Global Campaign on Children and AIDS

A Profile of UNICEF's Response in East Asia and the Pacific

UNITE FOR CHILDREN
UNITE AGAINST AIDS

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A boy living with HIV waits to attend class.

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Foreword

On 25 October 2005, the Joint UN Programme on HIV/AIDS (UNAIDS), 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 grievous 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.

One year has passed since the campaign's launch, and much has been accomplished. Most governments in the region have embraced the Global Campaign, and many have embarked on the hard work of turning words into action. This report provides an update of collaborative actions between UNICEF and governments, civil society, the UN system and international partners in the 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, with the aim to engender further joint actions at regional, national and sub-national levels.

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

The report comes in two sections: a regional overview and country fact sheets, including an initial reflection of resource needs to scale up the 'Four Ps'. It is the collective work of the UNICEF regional and country HIV teams, heeding the global call for greater joint actions and investment in HIV prevention, treatment and care towards universal access by 2010. As a co-sponsor of 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
APN+	Asia-Pacific Network of People Living with HIV
ART	antiretroviral therapy
ARV	antiretroviral
ASEAN	Association of Southeast Asian Nations
CoC	continuum of care
CDC	US Centers for Disease Control
DFID	UK Department for International Development
EVA	especially vulnerable adolescents
FHI	Family Health International
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
IDU	injecting drug user
IEC	information, education and communications
ILO	International Labour Organization
LSE	life skills-based education
MARA	most-at-risk adolescents
MCH	maternal and child health
MSM	men who have sex with men
NGO	non-governmental organization
NSP	national HIV/AIDS strategic plan
ODA	official development assistance
OI	opportunistic infection
OR	other resources
OVC	orphans and vulnerable children
PEPFAR	The President's Emergency Fund for AIDS Relief
PLWHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission
RR	regular resources
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
UNFPA	United Nations Population Fund
UNODC	UN Office on Drugs and Crime
USAID	United States Agency for International Development
VCT	voluntary counselling and testing
WFP	World Food Programme
WHO	World Health Organization

Part 1

Regional Overview

Introduction

East Asia and the Pacific currently has an HIV adult prevalence of 0.2 per cent[1] – 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, even a tiny increase in prevalence results in many more infected.[3] The sobering role that population 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. Conversely, small populations in the Pacific mean any rise in infections there would actually threaten the survival of whole cultures and societies.

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.

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

Countries	HIV adult prevalence (%)	Estimated # of PLWHA
Cambodia	1.6	130,000
China	0.1	650,000
DPR Korea	–	–
Brunei Darussalam	<0.1	<100
Indonesia	0.1	170,000
Lao PDR	0.1	3,700
Malaysia	0.5	69,000
Mongolia	<0.1	<500
Myanmar	1.3	360,000
Fiji & Pacific Island Countries	0.1	<1,000
Papua New Guinea	1.8	60,000
Philippines	<0.1	12,000
Singapore	0.3	5,500
Thailand	1.4	580,000
Timor-Leste	<0.1	–
Viet Nam	0.5	260,000
Estimated total (East Asia & Pacific)[4]	**0.2**	**2,301,600**

Source: UNAIDS Global AIDS Update 2006

[1] UNAIDS/WHO, May 2006.
[2] Ibid.
[3] Julio SG Montaner 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, 5 August 2006.
[4] UNAIDS/WHO, May 2006.

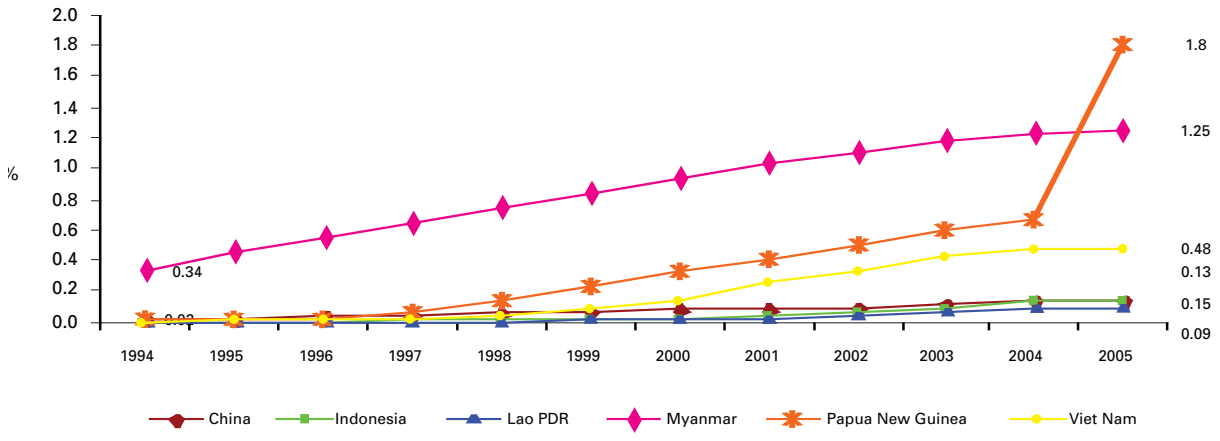
For the region's children, AIDS is not yet a major cause of death: zero per cent, compared to 10 per cent in East and Southern Africa.[5] But again, this figure may be obscuring the real situation. In too many countries in this region, the absence of testing facilities for adults and children, inadequate 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.[6]

Overall trends in the region are also creating concern about HIV's potential impact on children. First, the profile of the newly infected is getting younger. Forty per cent of reported HIV infections in China are among people under the age of 30.[7] In Malaysia, 35 per cent of reported HIV infections occur among those below 29 years old.[8] In Viet Nam, 63 per cent of the people infected by HIV are under 30,[9] and young people between the ages of 13 and 19 are increasingly becoming infected.[10] Thailand saw 17,000 new infections in 2004, 50–60 per cent of whom were children and young people under the age of 24.[11]

Second, East Asia and the Pacific is witnessing a feminization of HIV epidemics. As epidemics shift from marginalized groups such as injecting drug users (IDUs), sex workers and men who have sex with men (MSM), more women of reproductive age are contracting HIV from their partners. 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 with HIV are girls and women between the ages of 15–24.[12] Since 2003, the cumulative number of new infections in Fiji indicates that 47 per cent are women, according to the Ministry of Health. Women are also increasingly becoming infected in China, comprising 39 per cent of all HIV cases in 2004 from 15.3 per cent in 1998.[13]

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.

Graph 1: HIV prevalence among pregnant women in selected countries



Source: UNAIDS/UNICEF/WHO Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Diseases, 2004 and 2005 data.

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 both in 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

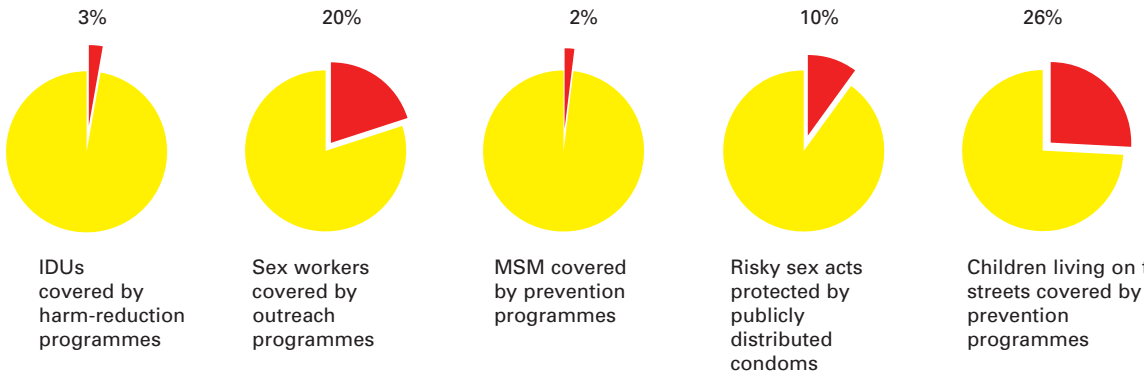
[5] Neff Walker & UNAIDS, Geneva estimation based on the geographic composition of East Asia and the Pacific in preparation for the release of the AIDS Epidemic Update, UNAIDS, 2005.
[6] Calculation derived from estimation for Asia-Pacific conducted by Tim Brown for UNICEF, 7th ICAAP, Kobe, July 2005.
[7] Ministry of Health, National Center for AIDS/STD Prevention and Control, Summary Reference 2004; PowerPoint Presentation & UNICEF EAPRO.
[8] 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.
[9] 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.
[10] UNICEF, Situation of Families and Children Affected by HIV/AIDS in Viet Nam: A National Overview, 30 August 2003, Hanoi.
[11] Hunter, S., HIV/AIDS: A New Development Challenge.
[12] UNICEF, HIV/AIDS: Adolescents, Women and Children Data Issues.
[13] 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.

address their unintended consequences. One of those 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 the fact 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 Graph 2). 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 IDUs in South-East Asia have access to proven prevention measures. Prevention programmes are reaching only 2 per cent of MSM.

Graph 2: Coverage of most-at-risk populations reached by targeted prevention programmes, South-East Asia, 2005



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

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.[14] HIV is rising fast among young MSM, transgender and other marginalized populations, including minorities, immigrants 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.[15] At least 25 per cent of teenage girls have had sex before the age of 17 in Lao PDR,[16] and in the Philippines, a recent survey showed that at least 23 per cent of young people have had pre-marital sex.[17] 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.[18] 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.

[14] Review of the Health Sector Response to HIV/AIDS in Thailand, Ministry of Public Health, Government of Thailand & WHO, August 2005.
[15] Center for Health Research, The University of Indonesia, A Survey of Teenagers in Papua, Indonesia, 2003.
[16] Hunter, S., HIV/AIDS: A New Development Challenge.
[17] The State of the Philippine Population Report 2: PINOY Youth: Making Choices, Building Voices, United Nations Population Fund, 2002.
[18] 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 will obviously affect the futures of possibly millions more children. Despite these facts, regional HIV responses have consistently neglected children. Few children living with HIV are receiving antiretroviral therapies (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 infection[19] 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, otherwise known as the 'Four Ps', with specific targets for scaling up programmes:

- PMTCT: By 2010, offer appropriate services to 80 per cent of women in need;
- Providing paediatric treatment: By 2010, provide either ARV 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 well-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 is planning national launch for 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, which was organized by UNICEF and the Government of Viet Nam and co-sponsored by the Joint UN Programme on HIV/AIDS (UNAIDS), the US President's Emergency Fund for AIDS Relief (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 non-governmental 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.

[19] 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.

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 the UNICEF country programme cycles and NSPs

Countries	UNICEF Country Programme Cycle	National HIV/AIDS Strategic Plan period
Lao PDR	2002–2006	2006–2010
Mongolia	2002–2006	2006–2010
Thailand	2002–2006	2002–2006
Pacific Island Countries	2003–2007	2004–2008 (regional); 2006–2010 (Fiji)
Papua New Guinea	2003–2007	2004–2008
DPR Korea	2004–2006	2003–2007
Malaysia	2005–2007	2006–2010
Philippines	2005–2009	2005–2010
Timor-Leste	2006–2008	2006–2010
Cambodia	2006–2010	2006–2010
China	2006–2010	2006–2010
Indonesia	2006–2010	2003–2007
Myanmar	2006–2010	2006–2010
Viet Nam	2006–2010	2004–2010

Ahead of the first anniversary of the Global Campaign, UNICEF's East Asia and the Pacific Regional Office (EAPRO) sought to gauge the progress towards fulfilling the targets in the 'Four Ps' by sending out a questionnaire to the region's 14 Country Offices. The Country Offices – all of which responded to the survey – were required to answer in detail questions about funding, partnerships and the expansion of programmes in the 'Four Ps'. This chapter examines the findings from the Country Office survey and attempts to analyse the region's progress.

However, measuring national responses is nearly impossible at this early stage of the campaign. Furthermore, several factors make this task all the more difficult. 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. Moreover, these activities are often still limited in scope, and thus, are not tied to a greater, holistic outcome. Compounding the difficulties are the number of international declarations, goals and frameworks that carry different targets and indicators, and the complexity of 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. National and local capacity to analyse the impact of the various HIV-related programmes remains a key issue. Finally, baseline data to provide meaningful comparisons is scant.

Therefore, for now, this report is limited to examining the issues specific to the region in regards to the 'Four Ps', what actions have been taken, and what the future priorities are.

The following pages will give evidence to a tremendous amount of activity guided by the campaign. However, 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 scaling up evidence-based, effective programming to reach all adults and children who need these services, nationwide. 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.

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.[20]

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.[21] When properly administered, PMTCT services cut down that risk to less than 2 per cent.[22] 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.[23]

In general, while many countries offer one or two aspects of PMTCT, very few offer the whole spectrum of services. And even fewer offer PMTCT services nationwide. One exception is Thailand, which first introduced PMTCT services in 1997. The country now enjoys 100 per cent coverage, including routine testing (with the choice to opt out) and ARVs for all HIV-positive women attending antenatal care (ANC). In contrast, China has a pilot programme of eight sites in five high-prevalence provinces. And while Malaysia provides routine screening for all pregnant women attending ANC, ARV prophylaxis treatment during childbirth is available only at one-third of the country's ANC facilities.

Action

As focal agency for PMTCT, UNICEF works closely with governments and WHO, and in some countries, the US Centers for Disease Control (CDC), to formulate and implement national PMTCT guidelines. To date, national PMTCT guidelines have been developed in all East Asia and Pacific countries experiencing concentrated and generalized epidemics.[24] In Cambodia, Indonesia, Lao PDR, Papua New Guinea and Viet Nam, where guidelines have been more recently developed, the joint UN Framework emphasizing comprehensive HIV prevention and care for both mothers and children is well integrated. Some of these countries are moving swiftly to enact plans. Indonesia is developing policies to ensure that HIV-positive pregnant women in need of PMTCT services receive comprehensive services, including ARV treatment, counselling and support for optimal infant feeding. Viet Nam has approved a PMTCT National Plan of Action, and is costing a scale-up plan to achieve universal PMTCT coverage by 2010.

Elsewhere in the region, even countries with relatively low-level epidemics are quickly acting to interrupt mother-to-child HIV transmissions. In the Pacific, Fiji and Tonga have adopted a generic PMTCT policy, devised with help from UNICEF, while Vanuatu, Solomon Islands, Tuvalu, Kiribati, the Federal States of Micronesia, the Republic of the Marshall Islands and Samoa are in the process of adopting it.

[20] USAID, UNAIDS, WHO, UNICEF, POLICY. 2006. "Coverage of selected services for HIV/AIDS prevention, care and treatment in low and middle income countries in 2005".
[21] 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.
[22] Ibid.
[23] 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.
[24] According to UNAIDS and WHO, a generalized epidemic is one with more than 1 per cent adult prevalence, while a concentrated one has national adult prevalence of less than 1 per cent but sub-populations consistently showing prevalence of more than 5 per cent.

That leaves only the four countries with below 0.1 per cent prevalence – DPR Korea,[25] Mongolia, the Philippines and Timor-Leste. For this group, scaling up primary prevention remains the biggest priority, and the Global Campaign is providing critical support in developing counselling and testing policies, delivering supplies and training, and conducting peer education and outreach (more on this in section below on primary prevention). In Mongolia, UNICEF, as a sub-recipient of a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), is supporting the government in scaling up VCT services and preparing for a PMTCT programme.

But the Global Campaign seeks to work far beyond developing policies and guidelines, especially in countries that lack the capacity to implement and expand PMTCT programmes. In UNICEF's case, assistance largely centres on building capacity, strengthening the integration of PMTCT with existing services in reproductive health and maternal and child health (MCH), and bolstering health education. For instance, in Papua New Guinea, UNICEF assisted in formulating a national PMTCT programme, and helped integrate it with MCH services and provincial health services provided by churches – a key strategy in a country with few financial and human resources.

In the arena of health education, HIV prevention education has been introduced through outreach programmes in Lao PDR, which are aimed at women working in garment factories. Culturally sensitive materials are being developed in local languages in all countries, including the Pacific Island countries, home to hundreds of languages. UNICEF Pacific is also working with nursing associations and schools to integrate PMTCT into training. In Indonesia, PMTCT training for health workers in 25 public hospitals is being conducted, while a community-based model is being evaluated for possible replication.

Effective PMTCT services also rely on a stable supply of ARVs, and the Global Campaign is supporting improvements of ARV drug procurement, supply and management systems. In China, UNICEF is working with the government to develop supply chain management protocols and procedures for ARVs, diagnostics and drugs for opportunistic infections (OIs), with the view of implementing them by 2007 in seven provinces.

As previously stated, the lack of VCT services contributes to many women remaining unaware about their serostatus. Scaling up VCT thus goes hand-in-hand with expanding PMTCT services. To achieve this, Cambodia has set the target of introducing over 130 VCT sites nationwide by 2010, including measures to ensure confidentiality, while expanding PMTCT to 50 health facilities nationwide by 2010. As of June 2006, Cambodia had a total of 113 operational VCT sites while 19 sites were being established. Eleven of these sites are operating thanks to direct technical and financial assistance from UNICEF. Meanwhile, PMTCT services have been introduced to eight provinces. Cambodia and other countries that have well-developed PMTCT programmes are also revising national guidelines to allow women the chance to make an informed decision on testing.

Priorities

Epidemiologically, PMTCT services are most critical in countries with generalized epidemics, which in this region are Cambodia, Myanmar, Papua New Guinea and Thailand. It is also crucial to expand PMTCT services in countries with concentrated epidemics, which include China, Indonesia, Lao PDR, Malaysia, Fiji and some other Pacific Island countries, and Viet Nam.[26] Among these countries, only Thailand has achieved universal access. While Indonesia and Viet Nam are quickly putting policies in place, most countries are far from the campaign target of providing PMTCT services to 80 per cent of pregnant women in need. Indeed, many countries are far from having a nationwide PMTCT programme.

In countries experiencing generalized epidemics, UNICEF and its partners will work towards ensuring that all aspects of PMTCT, including ARVs for couples, psychosocial counselling and guidance in infant feeding, are available. Public awareness campaigns directed at marginalized populations will also be a crucial component in PMTCT programmes. In countries with generalized and concentrated epidemics that do not have universal access to PMTCT, expansion efforts will be intensified. These countries will also receive technical assistance in establishing and putting into action drug supply and management protocols, and securing ARVs. Campaign partners will also work to integrate PMTCT with already existing ANC and MCH systems – a key step towards sustainability.

In all East Asian and Pacific countries, UNICEF and its partners will work with national AIDS programmes to redouble efforts to establish and maintain confidential VCT services. PMTCT services only make a difference when they are used regularly and consistently. Thus, women need to find out their HIV status, and above all, feel safe and be given options in doing so.

[25] DPR Korea claims no HIV cases.
[26] Brunei Darussalam and Singapore are non-programme countries, and are therefore excluded from this programme analysis.

II. Paediatric AIDS

Issue

In 2005, the number of children below age 15 living with HIV was estimated to be 50,000 in East Asia and the Pacific.[27] 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 – China, Cambodia, Malaysia, Myanmar, Papua New Guinea, Fiji, 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 as well, 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 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 drugs, which are also costly; and the complexity of monitoring viral load. They 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 and paediatric ARVs, a situation made worse by the region's severe stigma and discrimination.

Action

The Global Campaign has provided a strong case for an accelerated response on ART for children, and UNICEF Country Offices in the region are working closely with governments to devise appropriate guidelines and strategies. Currently, countries with concentrated epidemics – China, Lao PDR, Indonesia, Malaysia and Viet Nam – are developing national paediatric treatment guidelines, training clinicians and health workers, and assessing ARV supply and management. Similar work is being undertaken in the Pacific Island countries. However, as noted before, only four countries – Cambodia, Lao PDR, Papua New Guinea and Viet Nam – reflect the paediatric treatment target in their NSPs.

While UNICEF Country Offices and their partners will continue to advocate for paediatric treatment at the policy level, they are also working at initiating, strengthening and supporting national responses on the ground. Throughout the region, campaign partners have been helping to supply and deliver ARVs to children. For instance, some 120 children in Viet Nam began treatment as of June 2006 with The Clinton Foundation aiming to deliver ARVs to 800 children in need of treatment a year. The Cambodian government, with UNICEF support, is working to deliver ARVs to 1,500 children. In Papua New Guinea, 40 children started ART in 2005 with a concurrent plan to introduce ARV treatment in general paediatric clinics of major provincial hospitals.

Elsewhere, The Clinton Foundation has launched an initiative to kick-start treatment in China for 200 children in need of ARVs. Meanwhile, UNICEF has responded to a number of emergency orders for paediatric drugs in China. In the Pacific, UNICEF is exploring a request from the Fiji Pharmaceutical Services, a regional hub for ARV supply, to procure ARVs for the entire Pacific region. Meanwhile, cotrimoxazole prophylaxis for all HIV-exposed children has been introduced in Papua New Guinea, Myanmar and Viet Nam, and incorporated in national PMTCT and ARV treatment guidelines.

The Global Campaign is doing more than procuring and delivering ARVs. As mentioned previously, UNICEF is supporting countries such as China in the development of supply, distribution and treatment protocols and procedures and proper training for health caregivers – components vital to sustainability. 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.[28] 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.

[27] UNAIDS/WHO, May 2006.

[28] 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.

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 adherence guidance is a crucial element 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 OI drugs, and family education, will be implemented initially in 100 counties, and by 2009, in 250 counties of high-prevalence provinces.[29]

The Global Campaign is also working to build coalitions and leverage resources in the drive to meet the paediatric treatment target. In Malaysia, the Institute of Health Management and UNICEF have formed a strategic alliance to set up an expert 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 GFATM. Meanwhile, paediatric ARVs are already purchased through GFATM funds in Papua New Guinea.

Priorities

Getting countries to include targets for paediatric treatment in their NSPs remains a major 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, too, will have to be addressed, such as developing more effective, cheaper paediatric formulations and determining their efficacy for children. Campaign partners will continue to lobby for actions to be taken in these areas. In addition, nutrition is an often 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.

The Global Campaign will also work with governments and communities towards removing all other obstacles to scaling up paediatric treatment. These include the lack of human, financial and logistical capacity, and 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 families with children in need of treatment are willing to seek it.

III. Primary prevention

Issue

Prevention is the cornerstone of any effective response to an epidemic. Yet few modern epidemics have engendered as many ideological divisions as HIV, particularly in regards to prevention. Throughout the world, prevention strategies are furiously debated by advocates of abstinence, those who object to condom promotion and needle exchanges on moral grounds, and scientists who see protected sex and the use of clean needles by IDUs as the surest ways to contain the epidemic.

This debate holds true in East Asia and the Pacific, but HIV prevention is also stymied by a host of other obstacles, including widespread social stigma and discrimination, social and economic marginalization, and growing disparities – all of which limit access to basic services. Thus, more than 20 years after the virus was first detected in East Asia and the Pacific, HIV prevention among adolescents and young people remains one of the biggest challenges.

It cannot be underestimated how pervasive and damaging HIV-related stigma and discrimination are throughout East Asia and the Pacific. Though most governments are responding with policies, funding and actions, the virus is still seen as a 'social evil' in the public mind in many countries. Even in Thailand, a country that has a history of progressive HIV policies, people living with HIV still face prejudice and fear. An article in Bangkok's *The Nation* newspaper in 2006 quotes a nurse as saying one of her patients was forced to get off a bus while en route to hospital because others refused to board.[30]

In fact, people living with HIV often suffer dual discrimination: against the virus and against risk behaviours others may see as 'inviting' infection. Furthermore, cripplingly expensive treatment either

[29] The high-prevalence provinces in China are Yunnan, Henan, Hunan, Hubei, Hebei, Anhui and Shanxi.
[30] *The Nation*, "HIV patients find respect in solidarity," 10 September 2006.

impoverishes many people with HIV or simply places it beyond their budgets, leading to deteriorating health. There were also reports of loss of employment due to HIV, when incomes are direly needed to treat AIDS-related infections. Thus, in a region where personal wealth is held in high regard, many HIV-positive people live with three-fold discrimination: against the virus, risk behaviours and poverty.

Stigma and discrimination – in conjunction with the other obstacles – have greatly hampered all aspects of HIV responses. As a result, the region has witnessed several disheartening consequences.

First, knowledge of HIV remains at dangerously low levels throughout the region. China's Vice Minister of Health, Dr. Wang Longde, once said, "AIDS is the most well-publicized disease. But it is also overwhelmingly misunderstood, a disease rife with confusion and misconceptions." His statement is well substantiated. Many young people in the region still cannot name a correct way to prevent HIV. Some 68 per cent of girls in Indonesia's high-prevalence province of Papua said eating health food could prevent HIV.[31] In a 2004 survey in China, 56 per cent of young people surveyed thought they could prevent HIV through regular exercise or improved nutrition (26 per cent).[32] And it is not just young people who are in the dark about HIV. A large proportion of people who live with HIV in the region also have reported not knowing what HIV or AIDS were until they were infected. They included migrant labourers, businessmen who frequented sex workers, and housewives.

Poor knowledge creates fear, giving rise to dangerous myths and worsening stigma and discrimination. Such attitudes are pronounced even among health care workers. In a recent study conducted by the Asia-Pacific Network of People Living with HIV (APN+), up to 80 per cent of people living with HIV experience discrimination – 54 per cent in health care facilities.

Another consequence of stigma and discrimination is the region's poor coverage in prevention programmes. This is excruciatingly evident in one of the most prominent debates about prevention in East Asia and the Pacific: whether to prioritize resources for populations at higher risk of infection or for adolescents and young people in general. The argument for the former is that HIV epidemics in the region have largely been driven by sex work, injecting drug use and multi-partner sex between men. Thus, interventions should be focused on these populations to prevent HIV from 'seeping' into the general population.

Few scientists would disagree with such an epidemiologically sound approach. However, prevention work in the region has encountered forces that go beyond the science of epidemiology, namely prejudices against drug users, street children, sex workers and MSM. Stigma is even directed at victims of child sexual abuse, many of whom are more vulnerable to HIV. As a result, prevention programmes are failing to reach these populations. IDUs in Indonesia, Viet Nam and China are more likely to wind up in jails or drug rehabilitation centres, where HIV often flourishes. Even street children – a group widely acknowledged to be highly vulnerable to HIV infection – are falling through the cracks. Prevention programmes are reaching only one in four street children in South-East Asia.[33] Not reaching these higher risk populations is already having an impact. In Bangkok, HIV prevalence increased from 15 per cent to 28 per cent among MSM within two years.[34]

In addition, while condoms are more accessible in many countries, they were used in only an estimated 10 per cent of risky sexual acts in South-East Asia in 2005.[35] Condom use remains dangerously low in sex work in countries that have not adopted strategies such as 100 per cent condom use.[36]

Finally, surveillance systems and data collection have not kept pace with East Asia's growing epidemics. While HIV sentinel surveillance systems have been established in many countries, they are frequently limited in geographical coverage – a serious weakness in large countries with spread-out and mobile populations, such as China and Indonesia. In the Pacific, logistic challenges have compromised efforts to centralize data collection system for close epidemiological tracking in the region.

Political, cultural and social sensitivities are also thwarting effective data collection. Many countries lack systematic tracking of IDUs, sex workers (especially those who operate outside brothels), and MSM. The same applies even to children and young people infected or affected by HIV. Few East Asian and Pacific countries are also regularly examining children and young people's risk behaviours or knowledge about HIV and AIDS. Despite having the resources, many countries have yet to construct accurate profiles of children and adolescents who are vulnerable to sexual abuse, unprotected sex, drug use and sex work,

[31] Baseline Data Collected by UNICEF for Interventions to Reduce HIV Vulnerability of Young People in Papua, Indonesia, 2003.
[32] UNFPA, Baseline Survey Report for Youth Sub-Project by Divisions of Statistical Demography, Institute of Population and Labor Economics, Chinese Academy of Social Sciences, Beijing, China, March 2004.
[33] USAID, UNAIDS, WHO, UNICEF, POLICY. 2006. "Coverage of selected services for HIV/AIDS prevention, care and treatment in low and middle income countries in 2005".
[34] Van Griensven, F. Epidemiology of HIV and STI in MSM in the Greater Mekong Region: What Do We Know. Proceedings of US Govt Regional Meeting on HIV Prevention and Care for Men Who Have Sex with Men (MSM) in the Greater Mekong Region, Bangkok, August 15–16, 2005.
[35] USAID, UNAIDS, WHO, UNICEF, POLICY. 2006. "Coverage of selected services for HIV/AIDS prevention, care and treatment in low and middle income countries in 2005".
[36] UNAIDS, A Scaled-up Response to AIDS in Asia and the Pacific, p.20. UNAIDS, 2005.

and thus, HIV. Without these profiles, it is challenging to devise programmes that really drive home prevention messages with those most in need. For instance, while promoting condom use among young people is a proven prevention method, few countries are trying to identify young people who are practising unprotected sex or those who have experienced sexual abuse.

Action

Adolescents and young people have the right to know how HIV is transmitted and the means to protect themselves. They also must be equipped with skills in negotiation, management of negative emotions and responsible decision-making. And they must have easy access to information, youth-friendly reproductive health and HIV prevention services, and condoms.

However, on the policy level, most countries in the region – Indonesia, Malaysia, Myanmar, the Pacific Island Countries, the Philippines, Timor-Leste, Thailand and Viet Nam – have not set targets in their NSPs for prevention among adolescents and young people. China, Cambodia and Lao PDR are the only countries with specific prevention targets, aiming to raise skills-based knowledge among adolescents and young people and change behaviours of those at higher risk.

In the absence of national targets, a number of campaign partners are focusing on raising awareness and knowledge in partnership with children and young people themselves. Life skills-based education (LSE) is UNICEF's dominant prevention strategy. LSE is a powerful approach to opening up discussions about sexuality, relationships and substance use. LSE has been introduced as an optional school subject in most countries, and Indonesia, the Philippines and Viet Nam are working to integrate LSE into their core curricula. UNICEF Myanmar's long-standing life skills-based programme has already been implemented in the country's primary and secondary schools. In Lao PDR, Cambodia and China, education ministries are working with UNICEF to develop LSE-based curricula or to expand existing programmes in schools.

LSE programmes – especially those run by peer educators – are also effective in reaching children and young people who are not in school and thus, commonly assumed as vulnerable to risk behaviours and HIV. Throughout the region, peer-led LSE programmes have taken root and thrived. The Pacific region has already trained more than 370 peer educators under the Pacific Stars Life Skills programme, which receives support from the Secretariat of the Pacific Community, the UN Population Fund (UNFPA) and UNICEF. In Indonesia, NGOs are recruiting and training former drug users as peer educators. In Thailand, the government and UNICEF are expanding peer education to the country's southern conflict region. And in China, UNICEF has identified 10 key messages that all children and young people need to know about HIV and AIDS for a national youth campaign, underscoring UNICEF's strength in devising innovative communications strategies.

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.

Admittedly, interventions specifically targeted at young people vulnerable to risk behaviours are rare, largely because of the dearth of data noted earlier. 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 either injecting drugs or using 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. Plans are afoot in Viet Nam to conduct research on ethnic minority youth and their vulnerability to HIV – moves that will eventually strengthen the pool of data needed for sound, evidence-based programming.

Knowledge of HIV and life skills is crucial, but it 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 with 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 widespread 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, the Pacific Island Countries, 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.

Priorities

The campaign's priorities in primary prevention are many, given its immense role in regions with low HIV prevalence. As with paediatric care, 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 must display clear leadership in this issue.

Campaign partners will also work together to end stigma and discrimination against people living with HIV and populations at higher risk of infection. Discriminating against MSM, IDUs, sex workers and street children is self-defeating in confronting HIV. It is only by reaching out to these populations that there is any hope in 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.

Countries also need to take Viet Nam's lead and begin evaluating young people's vulnerabilities to risk behaviours and HIV. Ignoring young people's risk behaviours does not make them disappear; the fact is, more young people in the region are injecting drugs and having unprotected sex. Only when governments begin to gather such information can they start conceiving substantive, well-targeted interventions.

More attention also needs to be paid to child sexual abuse. All abuse heightens a child's vulnerability to HIV, but sexual abuse all the more so. Studies have indicated that children who suffer sexual abuse often later turn to alcohol or drugs to alleviate their traumatic memories.[37] Many also feel that they have less control over their sexuality or sex in general, making them highly vulnerable to unprotected sex.[38] 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.[39] 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 estimates of the population sizes of those at high risk and their fertility rates.

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.

Data is so far only available in Cambodia, Thailand and Viet Nam. 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.

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[37] AIDS Research Institute at the University of California, San Francisco, "How Does Childhood Sexual Abuse Affect HIV Prevention?" September 2003.
[38] Ibid.
[39] 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.

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, while 2,060 children in Fiji will orphaned due to AIDS.[40]

Meanwhile, social protection measures for orphans and vulnerable children (OVC) have not been thoroughly studied. In many cases, children affected by HIV are placed under the same umbrella as other 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, all orphans who have lost both parents each receive a monthly stipend of RMB 165 (US$20) while all children with a bed-ridden parent receive RMB 50 (US$6).[41]

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 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

Lobbying by UNICEF and its partners has motivated Cambodia, Lao PDR, Myanmar, Papua New Guinea and Viet Nam to include scale-up targets for the care of children and families affected by HIV in their NSPs. These targets range from 15 per cent coverage for children in need in Myanmar to 100 per cent in Viet Nam by 2010. Other countries such as China, Thailand and Malaysia have already incorporated protection and care 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 and supporting studies that estimate the number of children affected by HIV and assess their situations. Priority is going to countries with concentrated and generalized HIV epidemics. UNAIDS and UNICEF have provided technical and financial support to several modelling exercises, most recently in Indonesia (data not yet officially released). Another exercise is being explored for Thailand. Meanwhile, national assessments are planned for Indonesia, China, Malaysia and Lao PDR. 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 and Myanmar.

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 Viet Nam and Papua New Guinea. And in Lao PDR, a provision for children infected and affected by AIDS is being integrated in a draft law on children.

[40] ADB, Draft of "Socio-Economic Impact of HIV in the Pacific," January 2006.
[41] Based on conversation with UNICEF staff and Ministry of Civil Affairs officials in Beijing, China.

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, Malaysia, Indonesia, Lao PDR, 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 to the National Basketball Association to MTV are working to address discrimination 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 are they 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 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 system 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. They become easier targets for traffickers and abusers. When they grow up, unregistered children cannot find formal employment, cannot open a bank account or buy property, 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.

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.

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 VCT 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/AIDS (PLWHA) 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 PLWHA. In this region, partners so far include:

- All 14 governments in UNICEF programme countries in East Asia and 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);
- 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 Association of Southeast Asian Nations (ASEAN);
- The Clinton Foundation;
- International children's organizations, including Plan International, the Save the Children Alliance, and ECPAT International;
- Asia Pacific Network of People Living with HIV/AIDS (APN+)
- The private sector, such as 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.

Only a 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/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 scale-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 OVC and working with the Clinton Foundation 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 Mohammadiyah 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 star 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 LSE 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 UN Country Team, 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 distracts 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 overcome, 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.

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.[42]

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 gaps 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, US$6 billion in 2010 and US$6.43 billion in 2015.[43] In 2006, only US$1.4 billion was projected as being available[44] 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.[45]

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

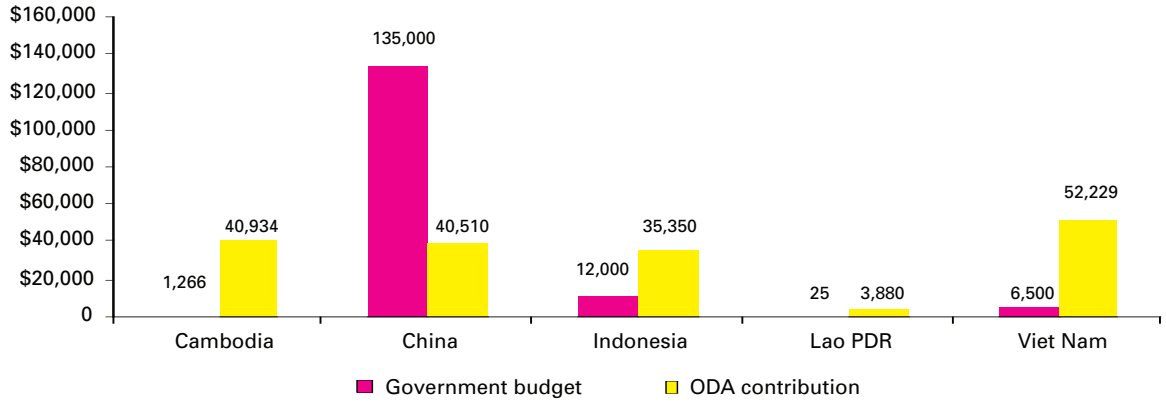
	2005 (US$ billion)		2010 (US$ billion)		2015 (US$ billion)	
PMTCT	0.03	1%	0.09	2%	0.1	2%
Primary Prevention	2.15	80%	4.78	81%	5.05	79%
Paediatric Treatment	0.03	1%	0.12	2%	0.31	5%
Protection of OVC	0.14	5%	0.14	2%	0.13	2%
Programme and HR	0.34	13%	0.77	13%	0.84	13%
Total	**2.69**		**5.9**		**6.43**	

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.

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 graph below shows that public expenditure in HIV still lags behind official development assistance (ODA). Only in China does public expenditure surpass donor contributions.

[42] Review of the Health Sector Response to HIV/AIDS in Thailand, Ministry of Public Health, Government of Thailand & WHO, August 2005
[43] 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
[44] '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.
[45] 'Funding Required to Confront the HIV/AIDS Epidemic in the Asia-Pacific Region', UNAIDS/ADB Study Series, December 2004

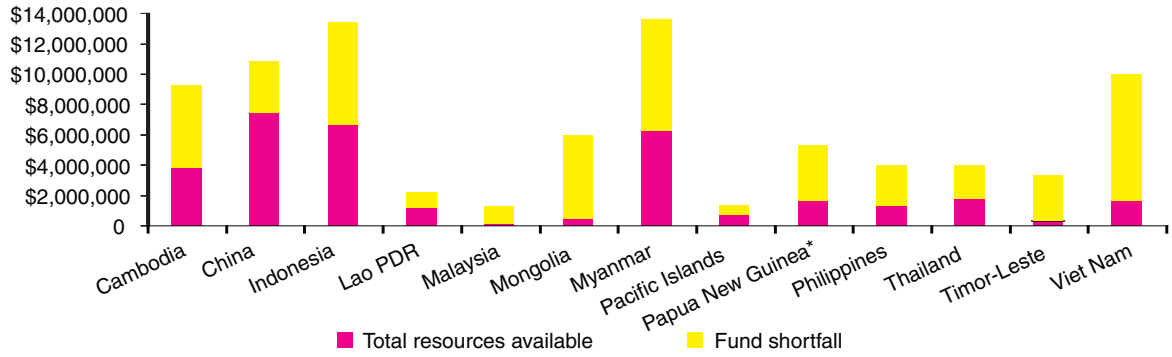
Graph 3: HIV/AIDS budget (Government and ODA) based on National Strategic Plan, FY2006–2007 (US$ thousands)



Given the current level of investment, it is even more urgent for the Global Campaign on Children and AIDS to leverage necessary resources in order to ensure that children are given the first call in increased public budgets and contributions. Improved funding underpins scale-up through advocacy, better data collection and analysis, situation assessment for evidence-informed interventions, capacity building and health-system reform to enhance service delivery. It will also provide much-needed contribution to community-based actions, peer education and improving mechanisms of support, social services and social protection for vulnerable groups as well as those affected by AIDS, especially children.

For East Asia and the Pacific, a total of US$85 million is estimated to be the minimum amount needed by UNICEF to scale up its programme with governments and civil society around the 'Four Ps' by 2010. The following chart shows that so far, UNICEF has raised around US$34 million. That leaves as much as US$51 million which still needs to be mobilized for the region to move towards the campaign targets (except in DPRK, which claims zero cases of HIV).

Graph 4: Minimum funds required to meet 'Four Ps' targets by 2010 (US$)



*The Pacific Island Countries are moving into a new programme cycle; their projected resource needs for the 'Four Ps' are tentatively up to 2007.

The projected resource needs largely follow the UNICEF country programme cycle, though they are not necessarily bound by the programme period. Despite these shortfalls, UNICEF Country Offices are ensuring that resources are going into creating and sustaining the systems, infrastructure and mechanisms crucial to helping children infected, affected or made vulnerable by HIV and their families. UNICEF also works closely with other UN agencies on the kind of long-lasting reform and government capacity building required for implementing the 'Three Ones'.[46] In fact, these efforts are not only critical to reversing HIV epidemics and their impact, but also to the realization of other Millennium Development Goals.

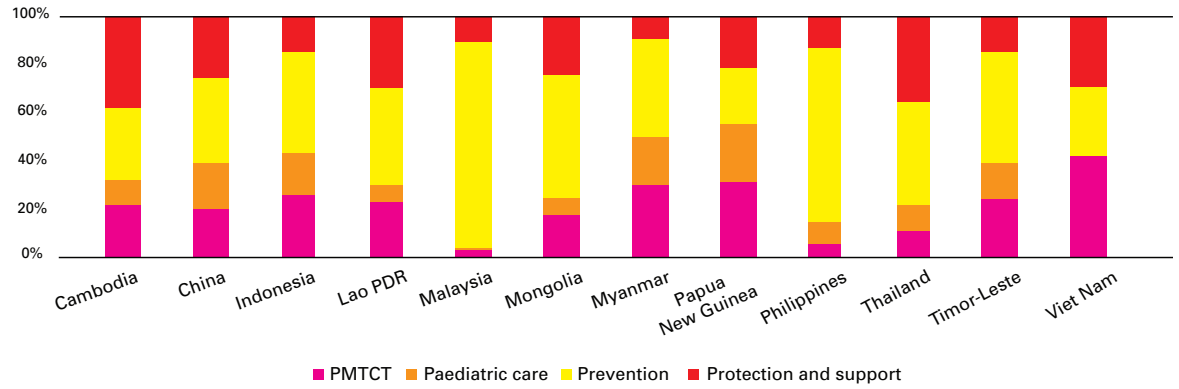
[46] 'The Three Ones', established in 2004, are one HIV/AIDS framework, one national AIDS authority and one country-level monitoring and evaluation system.

Additionally, the chart below (Graph 5) shows that the current UNICEF budget breakdown between the 'Four Ps' largely adheres to priorities that are in line with the epidemics in these countries. While a greater proportion of resources would go into primary prevention in very-low-prevalence countries such as the Philippines, Timor-Leste and Mongolia, countries with generalized epidemics such as Thailand, Cambodia and Papua New Guinea would devote more resources to protection and care.

The graph also shows that UNICEF budget allocations take into consideration the funding circumstances of each individual country. For instance, two countries with concentrated epidemics, Malaysia and Viet Nam, propose very different resource allocations in prevention. In Malaysia, more than 80 per cent of resources would go to prevention activities, while Viet Nam allots 30 per cent to prevention.

This divergence arises from these countries' different funding situations. 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.

Graph 5: Percentage minimum financial requirements Country Offices require to achieve the 'Four Ps'



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 recently as a key prevention strategy.

Confronting HIV entails steady and long-term investment, particularly if countries are to achieve universal access. And as part of this drive towards universal access, the Global Campaign on Children and AIDS is devoted not only to guaranteeing children a prominent position in prevention, treatment and care agendas, but also a place in government budgets.

Regional Support

While UNICEF Country Offices are working closely with governments and other partners in meeting the campaign targets, UNICEF EAPRO is concentrating its resources in building the campaign momentum and commitment throughout the region. The Regional Office has helped place children on HIV agendas by building alliances with organizations that are major players in the region's AIDS responses – including WHO, UNFPA, WFP, DFID, USAID/PEPFAR, Sida, FHI, APN+, ADB, the Save the Children Alliance and ASEAN, in close coordination with UNAIDS.

UNICEF EAPRO is also facilitating a series of regional meetings, which not only garner more attention to the campaign and its mission, but also allow officials, health workers, advocates and others involved in the issues to meet, share experiences and learn from each other. As mentioned earlier, the Regional Office co-sponsored the Hanoi Consultation in March 2006, and key issues highlighted in the Hanoi Call to Action have been considered in the draft ASEAN Summit Declaration on HIV and AIDS through the support of the UNAIDS Secretariat and UNICEF Country Offices. Leaders of all 10 ASEAN members – Cambodia, Brunei Darussalam, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam – are expected to endorse the declaration during the ASEAN Summit in Cebu, Philippines in December 2006.

At the same time, EAPRO has collaborated with WHO's Western Pacific Regional Office in Manila, UNFPA Country Support Teams in Bangkok and Suva, Fiji to develop a framework: Investing in Our Future: A Framework for Accelerating Action for the Sexual and Reproductive Health of Young People". It is a guide to policy-makers and programme managers in fulfilling their obligations to meeting the health needs and protecting the rights of young people, bringing about sustainable improvement in their sexual and reproductive health, in response to World Health Assembly resolution WHA55.19.

More meetings sponsored by UNICEF EAPRO are scheduled for the coming months, including a conference on integrating PMTCT with STI/HIV prevention, sexual and reproductive health, and maternal and newborn health services. The meeting, co-sponsored by WHO, UNFPA, UNICEF and UNAIDS, will bring together health officials from 22 countries to examine barriers and opportunities to intensify primary prevention among pregnant women and girls of reproductive age in low-prevalence regions. It will lead to a joint UN and government framework that aims to horizontally connect the largely vertical health system to enhance services for women and children.

Working in conjunction with UNAIDS, UNICEF EAPRO is also planning to set up a Regional Partnership Forum on Children and AIDS, which would help shape advocacy, facilitate technical discussions and sharing of research findings, and promote evidence-informed actions

Along with UNAIDS, WHO and ADB, UNICEF EAPRO has established a Regional Data Hub to improve data analysis on children and young people. The Hub, housed at Mahidol University's Institute of Population and Social Research in collaboration with Chulalongkorn University in Bangkok, will establish a web-based databank with a strategic information service. Two teams of advisers, comprising international and national epidemiologists, will guide analytical approaches and findings, and encourage governments to invest in timely data gathering for tracking HIV, programming responses and gaps, especially for children and young people.

UNICEF EAPRO is also developing manuals and other technical and strategic publications to help guide Country Offices and partners. It is collaborating with WHO to update and revise a Regional Training Manual on Voluntary Counselling and Testing. The updated version will contain new policy guidelines on counselling and testing, testing and counselling of children, including those who may be sexually abused, and community outreach. Along with the manual, UNICEF EAPRO is also jointly mobilizing resources with the WHO South-East Asia Regional Office to fund regional training and establish counselling and testing 'centres of excellence' that can serve as models and training sites in the region.

Following a series of discussions with the UNICEF Regional Management Team and a consultation in Ukraine in July 2006, it prepared a Regional Strategy Paper to identify and guide programming for MARAs and EVAs. The Regional Office also revised a regional training manual for Buddhist monks and nuns to scale up HIV prevention and AIDS care. UNICEF EAPRO has also supported the documentation of UNICEF Cambodia Country Office's role in national VCT scale-up efforts.

In addition, a series of new advocacy documents focusing on the Global Campaign have been issued. They include:

- "East Asia: Children and HIV/AIDS, A Call to Action", UNICEF and UNAIDS, October 2005;
- "Pacific: Children and HIV/AIDS, A Call to Action", UNICEF and UNAIDS, February 2006;
- "Scaling Up the Response for Children: East Asia and Pacific Regional Consultation on Children and HIV/AIDS in Hanoi, Viet Nam 22–24 March 2006". A background report prepared jointly by UNICEF, USAID/OGAC/PEPFAR, FHI Asia-Pacific, WHO, Save the Children and the Viet Nam Commission for Population, Family and Children (VCPFC); and
- Four fact sheets, "Situation Review: Adolescents & the HIV Epidemic in the Pacific", "Situation Review: Women, Children & the HIV Epidemic in the Pacific", and a similar set on Papua New Guinea, for the Pan-Pacific Conference on AIDS, October 2005.

UNICEF EAPRO's scope of operation, however, is not confined to regional activities. It is also supporting Country Offices' responses by conducting high-level political advocacy, helping mobilize resources and providing technical assistance on knowledge management, data analysis, research, monitoring and evaluation.

For instance, UNICEF EAPRO is collaborating with Country Offices to organize a series of DFID-funded studies. These include national assessments of children affected by HIV in China, Indonesia and Malaysia for 2006. It also provided technical assistance on the design of country assessments in Lao PDR and Cambodia, and is planning to evaluate its Regional Religious Leadership Initiative to examine the effectiveness of faith-based groups' responses.

The Regional Office has also been raising new funds for Country Offices. For instance, three countries – Cambodia, Lao PDR and Viet Nam – have received funding from the UK National Committee (Parthenon Trust) to engage Buddhist leaders in scaling up care and protection of children affected by HIV. Funding proposals for similar programmes in other countries are underway. The Regional Office also prepared a regional funding proposal to Sida to scale up primary prevention targeting adolescents and young people in Cambodia, China, Lao PDR, Myanmar, Viet Nam, Thailand and Timor-Leste. Additionally, a regional funding proposal is being prepared to scale up paediatric AIDS treatment and care to 100 per cent coverage in priority countries.

Part 2

Country Fact Sheets

CAMBODIA

TOTAL POPULATION (MIILLIONS) 2006[47]	ADULT (15–49) RATE (%)[48]	ESTIMATED NUMBER OF ADULTS AND CHILDREN LIVING WITH HIV, 2005[49]			ESTIMATED NO. OF CHILDREN AFFECTED BY HIV[51]	ESTIMATED NO. OF ORPHANS*/ DUE TO ALL CAUSES[52]	HIV PREVALENCE WOMEN IN ANC CLINICS (%)[53]	ESTIMATED NO. OF DEATHS IN ADULTS AND CHILDREN, 2005[54]
		Adults and children	Women (15+)	Children (0–14)[50]				
14.4	1.6	130,000	59,000	12,000	60,000	670,000	2.1	16,000

**Estimated number of children (0–17 years) as of end 2003, who have lost one or both parents.*

BACKGROUND

Cambodia remains one of the success stories in the world in reversing the spread of HIV. National prevalence has decreased to 1.6 per cent 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 CoC model; 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.

NATIONAL STRATEGIC PLAN AND UNIVERSAL ACCESS

Cambodia's most recent NSP covers the period 2006–2010. The NSP reflects Global Campaign targets along the 'Four Ps'; however, NSP targets are lower.

Time-frame of current NSP: 2006 to 2010

	Yes	No
Has the NSP been revised in view of Universal Access Initiative?		x
Did UNICEF contribute to revision of the NSP?		
Are the Global Campaign 'Four Ps' reflected in the NSP?		
• Primary prevention	✓	
• PMTCT	✓	
• Paediatric treatment		
• Protection and support	✓	
Are the global campaign 'Four Ps' incorporated in the UNICEF country programme of cooperation with government?	✓	

[47] UNFPA. 2006. State of world population 2006: A passage to hope. Women and International Migration.
[48] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.
[49] Ibid.
[50] National Centre for HIV/AIDS, Dermatology and STDs & Clinton Foundation, 2005.
[51] Alkenbrack, S., Chettra, T., Forsythe, S. The social and economic impact of HIV/AIDS on families with adolescents and children in Cambodia, December 2004, p.3.
[52] UNICEF. 2006. The State of the World's Children. Excluded and Invisible. UNICE. 2006.
[53] HSS, 2003.
[54] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.

GLOBAL CAMPAIGN 'FOUR Ps'

PMTCT

Major Progress

- Scaling up and integrating PMTCT Plus services into existing MCH programme nationwide is underway.
- Operationalizing 11 new VCCT centres that will contribute to the scaling up of PMTCT services in eight provinces.
- Revising National PMTCT Guidelines and Policy.
- Expanding PMTCT Plus services in 17 districts in eight provinces in 2006.

Scale-up Plans

- Expanding PMTCT services nationwide to increase the accessibility among pregnant mothers who come for ANC visit at health facilities.
- Introduce opt-out approach to testing in phases.
- Provision of OI/ARV services for infected mothers and their partners.
- Strengthening follow-up with mothers including infant feeding practice.

Paediatric treatment

Major Progress

- Supported a group of physicians and paediatricians to be trained in Bangkok on practical management of HIV paediatric care
- Developing national protocol on HIV paediatric care.
- Developing HIV paediatric care clinical management training curriculum.
- Integrating HIV paediatric care into CoC framework.
- Introducing OI/ART services for HIV-infected and exposed children in seven hospitals (one national paediatric hospital and six provincial hospitals).
- Training physicians and paediatricians on HIV paediatric care clinical management.
- About 1,500 children receiving ART.

Scale-up Plans

- Scaling up HIV paediatric care services in all existing (32) adult CoC health facilities.
- Promoting HIV paediatric care services through PMTCT, VCT, home-based care, Buddhist Leadership Initiative, PLHIV self help groups and CoC programmes.
- Strengthening nutritional support to malnourished children including children infected by HIV who have been admitted into paediatric wards.

Primary prevention

Major Progress

- Scaled up the "Health for Future Work" programme to four additional garment factories to a total of eight factories, supported by UNICEF. As of end of May 2006, 183 factory workers trained as peer educators, 2,043 workers reached by peer supporters and around 22,750 workers exposed to HIV prevention and care information and/or life-skills. The programme also increases factory workers' access to reproductive health services.
- Reached 1,811 young people from January to May 2006 through peer supporters in community youth programme run by the Ministry of Rural Development.
- As of end of May 2006, almost 25,000 young people accessed phone counselling on HIV-related issues through the hotline INTHANOU (Rainbow).
- From January to July 2006, 409 teacher trainers and 2,230 first-year pre-service teachers trained on HIV by Ministry of Education, Youth and Sports with the support of the NGO World Education.
- Provided support to KORSANG, a local NGO, providing care and support to 1,000 young people using amphetamines or injecting drugs in Phnom Penh started 1st August 2006.

Scale-up Plans

- Developing a five-year strategic plan for preventing HIV among young people.
- 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.
- Supporting the Ministry of Education, Youth and Sports in the development of 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.
- Reinforcing and scaling up youth activities within the Buddhist Leadership Initiative programme through Ministry of Cults and Religious Affairs and the NGO sector.
- Identifying and reaching the MARAs through civil society.

Protection and care

Major Progress

- Officially established multi-sectoral National OVC Task Force in 2006.
- Adopted policy on alternative care in 2006.
- In 2005, an estimated 57,531 OVC (8 per cent of all OVC) were receiving care and support.

Scale-up Plans

- Conduct a national situation analysis.
- Develop an NSP, and five-year multi-sectoral action plan for protecting, caring and supporting OVC.

UNICEF/2006/Udom Kong

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

PROVINCES/CITIES WITH SCALE-UP PLAN FOR 'FOUR Ps'

Provinces with UNICEF HIV programme of support	Provinces/cities with scale-up plans for 'Four Ps'
Battambang	Battambang
Kampong Speu	Kampong Speu
Kampong Chhnang	Kampong Chhnang
Kampong Thom	Kampong Thom
Phnom Penh	Phnom Penh
Pursat	Pursat
Svay Rieng	Svay Rieng
Stung Treng	Stung Treng
Kampong Cham	Kampong Cham
Kosh Kong	Kosh Kong
Prey Veng	Prey Veng
Sihanuk Ville	Sihanuk Ville
Takeo	Takeo
Kandal	Kandal
	Oudor Meanchey
	Oddthor Meachey
	Siem Reap

Total number of provinces in Cambodia: 24 provinces and 4 municipalities

TARGETS

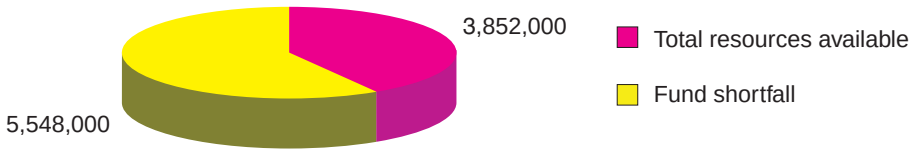
Global Campaign Target	National Target	UNICEF-Collaborative Programme with Government Target
Prevent mother-to-child transmission of HIV		
By 2010, offer appropriate services to 80% of women in need.	132 VCT centres by 2010. PMTCT service in 50 health facilities by 2010.	By 2010, at least 35% of all HIV-positive pregnant women receive PMTCT or receive highly active ART if they clinically qualify, and a minimum of 80% of those who have started with PMTCT services reach the stage of receiving ARV.
Paediatric treatment		
By 2010, provide either ART treatment or cotrimoxazole, or both to 80% of children in need.	70% of PLWHA receive comprehensive care and support in 2010. 70% of AIDS patients on ART in 2010. 100% of operational Districts with CoC services.	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.
Prevent infection among adolescents and young people		
By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally.	60% of factory workers exposed to outreach interventions in 2010. 90% of young people (14–25) report knowledge of HIV transmission and prevention in 2010. 70% of schools with trained teachers who teach life-skills education in 2010. 60% of young people (14–25) report condom use with last non-regular sex-partner.	By 2010, at least 95% of both male and female out-of-school children, adolescents aged 10 to 18 years, and 80% of pre-marital couples in 12 provinces, and 80 per cent of all garment factories workers have comprehensive knowledge about HIV. By 2010, at least 30% of both male and female out-of-school children and adolescent aged 10 to 18 years in 12 provinces receive at least one life skills training.
Protect and support children affected by HIV and AIDS		
By 2010, reach 80% of children most in need.	National assessment of OVC undertaken by 2010 70% of OVC with access to shelter or alternative care in 2010. 70% of households with chronically ill receive free basic external support in 2010.	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.

FUNDING SITUATION AND REQUIREMENTS

Cambodia	Minimum financial resources required by the Country Office to achieve the 'Four Ps' targets between by 2010 (in US$)
Prevent mother-to-child transmission of HIV	2,070,000
Provide paediatric treatment	1,000,000
Prevent infection among adolescents and young people	2,730,000
Protect and support children affected by HIV and AIDS	3,600,000
Total	9,400,000

a) Total resources available (2006 fund available + total RR 2007–2010)	3,852,000
b) Combined RR & OR ceilings 2006–2010	9,620,270
c) Fund difference (a-b)	-5,768,270
d) Minimum fund required to meet 'Four Ps' targets	9,400,000
e) Fund shortfall (a-d)	-5,548,000

Cambodia: Minimum funds required to meet 'Four Ps' targets by 2010: US$9,400,000



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CHINA

unicef 1946 - 2006

TOTAL POPULATION (MILLIONS) 2006[55]	ADULT (15–49) RATE (%)[56]	ESTIMATED NUMBER OF ADULTS AND CHILDREN LIVING WITH HIV, 2005[57]			ESTIMATED NO. OF CHILDREN AFFECTED BY HIV[58]	ESTIMATED NO. OF ORPHANS*/ DUE TO ALL CAUSES[59]	HIV PREVALENCE WOMEN IN ANC CLINICS (%)[60]	ESTIMATED NO. OF DEATHS IN ADULTS AND CHILDREN, 2005[61]
		Adults and children	Women (15+)	Children (0–14)				
1,323.6	0.1	650,000	180,000	-	370,000–570,000 including 140,000 orphans	20,600,000	<0.1%	31,000

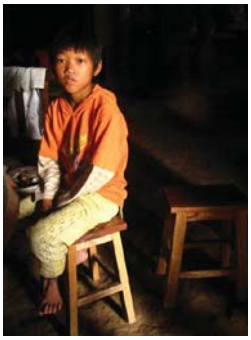
**Estimated number of children (0–17 years) as of end 2003, who have lost one or both parents.*

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.



UNICEF/2006/Ken Legins

One of 7 children living with his grandmother, who lost her sons to AIDS in Yunnan, China.

UNICEF/2006/D.Liu

"I want to be with my mom and dad forever," said Hong, a 10-year-old girl living with sick parents in Shanxi province, China, when asked about her greatest wish in life.

[55] UNFPA. 2006. State of world population 2006: A passage to hope. Women and International Migration.
[56] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.
[57] Ibid.
[58] Zhang Fujie. Presentation "China Prevention, Treatment and Care for Children". East Asia Pacific Consultation on Children and HIV/AIDS, Hanoi, March 2006.
[59] UNICEF, The State of the World's Children 2006.
[60] UNICEF HQ Global Campaign baseline data validated by Country Offices, April 2006.
[61] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.

NATIONAL STRATEGIC PLAN AND UNIVERSAL ACCESS

China has a national action plan that covers the period of 2006–2010. The plan was revised in view of the Universal Access initiative, and UNICEF China Country Office was actively involved in that process. Most of the Global Campaign targets are covered under the plan.

Time-frame of current NSP: 2006 to 2010

	Yes	No
Has the NSP been revised in view of Universal Access Initiative?	✓	
Did UNICEF contribute to revision of the NSP?	✓	
Are the Global Campaign 'Four Ps' reflected in the NSP?		
• Primary prevention	✓	
• PMTCT	✓	
• Paediatric treatment		
• Protection and support	✓	
Are the global campaign 'Four Ps' incorporated in the UNICEF country programme of cooperation with government?	✓*	

*Yes, especially HIV prevention and treatment.

GLOBAL CAMPAIGN 'FOUR Ps'

PMTCT

Major Progress

- More than 90 per cent of pregnant women in one project county have access to PMTCT services.

Scale-up Plans

- Scale up of PMTCT services to eight counties.
- Develop and demonstrate national guidelines and policies on integration of PMTCT, paediatric AIDS treatment, and MCH services by 2007.
- Support development of ARV, diagnostics, and OI drugs supply chain management protocols and procedures; draft protocols by 2006, implement by 2007 in seven provinces.

Paediatric treatment

Major Progress

- Developed national guidelines for the treatment of children living with HIV.

Scale-up Plans

- Conduct situation analysis on the needs of mothers and children living with HIV bi-annually.
- Implement institutional mechanisms for mothers and children living with HIV on healthy household practices in 100 China CARES counties by 2007; 250 by 2009.
- Implement guidelines for family- and community-based care, covering nutrition, psychosocial support, ARV/OI adherence, and community and family education and implement in 100 China CARES counties by 2007; 250 by 2009.
- Develop 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.

Primary prevention

Major Progress

- Developed life-skills training guideline to children and youth in and out-of-school

Scale-up Plans

- Develop provincial communication strategies and guidelines to 1) decrease stigma and discrimination; and 2) increase knowledge among 10- to 18-year-olds in three provinces by 2007 and nine by 2009 to levels of 20 per cent and 95 per cent, respectively.
- Develop and use knowledge acquisition and information dissemination channels (such as Internet, publications, newsletter, SMS).
- Demonstrate life-skills curricula in locations with high-risk populations for scale up in three provinces by 2007, nine by 2008.
- Develop guidelines for children's participation in the design of vulnerability reduction programmes.
- Increase knowledge of campaign key messages and action among the general population each year; increase interpersonal communication on HIV.

Protection and care

Major Progress

- Developed national policy for the care of children orphaned by AIDS, over 90 per cent of children orphaned by AIDS received support and care in five UNICEF project counties.

Scale-up Plans

- Implement 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.
- Implement guidelines for family- and community-based care in 100 China CARES counties by 2007; 250 by 2009.
- Develop 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 knowledge of "children and HIV" legislation and guidelines at Central Party school to cover 95 per cent of officials by 2010.

PROVINCES/CITIES WITH SCALE-UP PLAN FOR 'FOUR Ps'

Provinces with UNICEF HIV programme of support	Provinces/cities with scale-up plans for 'Four Ps'
Yunnan	Yunnan
Henan	Henan
Xinjiang	Xinjiang
Guangxi	Guangxi
Chongqing	
Jiangxi	
Ningxia	
Liaoning	

Total number of provinces in China: 34 (including Taiwan, Macau and Hong Kong).
Total number of counties: 2,862

TARGETS

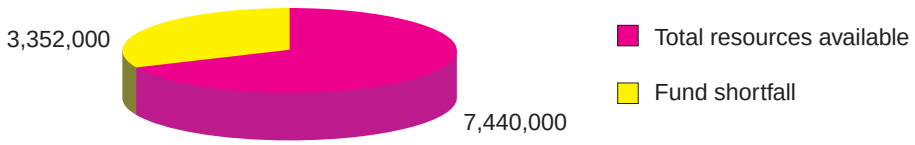
Global Campaign Target	National Target	UNICEF-Collaborative Programme with Government Target
Prevent mother-to-child transmission of HIV		
By 2010, offer appropriate services to 80% of women in need.	By 2010, over 90% of HIV-positive pregnant women should accept and receive PMTCT services. By 2010, 90% of the priority countries should conduct HIV test for pregnant women.	90% in project area by 2010.
Paediatric treatment		
By 2010, provide either ARV treatment of cotrimoxazole, or both to 80% of children in need.	500 children satisfying 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).	90% in project area by 2010.
Prevent infection among adolescents and young people		
By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally.	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.	90% of adolescents have correct knowledge and express non-stigmatizing attitudes toward PLWHA in project provinces by 2010.
Protect and support children affected by HIV and AIDS		
By 2010, reach 80% of children most in need.	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.	90% in project area by 2010

FUNDING SITUATION AND REQUIREMENTS

China	Minimum financial resources required by the Country Office to achieve the 'Four Ps' targets between by 2010 (in US$)
Prevent mother-to-child transmission of HIV	2,168,000
Provide paediatric treatment	2,068,000
Prevent infection among adolescents and young people	3,788,000
Protect and support children affected by HIV and AIDS	2,768,000
Total	**10,792,000**

a) Total resources available (2006 fund available + total RR 2007–2010)	7,440,000
b) Combined RR & OR ceilings 2006–2010	12,580,270
c) Fund difference (a-b)	-5,139,947
d) Minimum fund required to meet 'Four Ps' targets	10,792,000
e) Fund shortfall (a-d)	-3,352,000

China: Minimum funds required to meet 'Four Ps' targets by 2010: US$10,792,000



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DPR KOREA

TOTAL POPULATION (MLLIONS) 2006[62]	ADULT (15–49) RATE (%)	ESTIMATED NUMBER OF ADULTS AND CHILDREN LIVING WITH HIV, 2005			ESTIMATED NO. OF CHILDREN AFFECTED BY HIV	ESTIMATED NO. OF ORPHANS*/ DUE TO ALL CAUSES[63]	HIV PREVALENCE WOMEN IN ANC CLINICS (%)	ESTIMATED NO. OF DEATHS IN ADULTS AND CHILDREN, 2005
		Adults and children	Women (15+)	Children (0–14)				
22.6	–	–	–	–	–	710,000	–	–

**Estimated number of children (0–17 years) as of end 2003, who have lost one or both parents.*

BACKGROUND

Officially, there are no cases of HIV in DPRK 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 DPRK. 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 DPRK, an HIV epidemic would have a devastating effect on the country and children in particular, given the large numbers of orphans.

NATIONAL STRATEGIC PLAN AND UNIVERSAL ACCESS

The Government of DPRK has prepared a 2003–2007 NSP. This plan does not reflect the Universal Access or the Global Campaign targets.

Time-frame of current NSP: 2003 to 2007

	Yes	No
Has the NSP been revised in view of Universal Access Initiative?		x
Did UNICEF contribute to revision of the NSP?		
Are the Global Campaign 'Four Ps' reflected in the NSP?		x
Are the global campaign 'Four Ps' incorporated in the UNICEF country programme of cooperation with government?		x

GLOBAL CAMPAIGN 'FOUR Ps'

The Global Campaign has not been launched in DPRK and no major activities related to the Global Campaign 'Four Ps' are planned. There are general population information, education and communications (IEC) activities implemented with state and UN Country Team funds. Potential pilot activities such as VCT and intensive IEC interventions in the provinces bordering China are currently under discussion among the government and partners.

[62] UNFPA. 2006. State of world population 2006: A passage to hope. Women and International Migration.
[63] UNICEF, The State of the World's Children 2006.

a) Total resources available (2004 fund available + total RR 2005–2006)	US$12,000
b) Combined RR & OR through Planning & Advocacy programme budget 2004–2006	US$27,000
Fund difference	nil

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INDONESIA

TOTAL POPULATION (MILLIONS) 2006[64]	ADULT (15–49) RATE (%)[65]	ESTIMATED NUMBER OF ADULTS AND CHILDREN LIVING WITH HIV, 2005[66]			ESTIMATED NO. OF CHILDREN AFFECTED BY HIV	ESTIMATED NO. OF ORPHANS*/ DUE TO ALL CAUSES[67]	HIV PREVALENCE WOMEN IN ANC CLINICS (%)[68]	ESTIMATED NO. OF DEATHS IN ADULTS AND CHILDREN, 2005[69]
		Adults and children	Women (15+)	Children (0–14)				
225.5	0.1	170,000	29,000	–	–	6,100,000	<0.0228%	5,500

**Estimated number of children (0–17 years) as of end 2003, who have lost one or both parents.*

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, injection 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.

NATIONAL STRATEGIC PLAN AND UNIVERSAL ACCESS

The Government of Indonesia did revise its current NSP (2003–2007) in light of the Universal Access Initiative, with support from UNICEF and other UN agencies.

Time-frame of current NSP: 2003 to 2007

	Yes	No
Has the NSP been revised in view of Universal Access Initiative?	✓	
Did UNICEF contribute to revision of the NSP?	✓	
If the plan is yet to be revised, will Country Office advocate for inclusion of the Global Campaign targets in the new plan?	✓	
Are the Global Campaign 'Four Ps' reflected in the NSP?		
• Primary prevention	✓	
• PMTCT	✓	
• Paediatric treatment		x
• Protection and support	✓	
Are the global campaign 'Four Ps' incorporated in the UNICEF country programme of cooperation with government?	✓ (especially prevention)	

[64] UNFPA. 2006. State of world population 2006: A passage to hope. Women and International Migration.
[65] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.
[66] Ibid.
[67] UNICEF, The State of the World's Children 2006.
[68] UNICEF HQ Global Campaign baseline data validated by Country Offices, April 2006.
[69] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.

GLOBAL CAMPAIGN 'FOUR Ps'

PMTCT

Major Progress

- Evaluated community-based PMTCT programme by NGO "Yayasan Pelita Ilmu".
- Conducted rapid assessment of Ministry of Health-run PMTCT in six provinces.
- Supported the Ministry of Health in development of national policy on PMTCT.
- Developed and submitted GFATM proposal for Round 6.
- Developed national guidelines for PMTCT.
- Held training workshops for future PMTCT trainers in 11 provinces.

Scale-up Plans

- Implement PMTCT in 25 public hospitals.
- Train health service providers in 11 provinces, reaching target of 330 trained personnel.

Paediatric treatment

Major Progress

- Estimated number of children infected with HIV, with the Ministry of Health.
- Indonesian Paediatrics Association proposed scale-up of paediatric treatment.
- Advocated with Ministry of Health to make ARVs available for children.
- Conducting national assessment of affected children, with Ministry of Health.
- Conducted national study on orphans and other vulnerable children.
- Developed paediatric AIDS treatment guidelines with WHO and the Ministry of Health.
- Supported government procurement of ARVs.

Scale-up Plans

- Strengthen linkages with other programmes, such as health, nutrition, infant feeding and early childhood development.

Primary prevention

Major Progress

- Provided LSE training to teachers, and in-school and out-of-school peer educators. Provided toolkits with handbooks and flipcharts.
- Advocated workshops, study tours and training workshops in junior high schools in Papua and Islamic schools in East Java.
- Provided technical assistance for LSE, peer education, student club training and module development.
- Conducted rapid assessment on LSE and PE in Papua. LSE programme has been supported by UNICEF Australia and the Dutch government and both donors expressed their interest in expanding this programme. This will assess if the ongoing programme is sufficiently effective in five districts to warrant expansion.
- Supported peer education training and peer-led outreach for out of school youth in Papua and East Java.
- Supported prevention and care in emergencies and local political crises
- Built capacity in monitoring and evaluation.
- Produced 30-minute documentary on LSE and peer education in Bahasa Indonesia and English. To be used as a training and advocacy tool.
- Sensitized and developed capacity of Islamic leadership initiatives through workshops.

Scale-up Plans

- Hold workshops to re-orient counterparts on special needs of MARAs and EVAs, particularly IDUs.
- Work with the Youth Theme Group chaired by UNFPA to promote prevention among children and young people.

Protection and care

Major Progress

- Implemented national assessment and analysis.
- Strengthened support to Greater Involvement of People Living with HIV/AIDS project.
- Supported the development guidelines for HIV monitoring and evaluation.
- Supported national and provincial advocacy workshops for health officers, education officials and NGOs. Later this year we plan to conduct Global Campaign's advocacy workshops in Aceh, Jakarta, East Java, Nusa Tenggara Timur, and Papua provinces.

Scale-up Plans

- Implement assessment results and recommendations.
- Strengthen collaboration with national and international NGOs, Save the Children, faith-based organizations, ILO, UNICEF Child Protection section, etc.

UNICEF/Indoneisa/Budd/2004

Peer educators from the Centre for Indonesian Medical Students in Jakarta spent four days training students from Cendrawasih University in Papua's capital, Jayapura, in life skills.

PROVINCES/CITIES WITH SCALE-UP PLAN FOR 'FOUR Ps'

Provinces with UNICEF HIV programme of support	Provinces/cities with scale-up plans for 'Four Ps'
Banten	Banten
Jakarta	Jakarta
West Java	West Java
Central Java	Central Java
East Java	East Java
Bali	Bali
South Sulawesi	South Sulawesi
West Sulawesi	West Sulawesi
Papua	Papua
Aceh	Aceh
NTT	NTT

Total number of provinces in Indonesia: 33 provinces

TARGETS

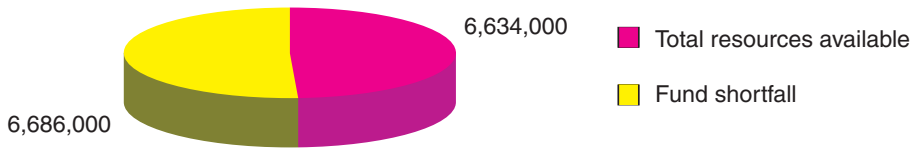
Global Campaign Target	National Target	UNICEF-Collaborative Programme with Government Target
Prevent mother-to-child transmission of HIV		
By 2010, offer appropriate services to 80% of women in need.	N/A	By 2008, at least 80% pregnant women accessing ANC have information, counselling, and other HIV prevention 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 service.
Paediatric treatment		
By 2010, provide either ART treatment of cotrimoxazole, or both to 80% of children in need.	Subject to national estimation underway.	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 ART.
Prevent infection among adolescents and young people		
By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally.	N/A	By 2008, at least 30% of MARAs and EVAs ages 13–18 and at-risk young people ages 18–24 are equipped with skills and information to prevent HIV and drug use.
Protect and support children affected by HIV and AIDS		
By 2010, reach 80% of children most in need.	N/A	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.

FUNDING SITUATION AND REQUIREMENTS

Indonesia	Minimum financial resources required by the Country Office to achieve the 'Four Ps' targets between by 2010 (in US$)
Prevent mother-to-child transmission of HIV	3,400,000
Provide paediatric treatment	2,500,000
Prevent infection among adolescents and young people	5,500,000
Protect and support children affected by HIV and AIDS	2,100,000
Total	**13,500,000**

a) Total resources available (2006 fund available + total RR 2007–2010)	6,634,000
b) Combined RR & OR ceilings 2006–2010	31,073,495
c) Fund difference (a-b)	-24,439,495
d) Minimum fund required to meet 'Four Ps' targets	13,500,000
e) Fund shortfall (a-d)	-6,866,000

Indonesia: Minimum funds required to meet 'Four Ps' targets by 2010: US$13,500,000



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LAO PDR

TOTAL POPULATION (MILLIONS) 2006[70]	ADULT (15–49) RATE (%)[71]	ESTIMATED NUMBER OF ADULTS AND CHILDREN LIVING WITH HIV, 2005[72]			ESTIMATED NO. OF CHILDREN AFFECTED BY HIV[73]	ESTIMATED NO. OF ORPHANS*/ DUE TO ALL CAUSES[74]	HIV PREVALENCE WOMEN IN ANC CLINICS (%)[75]	ESTIMATED NO. OF DEATHS IN ADULTS AND CHILDREN, 2005[76]
		Adults and children	Women (15+)	Children (0–14)				
6.1	0.1	3,700	<1,000	–	750	290,000	<0.1%	<100

**Estimated number of children (0–17 years) as of end 2003, who have lost one or both parents.*

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 HIV reported cases have been reported between young adults aged 20 to 39. Furthermore, Lao PDR has reported geographic pockets where injecting drug use is prevalent among sex workers.

NATIONAL STRATEGIC PLAN AND UNIVERSAL ACCESS

The Government of Lao PDR has prepared and determined the costs of a comprehensive NSP for 2006–2010. UNICEF Lao Country Office participated in the development of the plan and ensured that the Global Campaign targets were included. UNICEF will continue to assist the government through identifying funding and providing technical assistance to ensure implementation of the planned activities.

Time-frame of current NSP: 2006 to 2010

	Yes	No
Has the NSP been revised in view of Universal Access Initiative?		x
Did UNICEF contribute to revision of the NSP?		
Are the Global Campaign 'Four Ps' reflected in the NSP?		
• Primary prevention	✓	
• PMTCT	✓	
• Paediatric treatment		x
• Protection and support	✓	
Are the global campaign 'Four Ps' incorporated in the UNICEF country programme of cooperation with government?	✓	

[70] UNFPA. 2006. State of world population 2006: A passage to hope. Women and International Migration.
[71] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.
[72] Ibid.
[73] Ministry of Labor and Social Welfare, National Commitee for the Control of AIDS Bureau, UNICEF. Orphans, Children affected by HIV/AIDS and other vulnerable children in Lao PDR. 2003.
[74] UNICEF, The State of the World's Children 2006.
[75] UNICEF HQ Global Campaign baseline data validated by Country Offices, April 2006.
[76] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.

GLOBAL CAMPAIGN 'FOUR Ps'

PMTCT

Major Progress

- Trained eight MCH outreach workers in basic HIV and PMCT.
- Integrated HIV/PMCT into MCH in six provinces in 2006.
- Updated and preparing to publish PMCT guidelines.
- Running IEC campaign on sex and pregnancy for use in ANC clinics.
- Conducted training in PMCT training for ANC in four hospitals in the capital, Vientiane.
- Conducted awareness-raising campaign that reached 2,430 young women in 53 factories.

Scale-up Plans

- Add more provinces to MCH outreach in 2007–2011.
- Ensure ANC in hospitals in the capital, including HIV and PMCT information and referral.

Paediatric treatment

Major Progress

- Participated in development of proposal to GFATM, which paediatric treatment plan.
- Holding discussions with Medicins San Frontieres and WHO on organizing training for clinical care providers on paediatric AIDS treatment.

Scale-up Plans

- If GFATM grant not successful, UNICEF will seek funds to provide ARV and OI drugs for HIV-positive children and adults.

Primary prevention

Major Progress

- Extended LSE programme in schools to two provinces, reaching 1,000 secondary school students and 400 student teachers.
- Sent proposal to AusAID through UNICEF Australia to extend LSE programme to an additional five provinces.
- Revised three sessions on community- and workplace-based HIV and LSE programme, reaching vulnerable youth in 103 villages and 55 factories.
- Trained monks in life skills.

Scale-up Plans

- Seek further funds to scale up to 100 per cent coverage of high schools in 11 priority provinces.
- Lobby for inclusion of LSE in national core curriculum.

Protection and care

Major Progress

- Provided school supplies to 80 HIV-affected children access to microcredit to five single parent families in three provinces.
- Lead development of GFATM proposal for home-based care services in seven provinces.
- Developed model for life skills activities for HIV-infected and affected children.
- Facilitated the participation of 80 affected children in three provinces in life skills and leadership camps.
- Lobbied for provisions for children infected and affected by HIV in draft Children's Law.
- Lobbied for inclusion of Hanoi Call to Action in ASEAN declaration.
- Lead development of GFATM proposal for PLWHIV network of self-help groups.

Scale-up Plans

- Provide 150 HIV-affected children with school supplies and access to microcredit to 80 single parent families in three provinces in 2006.
- Apply life skills model to activities for 80 affected children in three provinces.
- Ten temples in the capital to arrange activities for children affected by HIV and AIDS, and vulnerable children.

UNICEF/Lao/Mr. Hideki Fujimori

An affected girl and her mother attend a monthly meeting of a UNICEF-supported self-help group for people living with AIDS in Pakse, Lao PDR.

PROVINCES/CITIES WITH SCALE-UP PLAN FOR 'FOUR Ps'

Provinces with UNICEF HIV programme of support	Provinces/cities with scale-up plans for 'Four Ps'
Vientiane Province	Vientiane Province
Vientiane Capital	Vientiane Capital
Saravane	Saravane
Savannakhet	Savannakhet
Champassak	Champassak
Luangnamtha	Luangnamtha
Oudomxay	Oudomxay
Khammouane	
Attapeu	
Luang Prabang	
Xieng Kuang	
Houapanh	

Total number of provinces in Lao PDR: 16 provinces, 1 municipality, 1 special zone

TARGETS

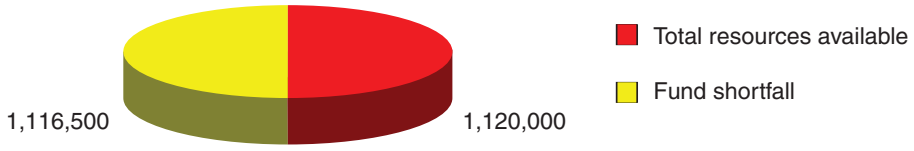
Global Campaign Target	National Target	UNICEF-Collaborative Programme with Government Target
Prevent mother-to-child transmission of HIV		
By 2010, offer appropriate services to 80% of women in need.	HIV fully integrated into MCH hospital and community programmes. At least 4 sites with ARV also provide ARVs for PMCT.	HIV and PMCT integrated into MCH outreach in 6 provinces. HIV and PMCT integrated into ANC in 4 hospitals in Vientiane and 1 in Savannakhet. PMCT 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.
Paediatric treatment		
By 2010, provide either ART treatment or cotrimoxazole, or both to 80% of children in need.	ART available in 4 provinces with minimum 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.	Train 50 key HIV clinical care providers from central, provincial and districts hospital on paediatric AIDS treatment.
Prevent infection among adolescents and young people		
By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally.	30% of primary and secondary schools nationwide implement education on reproductive health, HIV, 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.	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.
Protect and support children affected by HIV and AIDS		
By 2010, reach 80% of children most in need.	Home-based care and support services available in 4 provinces	150 infected and affected children and 300 adults from 3 provinces have increased access to care and support. Train 20 PLWHA to participate in policy development, planning and implementation of HIV prevention and care. Train 100 Buddhist monks in acceptance and care for PLWHA in 3 provinces.

FUNDING SITUATION AND REQUIREMENTS

Lao PDR	Minimum financial resources required by the Country Office to achieve the 'Four Ps' targets between by 2010 (in US$)
Prevent mother-to-child transmission of HIV	512,500
Provide paediatric treatment	175,000
Prevent infection among adolescents and young people	882,000
Protect and support children affected by HIV and AIDS	684,500
Total	**2,235,500**

a) Total resources available (2006 fund available + total RR 2007–2010)	1,120,000
b) Combined RR & OR ceilings 2006–2010	2,886,200
c) Fund difference (a-b)	-1,766,200
d) Minimum fund required to meet 'Four Ps' targets	2,236,000
e) Fund shortfall (a-d)	-1,116,500

Lao PDR: Minimum funds required to meet 'Four Ps' targets by 2010: US$2,236,500



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MALAYSIA

TOTAL POPULATION (MLLIONS) 2006[77]	ADULT (15–49) RATE (%)[78]	ESTIMATED NUMBER OF ADULTS AND CHILDREN LIVING WITH HIV, 2005[79]			ESTIMATED NO. OF CHILDREN AFFECTED BY HIV	ESTIMATED NO. OF ORPHANS*/ DUE TO ALL CAUSES[80]	HIV PREVALENCE WOMEN IN ANC CLINICS (%)[81]	ESTIMATED NO. OF DEATHS IN ADULTS AND CHILDREN, 2005[82]
		Adults and children	Women (15+)	Children (0–14)				
25.8	0.5	69,000	17,000	–	–	480,000	0.03	4,000

**Estimated number of children (0–17 years) as of end 2003, who have lost one or both parents.*

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.

NATIONAL STRATEGIC PLAN AND UNIVERSAL ACCESS

Malaysia's current NSP covers the period of 2006–2010, and was revised under the Universal Access Initiative. UNICEF Malaysia contributed to those revisions and also supported the development of the NSP.

Time-frame of current NSP: 2006 to 2010

	Yes	No
Has the NSP been revised in view of Universal Access Initiative?	✓	
Did UNICEF contribute to revision of the NSP?	✓	
Are the Global Campaign 'Four Ps' reflected in the NSP?		
• Primary prevention	✓	
• PMTCT	✓	
• Paediatric treatment		
• Protection and support	✓	
Are the global campaign 'Four Ps' incorporated in the UNICEF country programme of cooperation with government?	*	

*Country Office seeks collaboration with and between government and non-government agencies in strategic planning, policy development and mobilizing political support at national, state and district levels not necessarily confined to the 'Four Ps'.

[77] UNFPA. 2006. State of world population 2006: A passage to hope. Women and International Migration.
[78] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.
[79] Ibid.
[80] UNICEF, The State of the World's Children 2006.
[81] Ministry of Health, 2006.
[82] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.

GLOBAL CAMPAIGN 'FOUR Ps'

PMTCT

Major Progress

- Supported review of the PMTCT programme.

Scale-up Plans

- Developed policy guidelines and recommendations for the PMTCT programme.
- Updated and upgraded the PMTCT programme.
- Updated, upgraded and expanded the PMTCT programme.

Paediatric treatment

Major Progress

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

Scale-up Plans

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

Primary prevention

Major Progress

- Tested the efficacy of setting up of youth drop-in centres outside the school setting.

Scale-up Plans

- Replicate nationwide youth drop-in centre outside of school setting for peer education on HIV prevention.
- Scale up the harm reduction programme.

Protection and care

Major Progress

- Set up PLWHA support group outside Kuala Lumpur.
- Forged strategic partnership to influence care and support component of government's HIV plan.
- Engaged religious leaders and opinion.

Scale-up Plans

- Replicate PLWHA support group nationwide.
- Generate national programmes to counter stigma and discrimination

PROVINCES/CITIES WITH SCALE-UP PLAN FOR 'FOUR Ps'

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.

Total number of provinces in Malaysia: 13 states, 1 federal territory with 3 components, city of Kuala Lumpur, Labuan and Putrajaya

UNICEF Malaysia/Charlie Liddall

A young Malaysian girl hands out a red ribbon as a call to action to "Unite for Children, Unite against AIDS" in Malaysia.

UNICEF Malaysia/2006/Nadchatram

UNICEF Malaysia youth volunteers sharing information with their peers at the "3R-UNICEF All Women's Futsal Playoffs 2006".

TARGETS

Global Campaign Target	National Target	UNICEF-Collaborative Programme with Government Target
Prevent mother-to-child transmission of HIV		
By 2010, offer appropriate services to 80% of women in need.	Reportedly achieved (source MoH in presentations and discussions).	
Paediatric treatment		
By 2010, provide either ART treatment of cotrimoxazole, or both to 80% of children in need.	Reportedly achieved (source MoH in presentations and discussions).	
Prevent infection among adolescents and young people		
By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally.	Target expected to be set in November 2006 by the prevention unit of the AIDS/STD unit of the Ministry of Health.	
Protect and support children affected by HIV and AIDS		
By 2010, reach 80% of children most in need.	Target expected to be set in November 2006 by the prevention unit of the AIDS/STD unit of the Ministry of Health.	

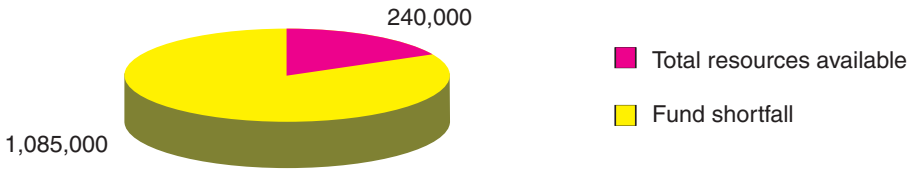
FUNDING SITUATION AND REQUIREMENTS

The three-year UNICEF Malaysia country programme cycle is ending in 2007. The projected resource needs for the 'Four Ps' covers the period 2006–2009.

Malaysia	Minimum financial resources required by the Country Office to achieve the 'Four Ps' targets between by 2010 (in US$)
Prevent mother-to-child transmission of HIV	25,000
Provide paediatric treatment	25,000
Prevent infection among adolescents and young people	1,125,000
Protect and support children affected by HIV and AIDS	150,000
Total	**1,325,000**

a) Total resources available (2007)	240,000
b) Combined RR & OR ceilings 2006–2010	-1,085,000

Malaysia: Minimum funds required to meet 'Four Ps' targets by 2009: US$1,325,000



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MONGOLIA

TOTAL POPULATION (MLLIONS) 2006[83]	ADULT (15–49) RATE (%)[84]	ESTIMATED NUMBER OF ADULTS AND CHILDREN LIVING WITH HIV, 2005[85]			ESTIMATED NO. OF CHILDREN AFFECTED BY HIV	ESTIMATED NO. OF ORPHANS*/ DUE TO ALL CAUSES[86]	HIV PREVALENCE WOMEN IN ANC CLINICS (%)	ESTIMATED NO. OF DEATHS IN ADULTS AND CHILDREN, 2005[87]
		Adults and children	Women (15+)	Children (0–14)				
2.7	<0.1	<500	<100	–	–	52,537	–	<100

**Estimated number of children (0–17 years) as of end 2003, who have lost one or both parents.*

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.

NATIONAL STRATEGIC PLAN AND UNIVERSAL ACCESS

Mongolia's NSP covers the period between 2006 and 2010. UNICEF Mongolia Country Office contributed to the revision of the plan in the context of the Universal Access Initiative.

Time-frame of current NSP: 2006 to 2010

	Yes	No
Has the NSP been revised in view of Universal Access Initiative?	✓	
Did UNICEF contribute to revision of the NSP?	✓	
If the plan is yet to be revised, will Country Office advocate for inclusion of the Global Campaign targets in the new plan?	✓	
Are the Global Campaign 'Four Ps' reflected in the NSP?		
• Primary prevention	✓	
• PMTCT	✓	
• Paediatric treatment		x
• Protection and support	✓	
Are the global campaign 'Four Ps' incorporated in the UNICEF country programme of cooperation with government?	✓	

[83] UNFPA. 2006. State of world population 2006: A passage to hope. Women and International Migration.
[84] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.
[85] Ibid.
[86] Mongolian Statistical yearbook, 2005.
[87] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.

GLOBAL CAMPAIGN 'FOUR Ps'

Mongolia will launch the Global Campaign in October 2006.

PMTCT

Major Progress

- None yet.

Scale-up Plans

- Establish national PMTCT working group.
- Develop PMTCT guidelines.
- Capacity building on PMTCT.

Paediatric treatment

Major Progress

- None yet.

Scale-up Plans

- Develop paediatric treatment guidelines.

Primary prevention

Major Progress

- The GFATM has provided a grant of US$1 million to Mongolia to scale up VCCT services, prepare for PMTCT and enhance knowledge of young people through life skills based HIV education. UNICEF is supporting the government and CCM mechanism to bring these services to scale at national and provincial level.

Scale-up Plans

- Establish VCT services at national and provincial level.
- Introduce LSE for out of school children.

Protection and care

Major Progress

- None yet.

Scale-up Plans

- None yet.

PROVINCES/CITIES WITH SCALE-UP PLAN FOR 'FOUR Ps'

Provinces with UNICEF HIV programme of support	Provinces/cities with scale-up plans for 'Four Ps'
Uvs	Uvs
Khentii	Bayan Ulgii
Dornod	Khovd
Umnugobi	
Dornogobi	

Total number of provinces in Mongolia: 21 provinces, 1 municipality

TARGETS

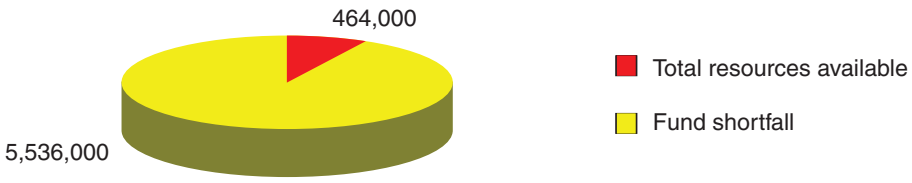
Global Campaign Target	National Target	UNICEF-Collaborative Programme with Government Target
Prevent mother-to-child transmission of HIV		
By 2010, offer appropriate services to 80% of women in need.	N/A	PMTCT guideline is being developed and will be approved in the first quarter of 2007.
Paediatric treatment		
By 2010, provide either ART treatment or cotrimoxazole, or both to 80% of children in need.	N/A	N/A
Prevent infection among adolescents and young people		
By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally.	N/A	N/A
Protect and support children affected by HIV and AIDS		
By 2010, reach 80% of children most in need.		To reach 80% of children most in need by 2010.

FUNDING SITUATION AND REQUIREMENTS

Mongolia	Minimum financial resources required by the Country Office to achieve the 'Four Ps' targets between by 2010 (in US$)
Prevent mother-to-child transmission of HIV	100,000
Provide paediatric treatment	500,000
Prevent infection among adolescents and young people	3,000,000
Protect and support children affected by HIV and AIDS	1,500,000
Total	**6,000,000**

a) Total resources available (2006 fund available + total RR 2007–2010)	464,000
b) Combined RR & OR ceilings 2006–2010	1,072,374
c) Fund difference (a-b)	-608,374
d) Minimum fund required to meet 'Four Ps' targets	6,000,000
e) Fund shortfall (a-d)	-5,536,000

Mongolia: Minimum funds required to meet 'Four Ps' targets by 2010: US$6,000,000



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MYANMAR

TOTAL POPULATION (MILLIONS) 2006[88]	ADULT (15–49) RATE (%)[89]	ESTIMATED NUMBER OF ADULTS AND CHILDREN LIVING WITH HIV, 2005[90]			ESTIMATED NO. OF CHILDREN AFFECTED BY HIV	ESTIMATED NO. OF ORPHANS*/ DUE TO ALL CAUSES[92]	HIV PREVALENCE WOMEN IN ANC CLINICS (%)[93]	ESTIMATED NO. OF DEATHS IN ADULTS AND CHILDREN, 2005[94]
		Adults and children	Women (15+)	Children (0–14)[91]				
51.0	1.3	360,000	110,000	8,700	–	1,700,000	1–3% (urban)	37,000

**Estimated number of children (0–17 years) as of end 2003, who have lost one or both parents.*

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 has 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.

NATIONAL STRATEGIC PLAN AND UNIVERSAL ACCESS

The NSP for Expansion and Upgrading of HIV/AIDS Activities is currently under development after the Universal Access Initiative; Universal Access targets will be included. UNICEF Myanmar is advocating the inclusion of the Global Campaign targets.

Time-frame of current NSP: 2006 to 2010

	Yes	No
Has the NSP been revised in view of Universal Access Initiative?	✓	
Did UNICEF contribute to revision of the NSP?	✓	
Are the Global Campaign 'Four Ps' reflected in the NSP?	NSP currently under revision	
Are the global campaign 'Four Ps' incorporated in the UNICEF country programme of cooperation with government?	✓	

[88] UNFPA. 2006. State of world population 2006: A passage to hope. Women and International Migration.
[89] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.
[90] Ibid.
[91] Estimation Workshop & Demographic Impact, 2005.
[92] Report from the Technical Working Group on HIV/AIDS Projection and Demographic Impact Analysis in Yangon, Myanmar, 28–30 September 2005.
[93] UNICEF HQ, op. cit.
[94] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.

GLOBAL CAMPAIGN FOUR P's

PMTCT

Major Progress

- After the pilot PMCT project in 2000, expanded PMTCT services to 74 townships and 22 hospitals. (UNICEF supports 30 townships and 16 hospitals.)
- Increased the number of pregnant women who received counselling and HIV-testing from close to zero in 2001 to 140,000 in 2005.
- Delivered nevirapine prophylaxis to more than 95 per cent of positive pregnant women and their babies.
- Improved PMTCT quality through training of basic health staff, and monitoring and supervision.

Scale-up Plans

UNICEF plans to:

- Support the development of national operational guidelines for the scale up of the PMTCT programme.
- Expand PMTCT services to 100 hospitals in new and lower prevalence areas.
- Implement comprehensive four-pronged PMTCT services in all 30 high-prevalence townships through a community-based model.

Paediatric treatment

Major Progress

- Developed guidelines for the clinical management of HIV-infected children, including cotrimoxazole coverage.
- Launched universal cotrimoxazole coverage for exposed babies under PMTCT programme.

Scale-up Plans

UNICEF plans to:

- Strengthen capacity of 10 selected hospitals in the 30 townships to offer HIV-related care and treatment for children and their parents.

Primary prevention

Major Progress

- Ministry of Education (MoE) has adopted Life Skills as core curriculum to be taught in primary level and as co-curriculum for secondary level students.
- Trained and supported core group of MoE life skill trainers, who will conduct life skills trainings to reach each and every school in target townships.
- Completed revision of National Primary Level Life Skills Curriculum in 2005, making it more age and context appropriate, child-centred and life skill-based. Also developed and distributed teachers' guidebooks and students books in 144 townships in 2006.
- Pilot tested self-monitoring system for teachers and secondary students in six selected townships. Currently reviewing the system.
- Introduced LSE in all teachers' education colleges through peer education programme for educators (15–24 years old) and integration of primary life skills in curriculum.
- Built capacity of local NGOs to implement community-based life skills and peer education programme for out-of-school children (10–24 years) in 24 townships.
- Children wrote life skills-based books for children after a workshop organized for children and life skill trainers. They are being published and will be used in activities for children both in and out of school.
- Established youth-friendly centres in eight townships to provide information and services for young people (15–24 years).

Scale-up Plans

- Achieve nationwide coverage of life skills-based HIV prevention education for school children by 2010.
- Scale up community-based life skills education for out-of-school children in 90 townships by 2010.
- Support the establishment of youth-friendly HIV prevention services in 30 townships by 2010.
- Support mass media in providing HIV prevention messages targeting young people.

Protection and care

Major Progress

- Creating models of community-based care. Community home-based care implemented in six townships and reached 168 PLWHIV and 392 OVC.
- Developed training modules and materials (e.g. training cards) on child care, protection and psychosocial support for OVC and children affected by HIV.
- Conducted more than 100 training workshops for caregivers from institutions and community members on child rights, protection, care and psychosocial support.

- Developed books for children, cartoon booklets, leaflets, posters and other IEC materials on HIV; disseminated these materials widely and raised awareness among families, children, young people and others.
- Five PLWHA self-help groups were created with approximately 400 PLWHA.
- Developing a graduate diploma in social work.

Scale-up Plans

- Expand coverage of community-based psychosocial care models for children infected or affected by HIV.
- Support strengthening of social services including the expansion of social work.

PROVINCES/CITIES WITH SCALE-UP PLAN FOR 'FOUR Ps'

UNICEF Myanmar currently works in 30 high-prevalence townships on HIV. However, the in-school life skills project aims for nationwide coverage while the PMCT programme will target another 100 hospitals in addition to the 30 townships.

The 'Four Ps' have different geographical coverage as follows:

Primary prevention: More than 130 townships for in-school LSE; 25 townships for out-of-school life skills and peer education project.

PMTCT: Already being implemented in 30 townships but the coverage of health centres within townships varies from 50 per cent to 100 per cent, which needs to be increased. In addition, 100 additional hospitals will start PMCT project.

Paediatric treatment: UNICEF supports cotrimoxazole in 30 townships.

Protection and care: Care and support for children is limited to small numbers covered by NGOs.

Total no. of townships in Myanmar: 325

TARGETS

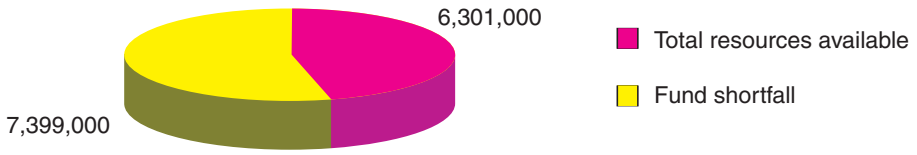
Global Campaign Target	National Target	UNICEF-Collaborative Programme with Government Target
Prevent mother-to-child transmission of HIV		
By 2010, offer appropriate services to 80% of women in need.	Under development. Nationwide coverage of service was the aim (before GFATM termination).	30 high-prevalence townships and 100 hospitals.
Paediatric treatment		
By 2010, provide either ART treatment of cotrimoxazole, or both to 80% of children in need.	Under development.	3,150 children receive OI treatment. 32,500 exposed babies receive cotrimoxazole prophylaxis. 500 children receive ART.
Prevent infection among adolescents and young people		
By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally.	Nationwide coverage.	Nationwide coverage.
Protect and support children affected by HIV and AIDS		
By 2010, reach 80% of children most in need.	Reach 15% of children in need.	Reach 80% of children in need.

FUNDING SITUATION AND REQUIREMENTS

Myanmar	Minimum financial resources required by the Country Office to achieve the 'Four Ps' targets between by 2010 (in US$)
Prevent mother-to-child transmission of HIV	4,000,000
Provide paediatric treatment	2,900,000
Prevent infection among adolescents and young people	5,500,000
Protect and support children affected by HIV and AIDS	1,300,000 (this is just to sustain current activities; it will need a significant increase to achieve goals)
Total	**6,000,000**

a) Total resources available (2006 fund available + total RR 2007–2010)	6,301,000
b) Combined RR & OR ceilings 2006–2010	19,580,318
c) Fund difference (a-b)	-13,279,318
d) Minimum fund required to meet 'Four Ps' targets	13,700,000
e) Fund shortfall (a-d)	-7,399,000

Myanmar: Minimum funds required to meet 'Four Ps' targets by 2010: US$13,700,000



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PACIFIC ISLAND COUNTRIES

unicef 1946 - 2006

TOTAL POPULATION (MLLIONS) 2006[95]	ADULT (15–49) RATE (%)[96]	ESTIMATED NUMBER OF ADULTS AND CHILDREN LIVING WITH HIV, 2005[97]			ESTIMATED NO. OF CHILDREN AFFECTED BY HIV	ESTIMATED NO. OF ORPHANS*/ DUE TO ALL CAUSES	HIV PREVALENCE WOMEN IN ANC CLINICS (%)[98]	ESTIMATED NO. OF DEATHS IN ADULTS AND CHILDREN, 2005[99]
		Adults and children	Women (15+)	Children (0–14)				
854,000	0.1	<1,000	<500	–	–	–	<0.1	<100

Note: Data in above table are for Fiji only.
**Estimated number of children (0–17 years) as of end 2003, who have lost one or both parents.*

BACKGROUND

The Pacific Island Countries 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 Pacific Island countries, 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.

NATIONAL STRATEGIC PLAN AND UNIVERSAL ACCESS

The Republic of the Fiji Islands has a revised the NSP for the period of 2006 to 2010. The NSP was revised based on a multi-sectoral collaboration and consultation with key stakeholders.

Time-frame of current NSP: 2006 to 2010 (Fiji)

	Yes	No
Has the NSP been revised in view of Universal Access Initiative?	✓	
Did UNICEF contribute to revision of the NSP?	✓	
Are the Global Campaign 'Four Ps' reflected in the NSP?		
• Primary prevention	✓	
• PMTCT	✓	
• Paediatric treatment	✓	
• Protection and support	✓	
Are the global campaign 'Four Ps' incorporated in the UNICEF country programme of cooperation with government?	✓	

[95] UNICEF 2006, State of the World's Children 2006 "Excluded and Invisible", 2006.
[96] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.
[97] Ibid.
[98] UNICEF HQ, op. cit.
[99] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.

GLOBAL CAMPAIGN 'FOUR Ps'

PMTCT

Major Progress

- Developed generic PMTCT policy.
- Developed country-specific policies in Fiji and Tonga.
- Conducted evidence-based advocacy with policy makers.

Scale-up Plans

- Provide technical assistance to develop country-specific policies in Kiribati, Federated States of Micronesia, Marshall Islands, Samoa, Solomon Islands, Tuvalu and Vanuatu.
- Develop PMTCT guidelines.
- Extend VCT coverage beyond capital and main urban centres.
- Work with nursing associations, nursing schools and the Fiji School of Medicine to integrate PMTCT into pre- and in-service training.
- Develop culturally sensitive materials in vernacular language.
- Initiate debates on different standards between men and women.

Paediatric treatment

Major Progress

- Conducted advocacy to health workers on cotrimoxazole.
- Discussed 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

- As more than 99 per cent of people in the region are estimated to be HIV negative, UNICEF Pacific focuses on prevention. We are using ADB projections to alert policy makers of potential cost implication of inaction and complacency.

Primary prevention

Major Progress

- Finalizing Pacific Stars Life Skills package. Structure of the peer education project is reinforced through the joint programme with UNFPA and the Secretariat of the Pacific Community. Communication interventions to sustain life skills messages are also currently developed (radio programmes, IEC materials) and attempts to integrate life skills-based approach into school curriculum are under negotiations in Fiji, Tuvalu and Vanuatu.

Scale-up Plans

- Training for life skills trainers to cover the 14 Pacific Island Countries – actual coverage includes nine Pacific Island Countries.

Protection and care

Major Progress

- Advocated with Ministry of Women and Social Affairs in Fiji.
- Discussed with colleagues at UNICEF Child Protection section about enhancing links.

Scale-up Plans

- Much remains to be done to ensure safety nets are place for children affected by HIV.

PROVINCES/CITIES WITH SCALE UP-PLAN FOR 'FOUR Ps'

Planning to scale up activities beyond capitals and main urban centres remains a challenge in the Pacific region given the difficult logistics. UNICEF Pacific is currently focusing on establishing few centres of excellence in designated countries. The scaling-up process will require a great deal of time, resources and a real investment in human capital.

TARGETS

Global Campaign Target	National Target	UNICEF-Collaborative Programme with Government Target
Prevent mother-to-child transmission of HIV		
By 2010, offer appropriate services to 80% of women in need.	N/A	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 PLWHA, including PMTCT Advocate.
Paediatric treatment		
By 2010, provide either ART treatment of cotrimoxazole, or both to 80% of children in need.	N/A	N/A
Prevent infection among adolescents and young people		
By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally.	More than 20,000 young people in 6 countries have benefited from life skills training (4% of youth population in 14 PICS).	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.
Protect and support children affected by HIV and AIDS		
By 2010, reach 80% of children most in need.	N/A	N/A

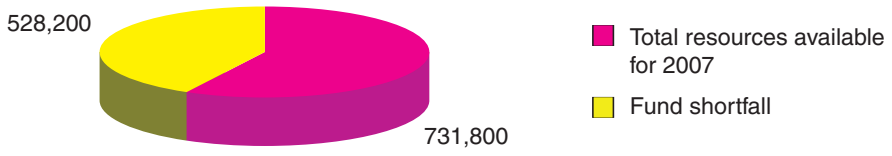
FUNDING SITUATION AND REQUIREMENTS

The five-year UNICEF Pacific Island Countries programme cycle will end in 2007, to be followed by a new cycle starting 2008. Therefore, the current figures reflect the intermediate funding situation for scaling up the 'Four Ps' until the end of 2007 only.

Pacific Island Countries	Minimum financial resources required by the Country Office to scale up the 'Four Ps' targets by 2007 (in US$)
Prevent mother-to-child transmission of HIV	200,000
Provide paediatric treatment	100,000
Prevent infection among adolescents and young people	900,000
Protect and support children affected by HIV and AIDS	60,000
Total	**1,260,000**

a) Total resources available for 2007	731,000
b) Minimum fund required to meet 'Four Ps' targets in 2007	1,260,000
c) Fund shortfall (a-c)	-528,000

Pacific Islands: Minimum funds required to meet 'Four Ps' targets in 2007: US$1,260,000



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PAPUA NEW GUINEA

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TOTAL POPULATION (MILLIONS) 2006[100]	ADULT (15–49) RATE (%)[101]	ESTIMATED NUMBER OF ADULTS AND CHILDREN LIVING WITH HIV, 2005[102]			ESTIMATED NO. OF CHILDREN AFFECTED BY HIV[103]	ESTIMATED NO. OF ORPHANS*/ DUE TO ALL CAUSES[104]	HIV PREVALENCE WOMEN IN ANC CLINICS (%)[105]	ESTIMATED NO. OF DEATHS IN ADULTS AND CHILDREN, 2005[106]
		Adults and children	Women (15+)	Children (0–14)				
6.0	1.8	60,000	34,000	–	779,039	220,000	2% (range:1–3%)	3,300

**Estimated number of children (0–17 years) as of end 2003, who have lost one or both parents.*

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)[107]. 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 by 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.

NATIONAL STRATEGIC PLAN AND UNIVERSAL ACCESS

The Government of Papua New Guinea has developed a 2004–2008 NSP. The plan has not yet been revised in view of the Universal Access Initiative.

Time-frame of current NSP: 2004 to 2008

	Yes	No
Has the NSP been revised in view of Universal Access Initiative?	✓	
Did UNICEF contribute to revision of the NSP?	✓	
If the plan is yet to be revised, will Country Office advocate for inclusion of the Global Campaign targets in the new plan?	✓	
Are the Global Campaign 'Four Ps' reflected in the NSP?		
• Primary prevention	✓	
• PMTCT	✓	
• Paediatric treatment	✓	
• Protection and support	✓	

[100] UNFPA. 2006. State of world population 2006: A passage to hope. Women and International Migration.
[101] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.
[102] Ibid.
[103] Families and Children Affected by HIV/AIDS and Other Vulnerable Children. A National Situation Assessment in Papua New Guinea Draft Report. Susan Hunter, March 2005.
[104] UNICEF, The State of the World's Children. 2006.
[105] 2004 Consensus workshop, and national PMTCT surveillance, cited in UNICEF HQ Global Campaign baseline data validated by Country Offices, April 2006.
[106] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.
[107] UNAIDS. Report of the Global AIDS Epidemic. 2006.

GLOBAL CAMPAIGN 'FOUR Ps'

PMTCT

Major Progress

- Established access to PMTCT services at five provincial hospitals and one major health care facility in six UNICEF focus provinces.
- Through PMTCT programmes, data for antenatal sero-surveillance is available in the selected provinces.
- Supported national PMTCT programme. As of July 2006, 5 per cent of all pregnant women accessed PMTCT services.

Scale-up Plans

- Increase number of provincial hospitals and other health care facilities providing PMTCT services to 10 (50 per cent of provincial hospitals) by end of 2007
- Make PMTCT services accessible in all 20 provincial hospitals (and other selected facilities) by 2010.

Paediatric treatment

Major Progress

- Established paediatric AIDS clinic at the country's largest hospital.
- Made ART available to 40 children. Commenced with adult drugs, recently paediatric formulation available through GFATM. Additional support will come from the Clinton Foundation.
- Made cotrimoxazole available to all children.

Scale-up Plans

- Preparations for incorporation of paediatric HIV treatment into general paediatric clinics within the major provincial hospitals staring with the 4 regional hospitals starting.
- PMTCT and paediatric HIV component of training incorporated into Integrated Management of Childhood Illnesses training.

* Targets for PMTCT and accessing treatment for paediatric AIDS are being reviewed since there have been an addition of funds, from UNICEF set aside fund and from Japan government (Human security fund).

Primary prevention

Major Progress

- Conducting training in community mapping and theatre against HIV/AIDS in six provinces.
- Conducted youth outreach project providing life skills and HIV prevention training to young leaders of youth network. These young people are peer outreach volunteers, promoting and distributing condoms.
- Identified locations for youth-friendly centres in five provinces
- Supported partners in basic HIV primary prevention, peer education at various higher educational institutions such as, the University of Papua New Guinea, the Papua New Guinea Education Institute, Pacific Adventist University, and Bahai Youth through partnership with FHI.
- Conducted youth radio drama programme.
- Assisted and supported education on advocacy in HIV in selected schools.
- Supported development of VCT services in selected provinces.

Scale-up Plans

- Scale up HIV, VCT, PMTCT, community mapping and theatre against HIV/AIDS, and child-friendly schools programmes.

Protection and care

Major Progress

- Supported programme with partners on community- and home-based care.
- Supported faith-based organizations' workshop on OVC.
- Supported Department of Community on OVC programme and provided technical support in development of policy on OVC.
- Supported care and support programmes at health care facilities as linkage points with community-based follow up of HIV-affected families.
- Supported community-based care and support programmes for HIV-affected families.

Scale-up Plans

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

PROVINCES/CITIES WITH SCALE-UP PLAN FOR 'FOUR Ps'

Provinces with UNICEF HIV programme of support	Provinces/cities with scale-up plans for 'Four Ps'
Simbu	Simbu
Wewak	Wewak
Goroka	Goroka
Mt. Hagen	Mt. Hagen
Boungainville	Boungainville
Mine Bay	Mine Bay

Total number of provinces in Papua New Guinea: 20

TARGETS

Global Campaign Target	National Target	UNICEF-Collaborative Programme with Government Target
Prevent mother-to-child transmission of HIV		
By 2010, offer appropriate services to 80% of women in need.	General target quoting stabilization or reduction in prevalence. Universal access 50% (10 provincial hospitals) and 100% (all 20 provincial hospitals) by 2010. All major health care facilities provide PMTCT services (80% of pregnant women have access by 2010).	80% of pregnant women attending ANC (with focus on 6 provinces). Note: 60% of all pregnant women attend ANC).
Paediatric treatment		
By 2010, provide either ART treatment of cotrimoxazole, or both to 80% of children in need.	10,000 people on ART by 2010 (Including both children and adults).	80% of children in need. Note: Exact number of children in need difficult to verify due to paucity of data).
Prevent infection among adolescents and young people		
By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally.	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.	Age group from 14–24 out of school and in school. Schools in the 6 selected provinces.
Protect and support children affected by HIV and AIDS		
By 2010, reach 80% of children most in need.	To provide 80 % of the country's population with relevant, accurate and comprehensive messages about prevention of HIV transmission by 2008.	Communities in the six selected provinces and the district. Local-level government and community leaders.

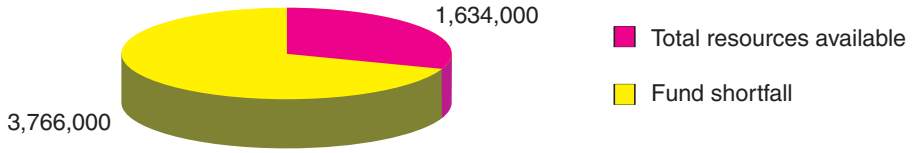
FUNDING SITUATION AND REQUIREMENTS

The five-year UNICEF Papua New Guinea country programme cycle will end in 2007, to be followed by a new cycle starting in 2008. Though the current figures reflect the intermediate funding situation up to 2007, the projected resource needs for scaling up the 'Four Ps' cover the period 2006–2010.

Papua New Guinea	Minimum financial resources required by the Country Office to achieve the 'Four Ps' targets between by 2010 (in US$)
Prevent mother-to-child transmission of HIV	1,700,000
Provide paediatric treatment	1,300,000
Prevent infection among adolescents and young people	1,200,000
Protect and support children affected by HIV and AIDS	1,200,000
Total	**5,400,000**

a) Total resources available in 2006 & 2007	1,634,000
d) Minimum fund required to meet 'Four Ps' targets	5,400,000
e) Fund shortfall (a-d)	-3,766,000

Papua New Guinea: Minimum funds required to meet 'Four Ps' targets by 2010: US$5,400,000



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PHILIPPINES

TOTAL POPULATION (MILLIONS) 2006[108]	ADULT (15–49) RATE (%)[109]	ESTIMATED NUMBER OF ADULTS AND CHILDREN LIVING WITH HIV, 2005[110]			ESTIMATED NO. OF CHILDREN AFFECTED BY HIV	ESTIMATED NO. OF ORPHANS*/ DUE TO ALL CAUSES[111]	HIV PREVALENCE WOMEN IN ANC CLINICS (%)[112]	ESTIMATED NO. OF DEATHS IN ADULTS AND CHILDREN, 2005[113]
		Adults and children	Women (15+)	Children (0–14)				
84.5	<0.1	12,000	3,400	–	–	2,100,000	<0.1%	<1,000

**Estimated number of children (0–17 years) as of end 2003, who have lost one or both parents.*

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. Alarmingly 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 6–51 per cent.

Other factors such as a relatively high primary school dropout rate (8.6 per cent for boys and 6.2 per cent 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.

NATIONAL STRATEGIC PLAN AND UNIVERSAL ACCESS

The NSP of the Philippines, covering the period of 2005–2010, has not yet been revised to reflect the Universal Access Initiative.

Time-frame of current NSP: 2005 to 2010

	Yes	No
Has the NSP been revised in view of Universal Access Initiative?		x
Did UNICEF contribute to revision of the NSP?		
Are the Global Campaign 'Four Ps' reflected in the NSP?		
• Primary prevention	✓	
• PMTCT	✓	
• Paediatric treatment	✓	
• Protection and support	✓	
Are the global campaign 'Four Ps' incorporated in the UNICEF country programme of cooperation with government?	not specified	

[108] UNFPA. 2006. State of world population 2006: A passage to hope. Women and International Migration.
[109] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.
[110] Ibid.
[111] UNICEF, The State of the World's Children. 2006.
[112] UNICEF HQ Global Campaign baseline data validated by Country Offices, April 2006.
[113] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.

GLOBAL CAMPAIGN 'FOUR Ps'

PMTCT

Major Progress

- Developed health workers' handbook on HIV and AIDS.
- Developed HIV education tools to be used at health posts in the country.
- Integrated HIV education as part of the regular education at health posts.

Scale-up Plans

- Work closely with the Department of Health to include HIV education as part of regular health education in all ANC care facilities and other health facilities. Include HIV prevention in Adolescent and Maternal Health programme.
- Continue advocacy through UN Technical Working Group and the Philippines National AIDS Council to reflect in GFATM.

Paediatric treatment

Major Progress

- Developed paediatric ARV treatment guidelines.
- Procured paediatric ARVs.

Scale-up Plans

- Provide procurement service for ARVs.
- Reflect in GFATM.

Primary prevention

Major Progress

- Expanded partnership with NGOs and UNICEF Child Protection section in reaching out to vulnerable and at-risk adolescent and young people.
- Integrated HIV prevention and life skills curriculum (in collaboration with UNFPA and the Department of Education).
- Organized media events with youth participation.

Scale-up Plans

- Extend partnership with Department of Social Welfare and Development to reach vulnerable and at-risk adolescent and young people.
- Continue partnership and support to the Department of Education together with UNFPA to ensure implementation of life skills and HIV education is schools.
- Use media to mobilize the public.

Protection and care

Major Progress

- 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

- Continue working with Council for Welfare of Children to ensure all institutions aware and practice protection and support for infected and affected children.

PROVINCES/CITIES WITH SCALE-UP PLAN FOR 'FOUR Ps'

Provinces with UNICEF HIV programme of support	Provinces/cities with scale-up plans for 'Four Ps'
Mt. Province	Manila City
Isabela	Pasay City
Camarines Norte	Cebu City
*Cebu City	Davao City
Aurora	Zamboanga City
Negros Oriental	Iloilo City
Sarangani	
*Davao City	
North Cotabato	
Sulu	
*Zamboanga City	
Eastern Samar	
Northern Samar	
Agusan del Sur	
Zamboanga del Sur	
Maguindanao	
Antique	
Guimaras	
*Quezon City	
Masbate	
*Pasay City	
*Manila City	
Capiz	

* Cities that have special targeted interventions for vulnerable and at-risk young people with network of prevention and care services.

Total number of provinces in the Philippines: 79 provinces and 117 chartered cities

TARGETS

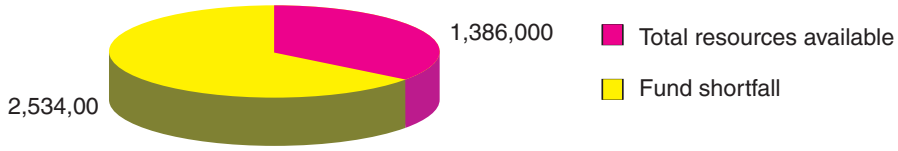
Global Campaign Target	National Target	UNICEF-Collaborative Programme with Government Target
Prevent mother-to-child transmission of HIV		
By 2010, offer appropriate services to 80% of women in need.	NSP does not reflect % coverage.	By 2010, 80% of women in CPC 6 areas have access to HIV information and education including PMCT.
Paediatric treatment		
By 2010, provide either ART treatment of cotrimoxazole, or both to 80% of children in need.	N/A	By 2010, 80% of children who need ART will have access to comprehensive management. (Philippine estimates 10 children infected with HIV)
Prevent infection among adolescents and young people		
By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally.	N/A	To maintain low prevalence of HIV among young people in the context of increasing at-risk population
Protect and support children affected by HIV and AIDS		
By 2010, reach 80% of children most in need.	N/A	By 2010, reach 40% of children most in need.

FUNDING SITUATION AND REQUIREMENTS

Philippines	Minimum financial resources required by the Country Office to achieve the 'Four Ps' targets by 2009 (in US$)
Prevent mother-to-child transmission of HIV	190,000
Provide paediatric treatment	398,000
Prevent infection among adolescents and young people	2,817,000
Protect and support children affected by HIV and AIDS	515,000
Total	**3,920,000**

a) Total resources available (2006 fund available + total RR 2005–2009)	1,386,000
b) Combined RR & OR ceilings 2005–2009	3,221,152
c) Fund difference (a-b)	-1,835,152
d) Minimum fund required to meet 'Four Ps' targets	3,920,000
e) Fund shortfall (a-d)	-2,534,000

Philippines: Minimum funds required to meet 'Four Ps' targets by 2009: US$3,920,000



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THAILAND

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TOTAL POPULATION (MILLIONS) 2006[114]	ADULT (15–49) RATE (%)[115]	ESTIMATED NUMBER OF ADULTS AND CHILDREN LIVING WITH HIV, 2005[116]			ESTIMATED NO. OF CHILDREN AFFECTED BY HIV[117]	ESTIMATED NO. OF ORPHANS*/ DUE TO ALL CAUSES[118]	HIV PREVALENCE WOMEN IN ANC CLINICS (%)[119]	ESTIMATED NO. OF DEATHS IN ADULTS AND CHILDREN, 2005[120]
		Adults and children	Women (15+)	Children (0–14)				
64.8	1.4	580,000	220,000	16,000	410,000	1,400,000	1–2.5%	21,000

**Estimated number of children (0–17 years) as of end 2003, who have lost one or both parents.*

BACKGROUND

Thailand has long been considered one of the world's biggest 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 is worrying and could result in a resurgence in infections after almost two decades of decline.

NATIONAL STRATEGIC PLAN AND UNIVERSAL ACCESS

Thailand's current NSP (2002–2006) is under revision. UNICEF Thailand contributed to the revision in the context of the Universal Access Initiative and advocated for the inclusion of the Global Campaign targets.

Time-frame of current NSP: 2002 to 2006

	Yes	No
Has the NSP been revised in view of Universal Access Initiative?		x
Did UNICEF contribute to revision of the NSP?	✓	
Are the Global Campaign 'Four Ps' reflected in the NSP?	Reflected but not specified	
• Primary prevention	✓	
• PMTCT	✓	
• Paediatric treatment	✓	
• Protection and support	✓	
Are the global campaign 'Four Ps' incorporated in the UNICEF country programme of cooperation with government?	✓	

[114] UNFPA. 2006. State of world population 2006: A passage to hope. Women and International Migration.
[115] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.
[116] Ibid.
[117] Joint Report on Orphan Estimates and Program Strategies, July 2002, cited in presentation by Dr Peeramon Ningsanond, East Asia and Pacific Consultation on Children and HIV/AIDS, Hanoi, March 2006.
[118] UNICEF, The State of the World's Children. 2006.
[119] Epidemiological Data Centre, Bureau of Epidemiology , Department of Disease Control, MOPH, 30 April 2006.
[120] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.

GLOBAL CAMPAIGN 'FOUR Ps'

Following the 2004 tsunami disaster, UNICEF Thailand Country Office's plans for HIV were reviewed and revised. The key priorities under the revised plan consisted of an HIV and AIDS component for the tsunami response and increased attention to southern provinces, where a separatist conflict has worsened since late 2004.

PMTCT

Major Progress

- Provided ongoing support for implementation of national PMTCT Plus programme with focus on development of monitoring and evaluation system.
- Promoted community awareness and understanding of PMTCT programme with focus on border and high mobility populations.

Scale-up Plans

- Increase promotion of community awareness and understanding of PMTCT programme with focus on border and high-mobility populations.

Paediatric treatment

Major Progress

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

Scale-up Plans

- Continue support for reduction of stigma and discrimination, development of appropriate paediatric formulations and paediatric care network at community level.

Primary prevention

Major Progress

- Prevention among young people, especially vulnerable groups including drug users, MSM, sex workers and mobile populations included in the new draft NSP as a key focus.
- Developed peer education activities with vulnerable young people in the North, Northeast and South.
- Strengthened LSE for HIV and AIDS resource-person base.
- Promoted and built capacity of youth networks.

Scale-up Plans

- Develop youth-friendly counselling and VCT services.
- Provide ongoing support for peer education activities and LSE.

Protection and care

Major Progress

- Developed effective community-based care and support models for children affected by HIV and AIDS.
- Reduced impact on children affected by HIV through development of art therapy approaches.
- Increased public awareness of affected children with HIV through poster campaign, art and drama activities.

Scale-up Plans

- Support for comprehensive local planning, at the district and sub-district level, to include provision for care and support for affected children and families.

PROVINCES/CITIES WITH SCALE-UP PLAN FOR 'FOUR Ps'

Total number of provinces: Thailand Country Office's HIV/AIDS programme currently covers all 76 provinces at some level and in at least one programmatic area.

TARGETS

Global Campaign Target	National Target	UNICEF-Collaborative Programme with Government Target
Prevent mother-to-child transmission of HIV		
By 2010, offer appropriate services to 80% of women in need.	Not specified in current 5-year plan.	95%
Paediatric treatment		
By 2010, provide either ART treatment of cotrimoxazole, or both to 80% of children in need.	Not specified in current 5-year plan.	95%
Prevent infection among adolescents and young people		
By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally.	N/A	Reduce % of adolescents and young people living with HIV by 25%.
Protect and support children affected by HIV and AIDS		
By 2010, reach 80% of children most in need.	Not specified in current plan.	95%

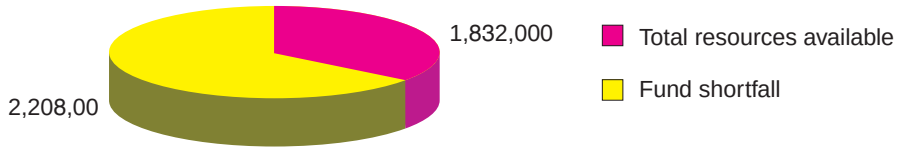
FUNDING SITUATION AND REQUIREMENTS

The five-year UNICEF Thailand country programme cycle will end in 2006, to be followed by a new cycle starting 2007. The current figures reflect the intermediate funding situation by end 2006. However, the projected resource needs for the 'Four Ps' follow the new country programme period 2007–2011.

Thailand	Minimum financial resources required by the Country Office to achieve the 'Four Ps' targets by 2011 (in US$)
Prevent mother-to-child transmission of HIV	400,000
Provide paediatric treatment	440,000
Prevent infection among adolescents and young people	1,800,000
Protect and support children affected by HIV and AIDS	1,400,000
Total	**4,040,000**

a) Total resources available 2006	1,832,000
d) Minimum fund required to meet 'Four Ps' targets	4,040,000
e) Fund shortfall (a-b)	-2,208,000

Thailand: Minimum funds required to meet 'Four Ps' targets by 2011: US$4,040,000



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TIMOR-LESTE

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TOTAL POPULATION (MILLIONS) 2006 [121]	ADULT (15–49) RATE (%)	ESTIMATED NUMBER OF ADULTS AND CHILDREN LIVING WITH HIV, 2005			ESTIMATED NO. OF CHILDREN AFFECTED BY HIV	ESTIMATED NO. OF ORPHANS*/ DUE TO ALL CAUSES	HIV PREVALENCE WOMEN IN ANC CLINICS (%)	ESTIMATED NO. OF DEATHS IN ADULTS AND CHILDREN, 2005
		Adults and children	Women (15+)	Children (0–14)				
1.0	–	–	–	–	–	–	–	–

**Estimated number of children (0–17 years) as of end 2003, who have lost one or both parents.*

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.

NATIONAL STRATEGIC PLAN AND UNIVERSAL ACCESS

Timor-Leste's most recent NSP extends over the period 2006–2010. The UNICEF Timor-Leste Country Office contributed to the revision of the NSP in the context of the Universal Access Initiative.

Time-frame of current NSP: 2006 to 2010

	Yes	No
Has the NSP been revised in view of Universal Access Initiative?	✓	
Did UNICEF contribute to revision of the NSP?	✓	
Are the Global Campaign 'Four Ps' reflected in the NSP?		
• Primary prevention	✓	
• PMTCT	✓	
• Paediatric treatment		
• Protection and support	✓	
Are the global campaign 'Four Ps' incorporated in the UNICEF country programme of cooperation with government?	✓	

[121] UNFPA. 2006. State of world population 2006: A passage to hope. Women and International Migration.

GLOBAL CAMPAIGN 'FOUR Ps'

PMTCT

Major Progress

- Trained 17 MCH workers from seven districts in VCT. VCT services now available in two clinics and at the national hospital in Dili.
- Provided 8,500 doses of Rapid Test Kits provided for use in three outlets to date.
- Made ART available to pregnant women, one person and the only known ANC HIV case currently on ART.

Scale-up Plans

- Provide PMTCT training for 26 MCH staff from 13 districts by end 2006.
- Provide training in the use of rapid test kits for 13 laboratory staff from 13 districts by end 2006.
- Facilitate establishment of VCT centres in MCH outlets in all districts by end 2007.
- Develop appropriate protocols and handbooks on PMTCT by end 2007.

Paediatric treatment

Major Progress

- Facilitating shipment of ARVs donated by Brazil under the 'Brazil +7' initiative. ARV drugs to cover 100 patients for one year are available in the country. 14 people including one pregnant woman currently on ART.

Scale-up Plans

- Incorporate PMTCT and paediatric HIV component into integrated management of childhood illnesses training for relevant health workers.
- Provide support for in country development of paediatrics HIV treatment.

Primary prevention

Major Progress

- Planned a national HIV campaign targeting young people 15–25 years to increase knowledge about HIV, including prevention.
- Implementing LSE for reduction of vulnerability for young people in and out of school in six districts.
- Implementing youth outreach project providing peer education to young people in camps for internally displaced persons while the emergency continues.

Scale-up Plans

- Establish communication and information centre on and for adolescents.
- Expand LSE to all districts in the country.
- Expand peer education activities to reach all districts.
- Advocate for the establishment of and support of youth-friendly VCT services.

Protection and care

Major Progress

- In view of the fact that only two of the 31 known cases in the country are children and no known cases of AIDS orphans, no action had yet been initiated in this regard.

Scale-up Plans

- Advocate for care and support for vulnerable children to reduce their HIV vulnerability will be done mainly through UNICEF Child Protection section.

DISTRICTS WITH SCALE-UP PLAN FOR 'FOUR Ps'

UNICEF focus for the HIV campaign is nationwide. LSE 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.

Total number of provinces: 13 administrative districts

TARGETS

Global Campaign Target	National Target	UNICEF-Collaborative Programme with Government Target
Prevent mother-to-child transmission of HIV		
By 2010, offer appropriate services to 80% of women in need.	VCT available in all health facilities and offer necessary testing to all pregnant women attending ANC by 2010.	Ensure the availability of good quality VCT in 1 national and three regional hospitals and counselling on HIV/VCT at MCH outlets in 13 districts by 2010.
Paediatric treatment		
By 2010, provide either ART treatment of cotrimoxazole, or both to 80% of children in need.	All persons (up to 100 persons) known to be HIV-positive (including women and children) have access to ART by 2010.	100% coverage for children in need. (Only 2 children are known to be HIV positive to date.)
Prevent infection among adolescents and young people		
By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally.	By 2010, enable all people in Timor-Leste to have knowledge on how to minimize their personal risk to HIV infection.	To reach at least 40,000 young people age 15–25 directly with HIV prevention education by end 2007. To reach at least 30% of young people in and out of school in 6 districts with LSE by end 2007.
Protect and support children affected by HIV and AIDS		
By 2010, reach 80% of children most in need.	N/A	N/A

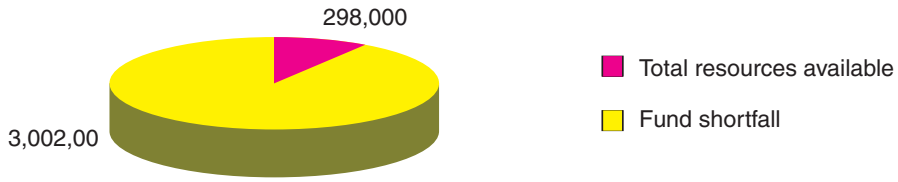
FUNDING SITUATION AND REQUIREMENTS

The current figures from UNICEF Timor-Leste reflect the intermediate funding situation for scaling up the 'Four Ps' until the end of 2006. Civil conflicts in the country, however, leave many uncertainties. The projected resource needs follow the NSP period 2006–2010.

Timor-Leste	Minimum financial resources required by the Country Office to achieve the 'Four Ps' targets by 2010 based on NSP (in US$)
Prevent mother-to-child transmission of HIV	800,000
Provide paediatric treatment	500,000
Prevent infection among adolescents and young people	1,500,000
Protect and support children affected by HIV and AIDS	500,000
Total	**3,300,000**

a) Total resources available 2006	298,000
d) Minimum fund required to meet 'Four Ps' targets	3,300,000
e) Fund shortfall (a-b)	-3,002,000

Timor-Leste: Minimum funds required to meet 'Four Ps' targets by 2010: US$3,300,000



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VIET NAM

TOTAL POPULATION (MILLIONS) 2006[122]	ADULT (15–49) RATE (%)[123]	ESTIMATED NUMBER OF ADULTS AND CHILDREN LIVING WITH HIV, 2005[124]			ESTIMATED NO. OF CHILDREN AFFECTED BY HIV[125]	ESTIMATED NO. OF ORPHANS*/ DUE TO ALL CAUSES[126]	HIV PREVALENCE WOMEN IN ANC CLINICS (%)[127]	ESTIMATED NO. OF DEATHS IN ADULTS AND CHILDREN, 2005[128]
		Adults and children	Women (15+)	Children (0–14)				
85.3	0.5	260,000	84,000	–	283,667	2,100,000	0.35	13,000

**Estimated number of children (0–17 years) as of end 2003, who have lost one or both parents.*

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.

NATIONAL STRATEGIC PLAN AND UNIVERSAL ACCESS

The Government of Viet Nam has developed the third NSP on HIV (2004–2010), which has not yet been revised in response to the Universal Access initiative.

Time-frame of current NSP: 2004 to 2010

	Yes	No
Has the NSP been revised in view of Universal Access Initiative?		x
Did UNICEF contribute to revision of the NSP?		
Are the Global Campaign 'Four Ps' reflected in the NSP?		
• Primary prevention	✓	
• PMTCT	✓	
• Paediatric treatment	✓	
• Protection and support	✓	

[122] UNFPA. 2006. State of world population 2006: A passage to hope. Women and International Migration.
[123] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.
[124] Ibid.
[125] MOLISA & UNICEF. The Situation of Families and Children Affected by HIV/AIDS in Viet Nam. A National Overview. Final Report, 30 August 2003. Hanoi 2005.
[126] UNICEF, The State of the World's Children. 2006.
[127] MOH (2004). Sentinel Surveillance Data 1994 – 2004.
[128] UNAIDS. 2006. Report on the global AIDS epidemic. A UNAIDS 10th anniversary special edition.

GLOBAL CAMPAIGN 'FOUR Ps'

PMTCT

Major Progress

- Approved PMTCT National Plan of Action in June 2006.
- Achieved 100 per cent PMTCT coverage in Ho Chi Minh.
- PMTCT now high on Ministry of Health's agenda, included in GFATM proposal (coverage of 10 provinces) and proposals to ASEAN.
- Reviewing and developing national PMTCT scaling up plan (UNICEF supporting in coordination with CDC, GFATM and WHO).

Scale-up Plans

- Achieve 20 per cent increase in provinces with PMTCT services per year until reach universal coverage by end 2010.

Paediatric treatment

Major Progress

- 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 will increase quickly.)
- Included cotrimoxazole prophylaxis for children exposed in national guidelines.
- Included and determined costs for paediatric treatment in the National Plan of Action for Care and treatment (draft June 2006).

Scale-up Plans

- Reach universal coverage by end 2010.

Primary prevention

Major Progress

- Piloting school-based HIV and life skills interventions in 10 provinces (including youth participation in HIV prevention, peer education).
- Set up community-based HIV intervention through healthy living clubs (reaching out of school young people, capacity building for local government to support this initiative).
- Built partnerships between school, community, and service providers.
- Supported young people's forum associated with national workshops/events to express their views on HIV prevention, stigma and discrimination.

Scale-up Plans

- Mainstream LSE and HIV in the curriculum and replicated in 30 provinces (through the model of child-friendly lower secondary schools with HIV and LSE).
- Target interventions with more vulnerable groups of young people, including access to and use of youth friendly and gender sensitive prevention information, skills building and services.
- Expand the evidence base around youth development and HIV (i.e., further research with ethnic minority young people to understand the implications of social-cultural factors on HIV/AIDS, behaviour patterns as well as their vulnerability to HIV).

Protection and care

Major Progress

- Conducted legal review on children affected by HIV and AIDS in Viet Nam.
- Conducted study on situation of affected children and families in Viet Nam.
- Developed training manual on home-based care and support for affected children.
- Built capacity on home-based care and support for affected children.
- Piloted initiatives of community-based care and support for affected children in four provinces.

Scale-up Plans

- Develop and revise policy on alternative care for affected children.
- Raise awareness on children's HIV and AIDS related issues.
- Build capacity on alternative care and support.
- Develop modalities of community- and faith-based care and support.

PROVINCES/CITIES WITH SCALE-UP PLAN FOR 'FOUR Ps'

Provinces with UNICEF HIV programme of support	ANC prevalence (%)	Type of scale-up plans for 'Four Ps'
Ho Chi Minh City	0.24%	Primary prevention; PMTCT; paediatric AIDS; protection and care (including the Buddhist Leadership Initiative)
Hai Phong	0.35%	Primary prevention; PMTCT; paediatric AIDS
Quang Ninh	1%	Primary prevention; PMTCT; paediatric AIDS; protection and care
An Giang	0.2%	Primary prevention; PMTCT; paediatric AIDS; protection and care
Lang Son	0.2%	Primary prevention; PMTCT; paediatric AIDS
Hanoi	0.2%	Primary prevention; protection and care
Lao Cai	<0.2	Primary prevention
Kien Giang	<0.2	Primary prevention
Gia Lai	<0.2	Primary prevention
Kon Tum	<0.2	Primary prevention
Hue	<0.2	Protection and care (BLI)
Dong Thao	<0.2	Protection and care

In 2006, it was decided that any expansion of decentralized service delivery/support would be done in convergent provinces/districts, with a comprehensive approach of prevention, treatment, care and support. Locations will be selected in late 2006. Criteria include HIV prevalence, key risks, and other key donors/partners coverage. Priority will be given to provinces where some programmatic elements are ongoing and successful, and to child friendly provinces. This will result in fewer provinces, but better coverage and more comprehensive services in the focus provinces.

Total number of provinces in Viet Nam: 59 provinces and 5 municipalities

TARGETS

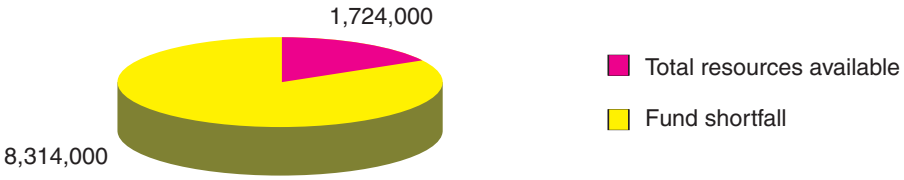
Global Campaign Target	National Target	UNICEF-Collaborative Programme with Government Target
Prevent mother-to-child transmission of HIV		
By 2010, offer appropriate services to 80% of women in need.	By 2010, achieve >90% coverage. Contain MTCT below 10%.	By 2008, increase coverage of PMTCT services from <10% at present to 30%. By 2010, reduce paediatric infections through MTCT by 20%
Paediatric treatment		
By 2010, provide either ART treatment of cotrimoxazole, or both to 80% of children in need.	By 2010, achieve 100% coverage.	By 2008, at least 15% people receiving ARVs are children. By 2010, 100% known HIV+ children in need of treatment receive it.
Prevent infection among adolescents and young people		
By 2010, reduce the percentage of adolescents and young people living with HIV by 25% globally.	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.	By 2010, reduce risk and vulnerability to HIV of 50% adolescents in the country, and at least 70% of most vulnerable groups among them.
Protect and support children affected by HIV and AIDS		
By 2010, reach 80% of children most in need.	100% children infected and affected shall be managed and provided appropriate treatment.	By 2010, at least 50% of children in need receive care, support and treatment, care and counselling.

FUNDING SITUATION AND REQUIREMENTS

Viet Nam	Minimum financial resources required by the Country Office to achieve the 'Four Ps' targets by 2010 (in US$)
Prevent mother-to-child transmission of HIV Provide paediatric treatment	4,120,000
Prevent infection among adolescents and young people	2,866,000
Protect and support children affected by HIV and AIDS	3,052,000
Total	**10,038,000**

a) Total resources available (2006 fund available + total RR 2007–2010)	1,724,000
b) Combined RR & OR ceilings 2005–2009	8,938,113
c) Fund difference (a-b)	-7,214,113
d) Minimum fund required to meet 'Four Ps' targets	10,038,000
e) Fund shortfall (a-d)	-8,314,000

Viet Nam: Minimum funds required to meet 'Four Ps' targets by 2010: US$10,038,000



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