

Pacific Islands Countries

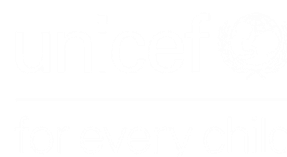
# HIV and AIDS Programme Thematic Report

January–December 2016



Prepared by:  
UNICEF Pacific  
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# Contents



Contents .....	1
Abbreviations and Acronyms .....	2
Executive Summary .....	3
Strategic Context of 2016 .....	4
Results in the Outcome Area .....	5
UNICEF Pacific HIV and AIDS Programme Results Framework .....	6
Overall progress for Outcome 5.....	6
Overall progress for Output 5.1 .....	7
Overall progress for Outcome 6.....	8
Overall Progress for Output 6.1 .....	9
Overall Progress Output 6.2 .....	10
Financial Analysis.....	11
Future Workplan .....	13
Expression of Thanks.....	13

**Cover:** An educator, right, discusses HIV prevention and shares communications materials during a session with Tinoni. Credit @ UNICEF Pacific/2006/Pirozzi

## Abbreviations and Acronyms

ANC	antenatal care
ART	antiretroviral therapy
GARPR	Global AIDS Response Progress Reporting
M&E	monitoring and evaluation
MoH	Ministry of Health
MoHMS	Ministry of Health and Medical Services
PICTs	Pacific Island Countries and Territories
PITC	provider-initiated testing and counselling
PPTCT	prevention of parent-to-child transmission (of HIV)
RMNCAH	reproductive, maternal, neonatal, child and adolescent health
STI	sexually transmitted infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
YFHS	youth-friendly health services

# Executive Summary

Pacific Island Countries and Territories (PICTs) have made significant progress curbing new HIV infections among children. The rapid adoption in 2013 and 2015 of new global guidelines by countries, with the support of UNICEF and partners, has put the goal of eliminating mother-to-child transmission of HIV within reach and ensuring the health of mothers is central to efforts to prevent HIV among children.

Though the treatment for children living with HIV is being scaled up, it is widely recognized that progress is still too slow. Given progress in and challenges to addressing HIV in children, it has become increasingly clear that convergent approaches to HIV programming are essential which is why an integrated approach to programming has been adopted.

UNICEF Pacific has concentrated considerable resources on prevention of parent-to-child transmission (PPTCT) of HIV since the agency is virtually the sole health partner in PICTs addressing PPTCT, where attaining zero transmission is a realistic goal. UNICEF Pacific partners with the United Nations Population Fund (UNFPA) on efforts to prevent HIV among adolescents, leveraging technical and financial support in Pacific Island countries and advocating for other countries to follow Fiji's example by committing to provider-initiated HIV testing and counselling (PITC) and test and treat strategies to ensure that all pregnant women who are infected with HIV are quickly treated and continue to receive treatment over their lifetimes.

UNICEF financed the delivery of training on the provision of PPTCT services to ministries of health staff in three PICTs (Vanuatu, Fiji and Solomon Islands), thereby ensuring upgraded HIV treatment and care services were provided to children and women in the three countries. Two PICTs (Fiji and Solomon Islands) introduced early infant diagnosis testing, which reduces HIV-related infant deaths by ensuring HIV-positive infants are immediately identified and treated. Viral load testing was introduced, enabling earlier and more accurate diagnosis of HIV in pregnancy and ensuring that women can make informed decisions to prevent mother-to-child transmission prior to delivery. UNICEF procured rapid HIV test kits for two PICTs (Solomon Islands and Fiji) in response to the need to roll out their respective newly adopted policies.

As HIV surveillance and data collection mechanisms are generally weak across all countries in the Pacific, UNICEF provided technical and financial support to 13 PICTs on Global Aids Response Progress Reporting (GARPR). Thus, 13 countries successfully submitted 2015 annual reports, thereby making available information on HIV and PPTCT in the Pacific that is accessible globally. The data used for the GARPR report guided PICT annual work planning and generated resources for HIV prevention, treatment and care.

Absolute numbers of women and children living with and under treatment for HIV are low in PICTs. This is, at least in part, due to limited access to PITC during antenatal care (ANC), which results in under reporting and a lack of clarity about the scale of the problem. Moreover, the provision to PICTs of mentoring and technical guidance is required to strengthen information systems and services for HIV and PPTCT.

UNICEF provided technical input to Vanuatu Ministry of Health (MoH) on the development of a single online, facility level reporting tool for monitoring, evaluation and reporting against global, regional and national HIV indicators. Since the tool was introduced in Fiji in 2015 and in 2016, the Ministry of Health and Medical Services (MoHMS) has consistently demonstrated better follow-up, improved viral load tracking and had more accurate planning enabling targeted resource allocation. The tool will form the basis of a proposed Pacific regional facility reporting tool that aims to enhance understanding of the burden of HIV in the Pacific and targeting of resources, and strength capacity building through South-South collaboration.

With technical expertise provided from UNICEF, the Solomon Islands MoHMS HIV unit developed a national monitoring and evaluation plan for HIV and sexually transmitted infections (STIs), which results in the MoHMS targeting HIV interventions based on disaggregated evidence.

Key population studies in 10 PICTs were conducted with the provision of technical and financial

assistance from UNICEF Pacific in collaboration with the UN Development Programme (UNDP). Researchers mapped and estimated the size of at-risk populations and carried out behavioural surveillance of populations at higher risk. Thus, baseline information on HIV and STI in high risk populations is now available and will inform future targeted interventions.

## Strategic Context of 2016

UNICEF Pacific's HIV and AIDS Programme, as outlined in the Pacific Island Countries Programme Document (2013–2017), has two outcomes: 1) PICTs have and use sound strategic information/data for effective gender and equity focused HIV advocacy, policy development, planning, and programming; and 2) pregnant women and adolescents aged 15–19 years, particularly those who are at higher risk to HIV exposure, have increased access to relevant information, skills and services to prevent and reduce the impact of HIV.

All PICTs are classified as low HIV-prevalence countries. However, concerns exist about increased transmission of HIV where risk factors are elevated such as early sexual debut, high levels of teenaged pregnancy, increased rates of STIs, and low levels of comprehensive knowledge about condom use among adolescents and young people. Moreover, all PICTs where data was available showed very low to low levels of comprehensive knowledge of HIV and AIDS among young people aged 15–24 years old. Only 5 per cent of young females and 6 per cent of young males had comprehensive knowledge in Samoa<sup>1</sup> had comprehensive knowledge of HIV and AIDS; 18 per cent of young females and 19 per cent of young males had comprehensive knowledge in Vanuatu<sup>2</sup>, 29 per cent of young females and 35 per cent of young males had comprehensive knowledge in Solomon Islands<sup>3</sup> and 44 per cent of young females and 49 per cent of young males had comprehensive knowledge in Kiribati<sup>4</sup>. Knowledge levels were lower among young women than young men in all countries where data was available.

Use of condoms at last high risk sex among young people 15–24 years old was low to very low in all countries where data was available and levels of comprehensive knowledge were not clearly correlated with high levels of condom use. While the highest levels of comprehensive knowledge were seen in Vanuatu, Kiribati and the Solomon Islands, condom use at last high risk sex was 37 per cent for young women and 45 per cent for young men in Vanuatu<sup>5</sup>, 2 per cent for young women and 30 per cent for young men in Kiribati<sup>6</sup> and 18 per cent for young women and 26 per cent for young men in Solomon Islands<sup>7</sup>. In all countries, condom usage was lower among young women than young men, and usage among young women was very, very low in Kiribati and Solomon Islands.

Availability of voluntary and confidential counselling, testing and treatment services is limited, particularly in rural and remote areas. While HIV counselling and testing during ANC is routine in Fiji, the services are not routinely available in other PICTs and many HIV-related interventions and services have not been integrated into the reproductive, maternal, neonatal, child and adolescent health (RMNCAH) service package. For example, health surveys found only 27 per cent of pregnant women were tested for HIV during ANC in Vanuatu in 2013<sup>8</sup>, 8.1 per cent in Samoa in 2014<sup>9</sup>, and 15 per cent in Solomon Islands in 2015.

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<sup>1</sup> Samoa Bureau of Statistics and Ministry of Health, *2014 Samoa Demographic and Health Survey*.

<sup>2</sup> Vanuatu Ministry of Health, Vanuatu National Statistics Office and the Secretariat of the Pacific Community, *2013 Vanuatu Demographic and Health Survey*.

<sup>3</sup> Solomon Islands National Statistics Office, Secretariat of the Pacific Community and Macro International Inc., *2006–2007 Solomon Islands Demographic and Health Survey*.

<sup>4</sup> Kiribati National Statistics Office and the Secretariat of the Pacific Community, *2009 Kiribati Demographic and Health Survey*.

<sup>5</sup> Vanuatu Ministry of Health, Vanuatu National Statistics Office and the Secretariat of the Pacific Community, *2013 Vanuatu Demographic and Health Survey*.

<sup>6</sup> Kiribati National Statistics Office and the Secretariat of the Pacific Community, *2009 Kiribati Demographic and Health Survey*.

<sup>7</sup> Solomon Islands National Statistics Office, Secretariat of the Pacific Community and Macro International Inc., *2006–2007 Solomon Islands Demographic and Health Survey*.

<sup>8</sup> Vanuatu Ministry of Health, *2015 Global AIDS Report*.

<sup>9</sup> Government of Samoa, *2014 Demographic and Health Survey*.

While prevention of HIV prevention is the primary focus in PICTs, interventions aimed at adolescents and young people remain limited. Gaps in policy and operational guidance for HIV/AIDS also exist. For example, a review of laws is required in all countries that impose age restrictions or require parental consent to access sexual health and HIV information and services and/or restrict travel of HIV-positive persons and criminalize sex work and same-sex marriage.

UNICEF conducted a mid-term review in 2014 of its multi-country programme. The review concluded that UNICEF contributed significantly to the inclusion in government plans and budgets of interventions, such as PPTCT, paediatric antiretroviral therapy (ART), early infant diagnosis and HIV/STI prevention among adolescents. UNICEF continued in 2016 to work with Pacific Island governments to sustain and finance HIV interventions by increasing coverage of an integrated package of RMNCAH and HIV information and services, which is closely linked to efforts to strengthen ANC, post-natal clinics and eliminate maternal-to-child transmission of HIV. This specifically includes increasing HIV and STI testing during ANC, particularly in rural and remote areas; advocating for government financing and the provision of essential necessary such as test kits; and strengthening postnatal care services to include follow-up of mothers and their families for HIV prevention, care and early infant diagnosis.

Increasing rates of STIs among young people in the Pacific region coupled with low levels of comprehensive knowledge of HIV/AIDS and condom use during high risk sex make the following activities critically important: strengthening and increasing the availability of integrated family life education/comprehensive sexuality education programmes in schools; expanding coverage of peer education programmes, particularly among young women; and, strengthening and expanding access to youth-friendly services. UNICEF collaborates with UNFPA on these activities to eliminate duplication and optimize the efficient use of existing infrastructure and personnel.

## Results in the Outcome Area

The UNICEF Pacific HIV and AIDS Programme Results Framework, below, summarizes the targets and results achieved by the HIV and AIDS programme from all funding sources.

UNICEF Pacific provided technical and financial support to PICTs in 2016 to generate evidence on at-risk populations and information that allowed them to plan, coordinate, implement, monitor and evaluate HIV and AIDS programmes, which strengthened HIV programming. This was apparent by a corresponding increase in human resources, procurement of HIV testing commodities, and service delivery through outreach. The information generated will form the basis of future targeted interventions.

UNICEF supported Fiji, Solomon Islands, and Vanuatu in the development of HIV that conformed to 2015 global standards, which resulted in an increase in PITC for pregnant women and contributed to an increase in the number of women who became aware of their HIV status and receive the medical care they required, which ultimately reduced mother-to-child transmission of HIV. The provision of early infant diagnosis in Fiji and the Solomon Islands ensured infants received treatment sooner to prevent HIV-related deaths. Once HIV guidance was in place, more health facilities provided HIV point-of-care, resulting in more women accessing HIV prevention services.

Significant turnover rates among national programme staff remains a chronic issue in the Pacific region, continues to lead to gaps in programme management, coordination and capacity building in spite of efforts by UNICEF to address the challenge. Due to this and other constraints faced by PICT ministries of health, integrating HIV prevention into existing services and job descriptions remains the most effective way to institutionalize HIV prevention.

HIV prevention does not attract a great deal of attention or publicity in the Pacific region due to low prevalence rates and competing, higher profile and more urgent health priorities. Since declining interest and funding both within ministries of health and among the international community coincide with current high rates of STIs, early sexual debut, and low, inconsistent condom usage, there is a risk HIV rates may increase over the medium term.

The flexibility of thematic funds has allowed UNICEF to reach out to the most vulnerable children and allowed for more innovative and sustainable HIV programming. Through thematic funds, UNICEF made a



meaningful contribution to improvements to information and evidence generation, capacity development, the quality of clinical services, and interactions between primary health facilities and communities. The flexibility of thematic funds has enabled UNICEF to take a technically sound, holistic approach to HIV prevention programming.

#### UNICEF Pacific HIV and AIDS Programme Results Framework

UNDAF Outcome 4.1: Increased access to quality health, education and protective services, in particular for women, children, youth and vulnerable populations			
Outcome/Programme Component Result 5: Pacific Island Countries and Territories have and use sound strategic information/data for effective gender- and equity-focused HIV advocacy, policy development, planning and programming			
Outcome 5 indicator	Baseline (2012)	Target by December 2017	As of December 2016
Number of PICTs with national HIV monitoring and evaluation (M&E) framework documents developed and being used to reduce vulnerability of girls, boys, women and men	2 (Fiji, Kiribati)	5 (Fiji, Kiribati, Samoa, Solomon Islands and Vanuatu)	3 Fiji, Solomon Islands and Vanuatu had M&E frameworks. Fiji launched new national strategic plans (NSP) and a corresponding M&E framework for 2016–2020 and Vanuatu finalized a draft 2017–2021 NSP and corresponding M&E framework

#### Overall progress for Outcome 5

HIV related surveillance and data collection mechanisms tend to be weak across all countries in the Pacific. While the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNDP support surveillance of HIV among high risk groups, UNICEF is the only agency that supports surveillance of PPTCT. To that end, UNICEF provided technical and financial support to 13 PICTs to prepare respective GARP and, consequently, more countries – 13 in total – successfully submitted 2015 annual reports and made globally accessible information available on HIV and PPTCT in the Pacific. GARP data, in turn, guided PICTs annual work planning and generated resources for HIV prevention, treatment and care.

Of the 13 countries that completed GARP, 10 provided no data on the number of children and pregnant women living with HIV and on treatment. Fiji and Samoa reported that 100 per cent of the 15 pregnant women and children who were made aware of their HIV status subsequently were enrolled in an ART programme. In Solomon Islands, 13 women living with HIV were enrolled in ART. Absolute numbers of women and children living with and received treatment for HIV are low in PICTs due to limited access to PITC during ANC, which results in under reporting and lack of clarity about the scale of the problem. Mentoring and technical guidance is required to strengthen information systems and services for HIV and PPTCT in PICTs.

UNICEF provided technical input to Vanuatu MoH to draft a single online, facility level reporting tool for monitoring, evaluation and reporting against global, regional and national HIV indicators. After the tool was introduced in Fiji in 2015 and in 2016, the MoHMS consistently demonstrated better follow-up, improved viral load tracking and more accurate planning and targeted resource allocation. The tool will form the basis of a proposed Pacific regional facility reporting tool, which aims at improving understanding of the burden of HIV in the Pacific and targeting of resources, and strengthening capacity building through South-South collaboration.

The Solomon Islands MoHMS HIV unit developed a national monitoring and evaluation plan for HIV and STIs with technical expertise provided from UNICEF, which resulted in the targeting of HIV interventions based on disaggregated evidence.

UNICEF provided technical and financial assistance in collaboration with UNDP to conduct key populations studies in 10 PICTs. The researchers mapped and estimated the population size of at-risk populations and carried out behavioural surveillance of key at-risk populations. As a result of the activity, baseline information is now available on HIV and STIs in high risk populations and will be the basis for future targeted interventions.

<b>Output 5.1: National stakeholders' capacity to plan, coordinate, implement and monitor and evaluate studies/surveys and HIV and AIDS programmes is strengthened</b>			
Output 5.1 indicators	Baseline (2012)	Target by December 2017	As of December 2015
Number of national annual work plans developed and at least 60% of planned activities implemented in particular for women and children, boys and girls	0	(5 focus countries per year from 2013–2017)	4 Fiji, Vanuatu, Solomon Islands, and Kiribati: On track
Number of population-based and specific age- and sex-disaggregated studies/surveys conducted among women and young people to measure progress towards achieving related targets identified in the national strategic plans	4	10	Study completed in 10 countries Draft report submitted for all 10 countries Revisions and finalization to be completed in 2017

### **Overall progress for Output 5.1**

UNICEF provided technical and financial assistance to 10 PICTs to estimate the size of respective at-risk populations; identify demographic and behavioural factors contributing to risk; determine access to services by high risk populations; document experiences of stigma, discrimination and violence; identify social and structural determinants influencing risk status; and, map locations in relation to HIV services.

Multiple methods were used, including qualitative, quantitative, mapping and a capacity assessment to generate evidence on vulnerability to HIV with a particular focus on adolescents. The validation of study results was led by the ministries of health from the 10 countries.

Baseline information on HIV and STI in high risk populations will be the basis for future targeted interventions. UNICEF collaborated with UNAIDS, UNDP, World Health Organization (WHO), UNFPA, Pacific Community, 10 ministries of health and national NGOs in achieving this result.

In Solomon Islands, UNICEF continued to strengthen routine data collection and surveillance/monitoring of programmes, particularly PPTCT and point-of-care rapid HIV testing through the provision of ongoing technical support and mentoring of health workers and support to the national HIV programme to conduct regular monitoring visits to strengthen data collection and reporting at the provincial level.

National HIV/AIDS annual workplans, featuring PPTCT services, were implemented in four PICTs (Solomon Islands, Kiribati, Vanuatu, Fiji). National HIV annual workplans in Vanuatu and Kiribati were integrated into RMNCAH workplans to optimize coordination. UNICEF advocated to ensure all workplans included PPTCT services.

UNICEF also supported the finalization of the HIV/STI Unit annual operational plan for 2017 in Solomon Islands.



Outcome/Programme Component Result 6: Pregnant women and adolescents aged 15–19, particularly those who are at higher risk to HIV exposure, have increased access to relevant information, skills and services to prevent and reduce impact of HIV			
Outcome 6 indicators	Baseline (2012)	Target by December 2017	As of December 2016
Number of PICTs with at least 60% of pregnant women receiving HIV testing in the last 12 months who know their results	0	5	5 Fiji, Samoa, SI, Tonga, Tuvalu (GARPR)
Number of PICTs in which 100% of HIV-positive pregnant women received antiretroviral drugs to reduce the risk of mother-to-child transmission (GARPR report/UNGASS 2012 indicator)	0	5	4 Samoa, Fiji, Federated States of Micronesia (FSM), Tonga (GARPR)

### Overall progress for Outcome 6

Three PICTs (Vanuatu, Solomons, and Fiji) fully integrated PPTCT into maternal and child health services based on UNICEF's recommendation and following substantial technical input by UNICEF.

Two PICTs (Fiji and Solomon Islands) introduced early infant diagnosis testing resulting in the immediate identification and treatment of HIV-positive infants, reducing HIV-related infant death. Viral load testing was also introduced, enabling earlier and more accurate diagnosis of HIV during pregnancy that allowed women to make more informed decisions about preventing mother-to-child transmission of HIV.

UNICEF procured rapid test kits for two PICTs (Solomon Islands and Fiji), ensuring that PITC is available and thereby reducing missed opportunities during ANC.

The availability of HIV testing and counselling services continues to be low in the Pacific region. In Solomon Islands, UNICEF continued the scale up of point-of-care rapid HIV testing services through the delivery of training on HIV testing and counselling to health workers in Isabel, resulting in increased uptake of PPTCT services by ANC attendees. Eight service providers were trained on a two-week comprehensive HIV counseling and testing training package, which resulted in the scale-up of HIV testing services from one to eight additional sites.

UNICEF funded community outreach services in eight of 10 provinces in Solomon Islands that focused on teenaged pregnancy, HIV/AIDS awareness, testing and referral for treatment.

**Output 6.1: By 2017, at least six PICTs have PPTCT, HIV testing and counselling and ART policies/guidelines and services in line with international and global**

Outcome 6 indicators	Baseline (2012)	Target by December 2017	As of December 2016
HIV and AIDS Prevention, PMTCT, treatment and care strategy available	2	12	11 Fiji: Achieved PPTCT policy, HIV testing and counselling policy, HIV care and ARV therapy guidelines Solomon Islands: On track for HIV guidelines on ARV therapy, PPTCT policy, and HIV testing services policy Vanuatu: Achieved all guidelines updated to 2015 global recommendations, HIV testing services, PPTCT, ART, STI and routine surveillance
Number of health facilities providing quality integrated HIV testing and counselling and PMTCT services	26	130	68 Fiji, Vanuatu, Solomon Islands and Kiribati: On track
Adoption of WHO 2015 Consolidated Guidelines on HIV Testing Services and 5Cs, consent, confidentiality, counselling, correct results and connection (Regional Office for East Asia and the Pacific)	0	3	Vanuatu, Fiji, and Solomon Islands: Achieved  Other PICTs have committed dates for updating HIV guidelines in 2017, including FSM which completed all 5 guidelines by February 2017

**Overall Progress for Output 6.1**

UNICEF financed the delivery of training to MoH staff in three PICTs (Vanuatu, Fiji and Solomon Islands) on provision of PPTCT services, thereby upgrading HIV treatment and care services provided to children and women.

Staff from 35 health facilities in Solomon Islands and three health facilities on the outer island Provinces of Tafea and Malampa in Vanuatu were trained on HIV point-of-care testing and treatment, thereby increasing uptake of PPTCT services.

UNICEF, along with UNAIDS and WHO, worked with the Solomon Islands, Vanuatu and FSM to update national consolidated guidelines on the use of ARVs to prevent and treat HIV infection among adults, adolescents and children; national guidelines for HIV testing service, comprehensive STI management, PPTCT, and routine surveillance in line with 2016 updates and recommendations from WHO. UNICEF and WHO will continue to support the roll-out of new recommendations to PICT ministries of health in 2017 and the orientation of health workers on the new recommendations.

<b>Output 6.2: By 2017, at least six PICTs have strengthened capacities to deliver HIV prevention and services for adolescents (aged 10–19) including adolescents at higher risk to HIV exposure</b>			
Output 6.2 indicators	Baseline (2012)	Target by December 2017	As of December 2016
Number of PICTs with at least 60% of young women and men aged 15–19 who can correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission	4	14	Fiji, Vanuatu, Kiribati, Solomon Islands have in place sexual and reproductive health policy and YFHS guidelines. In Solomon Islands National Operational Guidelines for YFHS developed in 2016 to be implemented in 2017
Number of health facilities providing quality youth-friendly health services (YFHS)	13	75	Fiji, and Solomon Islands: On track
Number of service providers trained in provision of quality HIV prevention services for youth	40	375	Kiribati and Vanuatu: Constrained UNICEF will support activities in 2017

### **Overall Progress Output 6.2**

Geographic and logistical challenges make it difficult for remote islanders in PICTs to access health facilities. Hence in Solomon Islands, UNICEF provided funding support to the MoHMS to carry out community outreach activities in eight of 10 provinces to bridge the gap between health awareness teenaged pregnancy, HIV/AIDS and STI awareness, testing and referral for treatment and access to health services. Health education outreach activities reached more than 40 secondary schools, 30 primary schools and 20 community events. One HIV and STI testing and treatment outreach activity was conducted in Isabel Province during an annual week-long cultural festival.

UNICEF further provided technical support to develop national YFHS operational guidelines. Funding support is to be provided in 2017 to print and disseminate the guidelines and train health workers on YFHS. UNICEF also provided funding support to provide furniture such as chairs, tables, benches, filing cabinets, bookshelves, flat screen televisions and solar power to YFHS sites in two provinces of Solomon Islands. Further funding in 2017 will provide HIV/STI testing supplies and health education materials.

UNICEF delivered training on YFHS to staff in all the provinces of Solomon Islands. Information, education and communications materials to complement training and service delivery also were provided. One of the determinants of successful service provision in PICTs is eliminating stigma and discrimination, which result from cultural taboos that prohibit discussions with children and young people on matters of sex, sexuality, reproduction and STIs and constrain government delivery of HIV and STI services.

# Financial Analysis

**Table 1: Planned budget by Outcome Area (in US\$)**

Intermediate Results	Funding Type <sup>1</sup>	Planned Budget <sup>2</sup>
02-05 HIV # General (Strategic Information)	RR	171,000
	ORR	300,000
02-01 PMTCT and infant male circumcision (HIV Related Health Services)	RR	140,000
	ORR	390,000
<b>Total Budget</b>		<b>1,001,000</b>

<sup>1</sup> RR: Regular Resources, ORR: Other Resources - Regular (add ORE: Other Resources -Emergency, if applicable).

<sup>2</sup> Planned budget for ORR (and ORE, if applicable) does not include estimated recovery cost.

**Table 2: Country-level thematic contributions to Outcome Area received in 2016 (in US\$)**

Donors	Grant Number*	Contribution Amount	Programmable Amount
Korean Committee for UNICEF	SC1499020013	150,000	142,857
Korean Committee for UNICEF	SC1499020014	200,000	190,476
<b>Total</b>		<b>350,000</b>	<b>333,333</b>

**Table 3: Expenditures in the Outcome Area (in US\$)**

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
02-01 PMTCT and infant male circumcision		(28,721)	110,431	81,710
02-03 Adolescents and HIV/AIDS		68,992	76,482	145,474
02-05 HIV # General	2	146,284	413,848	560,134
<b>Total</b>	<b>2</b>	<b>186,555</b>	<b>600,761</b>	<b>787,318</b>

**Table 4: Thematic expenses by programme area (in US\$)**

Fund Subcategory	Programme Area	Expense
Other Resources - Regular	02-01 PMTCT and infant male circumcision	(28,907)
	02-03 Adolescents and HIV/AIDS	7,729
	02-05 HIV # General	14,173
<b>Total</b>		<b>(7,005)</b>

**Table 5: Expenses by specific intervention codes (in US\$)**

Specific Intervention Code	Expense
02-01-01 Maternal HIV testing and counselling (PITC)	43,049
02-03-06 Address barriers to accessing HIV services by adolescents	105,355
02-05-01 HIV # General systems	189,698
02-05-08 HIV and AIDS monitoring and bottleneck analysis	224,455
08-01-01 Country programme process	8,757
08-01-04 UNDAF preparation and review	1,898
08-01-06 Planning # General	15,790
08-02-01 Situation Analysis or Update on women and children	22,425
08-02-08 Monitoring # General	3,844
08-02-10 Humanitarian performance monitoring	139
08-03-01 Cross-sectoral Communication for Development	26,455
08-05-03 Logistics	413
08-09-06 Other # non-classifiable cross-sectoral activities	101,596
08-09-07 Public Advocacy	406
08-09-08 Engagement through media and campaigns	8,220
08-09-09 Digital outreach	1,966
08-09-11 Emergency preparedness and response (General)	3,444
3061 HIV prevention for adolescents in low prevalence countries	12,960
5903 Support to C4D interventions for multiple OTs within FA5	28
6902 Operating costs to support multiple focus areas of the MTSP	293
7921 Operations # financial and administration	12
Unknown	16,115
<b>Total</b>	<b>787,318</b>

# Future Workplan

The UNICEF vision of an AIDS-free generation is conceptualized around the life cycle of a child, that all children are born free of HIV, and remain HIV-free for the first two decades of life, from birth through adolescence, and that all children living with and affected by HIV have the treatment, protection, care and support they need to survive and thrive. To achieve this vision, activities in 2017 will include the following:

- Support for the roll-out of dual HIV/syphilis rapid diagnostic testing services to increase testing coverage among ANC mothers for PPTCT and prevention of congenital syphilis among children.
- Support for the scale-up of point-of-care HIV testing and PPTCT at ANC sites through the delivery of training on PPTCT and rapid HIV testing and counselling to service providers from selected health facilities.
- Strengthening of outreach activities on PPTCT, HIV testing, syndromic STI management and treatment that target pregnant women, youth and other key populations.

Furthermore, continued support to PICTs is required related to the procurement and distribution of rapid HIV test kits and other HIV testing supplies for health facilities and the strengthening of routine data collection and surveillance/monitoring of programmes, particularly PPTCT and point-of-care rapid HIV testing and services. UNICEF will concentrate resources on eliminating PPTCT, where UNICEF is virtually the sole health partner and where attaining zero transmission is a realistic goal. The estimated budget required for 2017 (including funding shortfalls) is summarized below in Table 6.

**Table 6: Planned budget and available resources for 2017**

Intermediate Result	Funding Type	Planned Budget <sup>1</sup>	Funded Budget <sup>1</sup>	Shortfall <sup>2</sup>
Strategic Information	RR	171,000	20,016	150,984
	ORR	300,000	87,380	212,620
Prevention of Parents to Child Transmission	RR	100,000	100,000	0
	ORR	250,000	229,203	20,797
HIV Prevention	RR	40,000	40,000	0
	ORR	140,000	63,556	76,444
<b>Subtotal Regular Resources</b>	<b>RR</b>	<b>311,000</b>	<b>160,016</b>	<b>150,984</b>
<b>Subtotal Other Resources – Regular</b>	<b>ORR</b>	<b>690,000</b>	<b>380,140</b>	<b>309,860</b>
<b>Total for 2017</b>		<b>1,001,000</b>	<b>540,156</b>	<b>460,844</b>

<sup>1</sup> Planned and Funded budget for ORR (and ORE, if applicable) excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration.

<sup>2</sup> Other Resources shortfall represents ORR funding required for the achievements of results in 2017.

## Expression of Thanks

The UNICEF Pacific HIV and AIDS Programme expresses its deep appreciation to all resource partners who contributed to reducing the risk of HIV transmission and enhancing the quality of HIV prevention services for women, children and adolescents in the Pacific region. We would like to make a special acknowledgement to national committees, particularly the Korean Committee for UNICEF, for their continued support. Thematic funding enables UNICEF Pacific more flexibility to provide technical, operational and programming support to Pacific Island countries and to continue to deliver quality services to vulnerable children and communities.



## Annex1: Report Feedback Form

**Title of Report/Project:** SC149902 HIV and AIDS Programme Thematic Report January–December 2016

**UNICEF Office:** UNICEF Pacific

**Donor Partner:**

**Date:**

### Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:

Name:

Email:

\*\*\*

**SCORING:** 5 indicates “highest level of satisfaction” while  
0 indicates “complete dissatisfaction”

1.To what  
extent did

the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5

4

3

2

1

0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5

4

3

2

1

0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?



**SCORING:** 5 indicates “highest level of satisfaction” while  
0 indicates “complete dissatisfaction”

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5

4

3

2

1

0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5

4

3

2

1

0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

**Thank you for filling this form!**

For more information contact:

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