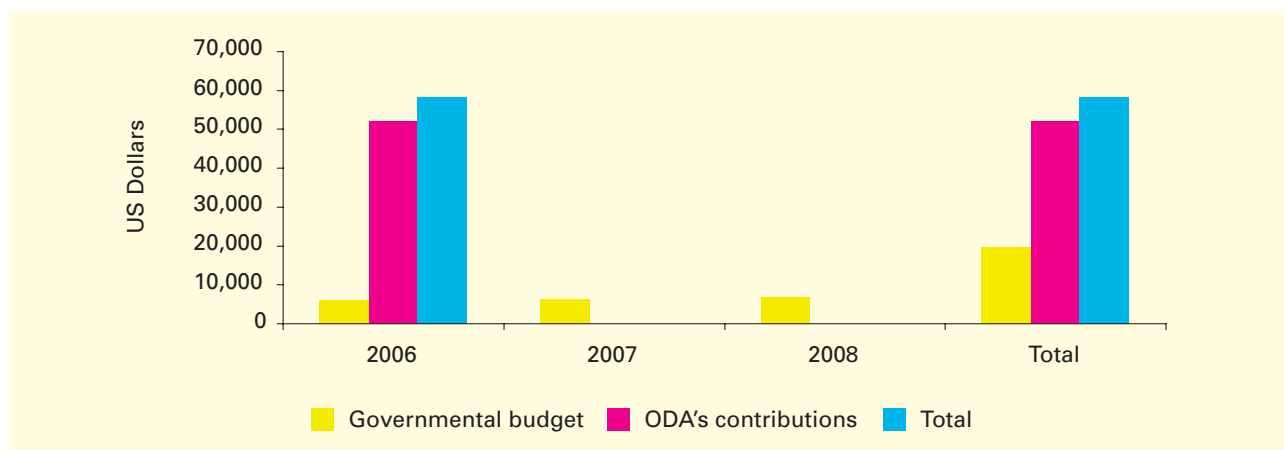
4Ps	Available			Committed		
	Donor	US\$	Period	Donor	US\$	Period
P1 - PMTCT	Thematic Funds-HIV 2005	166,197	2006 (150,000), 2007 (16,197)	SIDA Norway NatCom	360,000 635,000	2007-2009 2008-2010
P2 - Paediatric AIDS						
P3 - Prevention	a. Thematic fund HIV 2005 b. Thematic Funds Girls Education c. US Fund	a. 25,000 b.233,000 c.30,000	a. 2006 (23,000), 2007 (2,000) b. 2006 (130,000), 2007 (103,000) c. 2006 (5,000), 2007 (25,000)	SIDA IKEA	300,000 150,000	2007-2009 2007-08
P4 - Protection	Thematic fund UK NatCom US Fund	a. 49,860 b.202,900 c.109,475	a. 2006 (49,860) b. 2006 (38,747), 2007 (134,153), 2008 (30,000) c. 2006 (92,741), 2007 (16,734)	Norway NatCom	299,580	2008-2010

Major donors/sources of ODA to the National AIDS Programme/Response (for biennium 2005-06), Viet Nam at UNICEF



PEPFAR has contributed the largest ODA fund share for 2005-2006. The ADB fund support covers the period 2006-2010, with initial US\$4 million allocated for 2006.

Total available resources for HIV and AIDS based on National Strategic Plan, Viet Nam



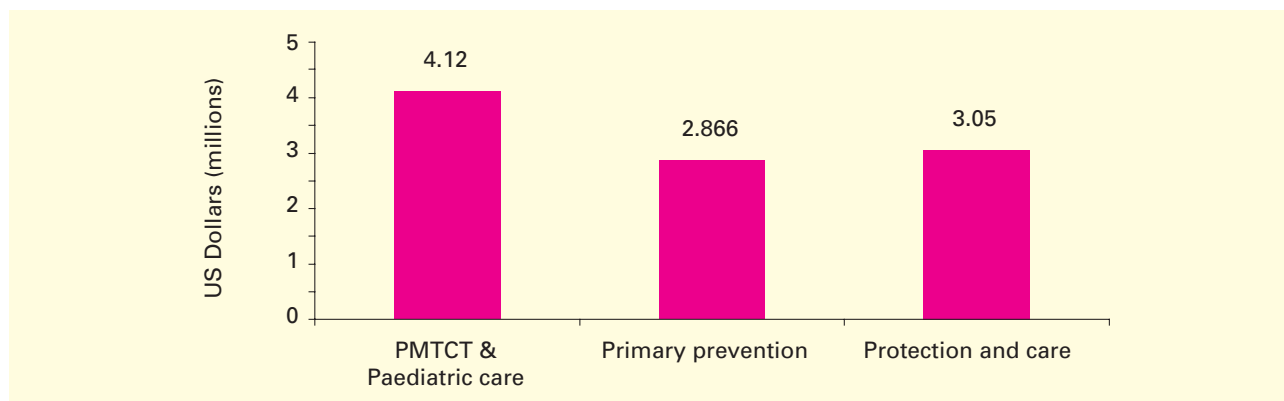
Resources available from ODA contributions for the period 2007-2008 are not indicated. Nonetheless, ODA fund share constitutes 86 per cent of the total available resources.

Estimated Resource Needs for Scaling up the 4Ps

The agencies/organizations likely to be influenced to leverage resources for the 4Ps are as follows:

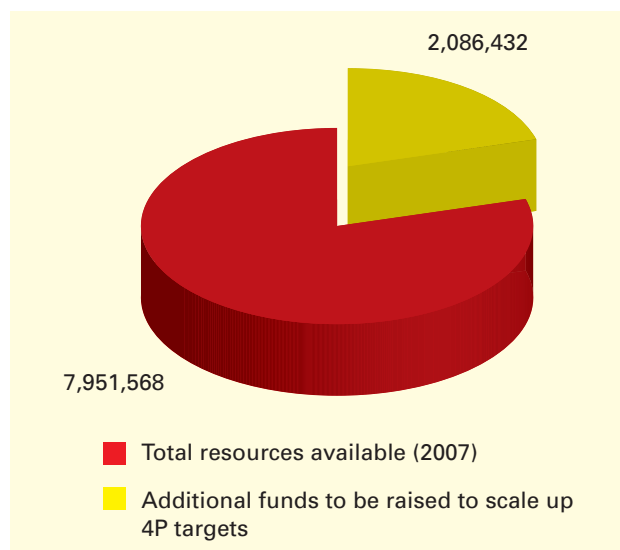
- *Government:* Ministry of Planning and Investment (MPI); Ministry of Foreign Affairs; Ministry of Health; Ministry of Education and Training; Ministry of Labour, Invalids and Social Affairs; Viet Nam National Committee for Population & Family Planning; and Viet Nam Administration for AIDS Control
- *UN or international partners:* PEPFAR (for all 4Ps but more focus on CABA, PMTCT and paediatric treatment); Global Fund (for all 4Ps); and ADP (for prevention)

Estimated resource needs for scaling up 4Ps by 2010, Viet Nam



An estimated total of US\$10,038,000 is needed to meet the 4P targets by 2010, of which 41 per cent has been allocated for both PMTCT and paediatric care programmes.

Target funds for scaling up 4Ps (in US Dollars), Viet Nam



Constraints in fund-raising and resource leveraging

- Lack of consistent and reliable data on children and AIDS
- Lack of a coordinated national framework on children and AIDS
- Fragmentation of funding and action in spite of intense efforts for coordination and partnership
- Donor-driven agenda in certain instances
- Fast expansion of HIV activities with many competing priorities

Plans for resource leveraging and working with partners to achieve 2010 4P targets

Viet Nam Country Office is engaging in intense partnership efforts around the 4Ps toward ensuring that mechanisms will improve the Government of Viet Nam capacity to coordinate activities on children and AIDS. In particular:

- Joint UN AIDS Team, currently developing a HIV Joint Programme Partnership on children and AIDS (including UNICEF, UNAIDS, WHO, FHI, USAID, PACT, SC Alliance, ADB, Health Policy Initiative) as a follow-up to the Hanoi Call to Action, and as a coordinated effort to support Government of Viet Nam to develop and implement a National Plan of Action (NPA) on children

- AIDS Education Sector Group, with a task force on education and HIV- to coordinate efforts around HIV in educational system
- PMTCT and paediatric care (to ensure VAAC-MoH are producing high quality normative documents and then coordinate implementation)

For further information please contact:

Jesper Morch
Representative
jmorch@unicef.org

Dr. Luisa Brumana
HIV/AIDS PMTCT Specialist
lbrumana@unicef.org

Data sources

- [1] UNAIDS/WHO AIDS, 2006 Report on the Global AIDS Epidemic, May 2006.
- [2] UNAIDS, UNICEF & WHO, Children and AIDS: A Stocktaking Report (Action and progress during the first year of Unite for Children, Unite against AIDS, January 2007.
- [3] UNICEF Viet Nam Country Office Annual Report 2006.
- [4] UNICEF Country 2006 PMTCT Report Card.

