



GOAL AREA 1

Every child survives and thrives

Global Annual
Results Report 2020

unicef 
for every child

Cover image: © UNICEF/UN0336408/Babajanyan
One-year-old Sugarmaa Batjargal is held by her mother near their ger (nomadic tent) in Alag-Erdene district, Khövsgöl province, Mongolia. In Khövsgöl, Mongolia's northernmost province, newborn mortality rates have decreased significantly, from 15.4 deaths per 1,000 live births in 2014 to 13 deaths per 1,000 live births in 2017. Since 2014, UNICEF has provided two types of training to mothers: one to prepare women for delivery, and one to teach them how to take care of their babies at home.

Sugarmaa's doctor has been the bagh (community doctor) for more than 30 years. Over the years he has seen a reduction in maternal mortality and – with the introduction of vaccinations – a steep reduction in the child mortality rate. Through the Ministry of Health and UNICEF, he has received training on child survival and reproductive health, which has further enriched his knowledge and ability to provide quality services to his community.

Expression of thanks: © UNICEF/UN0408610/Beltrán
Thanks to the support of the Ayuntamiento de Madrid, UNICEF has worked together with local authorities and our implementing partners in health, nutrition, water, sanitation and hygiene, protection and Communication for Development activities in Vichada, Colombia.



Expression of thanks

UNICEF's work is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential.

Our partners put their trust in us, knowing we are consciously and systematically guided by human rights standards and principles, and seek to support the realization of human rights as laid down in the Convention on the Rights of the Child and other international human rights instruments. Those who fund our work are making it possible to reach children who are the most deprived, disadvantaged and discriminated against.

We take this opportunity to thank all our partners for their commitment to UNICEF's rights-focused mandate and the trust they place in UNICEF's ongoing work to translate child rights principles into concrete positive realities for children.

PARTNER TESTIMONIAL

Luxembourg's development cooperation is driven by its commitment to global solidarity. Its main objective is to contribute to the eradication of poverty and to the promotion of economic, social and environmental sustainability. Luxembourg aims, in particular, at ensuring a minimum level of livelihood, in a rights-based environment, and creating equal opportunities for all, particularly for the most vulnerable and unprivileged, so that everyone can actively determine the course of their own lives. Together with UNICEF, Luxembourg fights for the right of every child and youth to grow up healthy, strong and safe. Our continued multi-annual flexible funding allows UNICEF to react where needed, when needed, and to strive towards young child survival and development. At the same time, Luxembourg's financial commitments enable UNICEF to focus on strengthening equal access to quality basic education, gender equality, access to clean water, sanitation and hygiene, food security and nutrition, addressing HIV/AIDS among adolescents, as well as reinforcing maternal health systems.

- Franz Fayot, Minister for Development Cooperation and Humanitarian Affairs, Luxembourg (2020)



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A child adjusts her mother's face mask as a preventative measure to curb the spread of COVID-19 while waiting for a bus in Banda Aceh, Indonesia.

Seventy-four years after UNICEF was established and thirty-one years since the adoption of the Convention on the Rights of the Child, the organization's mission to promote the full attainment of the rights of all children is as urgent as ever.

The UNICEF Strategic Plan, 2018–2021 is anchored in the Convention on the Rights of the Child and charts a course towards attainment of the Sustainable Development Goals and the realization of a future in which every child has a fair chance in life. It sets out measurable results for children, especially the most disadvantaged, including in humanitarian situations, and defines the change strategies and enablers that support their achievement.

Working together with Governments, United Nations partners, the private sector, civil society and with the full participation of children, UNICEF remains steadfast in its commitment to realize the rights of all children, everywhere, and to achieve the vision of the 2030 Agenda for Sustainable Development, a world in which no child is left behind.

The following report summarizes how UNICEF and its partners contributed to Goal Area 1 in 2020 and reviews the impact of these accomplishments on children and the communities where they live. This is one of seven reports on the results of efforts during the past year, encompassing gender equality and humanitarian action as well as each of the five Strategic Plan Goal Areas – 'Every child survives and thrives', 'Every child learns', 'Every child is protected from violence and exploitation', 'Every child lives in a safe and clean environment', and 'Every child has an equitable chance in life'. It supplements the 2020 Executive Director Annual Report, UNICEF's official accountability document for the past year.

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Executive Summary

A mother and child in Peru, where UNICEF and partners provide primary health care services to expectant mothers and their children.

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The coronavirus disease 2019 (COVID-19) pandemic has thrown the vulnerability of children into sharp relief. While young people are not among those most at-risk of contracting the virus, the social and economic ramifications of the pandemic have been particularly acute for the most vulnerable and marginalized. Shocks to the global economy, to networks and services, to social systems and to parents and caregivers have slowed progress against every measure of child survival, growth and development.

Ensuring that every child has equal access to their rights, as enshrined in the Convention on the Rights of the Child, remains the bedrock of UNICEF's mission. And while UNICEF and its partners strive to address inequalities, abuses and discriminatory practices that prevent children from accessing these rights, massive barriers continue to prevent millions of children from surviving and thriving. It is within this context – and in the face of COVID-19 – that UNICEF continued its critical work during 2020 to reach every child with life-saving and life-sustaining support.

UNICEF's Goal Area 1 brings together four interconnected sectors – health, nutrition, HIV/AIDS and early childhood development (ECD) – in support of Sustainable Development Goals (SDGs) 2, 3, 4 and 5. The push to maintain momentum towards achieving the SDGs has become even more critical considering the increased vulnerabilities caused by COVID-19. Throughout the year, UNICEF redoubled efforts to save lives, maintain critical services and continue strengthening the systems that support children's ability to survive and thrive.

The progress made despite significant lockdowns and restrictions in access served to highlight the tenacity of the organization and its global network of partners, as well as the innovation and convening power that has made UNICEF a global leader in children's rights for 74 years. Continued financial support from UNICEF's generous donors made that progress possible. Even with the logistical challenges caused by the pandemic, funding for the Goal Area 1 programmes reached 150 countries and offices during the year, with expenses totalling \$2.2 billion, or 38 per cent of UNICEF's annual expenses. This included \$735.6 million for humanitarian action across 141 countries and offices.

Key results achieved in 2020

UNICEF supported all countries in their COVID-19 response to reduce transmission and mortality. UNICEF joined ACT-A (Access to COVID-19 Tools Accelerator) to scale up COVID-19 vaccines, diagnostics and treatment, while simultaneously strengthening primary health-care systems. In maternal and newborn health (MNH), UNICEF supported an additional seven countries to make a total of 38 countries implementing plans to strengthen the quality of maternal and newborn primary health care (PHC). Some 30.5 million live births took place in health-care facilities through UNICEF-supported programmes. To improve the quality of care, UNICEF supported water, sanitation and hygiene (WASH) in 4,725 health-care facilities in the 52 high-burden countries.

Nigeria was certified as free of the wild polio virus, in turn affording Africa the same status. UNICEF contributed to this through its role as a key partner within the Global Polio Eradication Initiative (GPEI) in delivering vaccines and mobilizing communities. Some 2.9 million girls in target countries received their final dose of the human papillomavirus vaccine (HPV) and the number of countries that introduced HPV into their immunization schedule doubled, from 8 to 16. UNICEF and partners supported the vaccination of 66.3 million children with three doses of the DTP vaccine in 64 priority countries in 2019, and in 63 countries reporting a humanitarian situation, a total of 17 million children were vaccinated against measles.

UNICEF provided procurement services to governments and other development partners: UNICEF procured 1.9 billion doses of vaccines for 102 countries, enough to reach 45 per cent of the world's children under 5 years of age.

UNICEF supported the skills enhancement of 36,816 community health workers in 18 countries and distributed insecticide-treated nets to 17.5 million people in 22 countries, including 2.5 million in humanitarian situations. Some 8.6 million children with suspected pneumonia received antibiotics in 25 high-burden countries through UNICEF-supported programmes. Between 2016 and 2020, the number of countries with multisectoral and gender-responsive national plans tripled from 25 to 75. UNICEF actively supported the implementation of these plans in 36 countries and supported 42 countries to implement school health programmes reaching adolescents in at least two areas of intervention, an increase of nine countries since 2019.

A key part of UNICEF's COVID-19 response was delivering 16,795 oxygen concentrators to 94 countries. These devices take in air from the environment, remove nitrogen, and produce a continuous source of oxygen. Medical oxygen is a life-saving service for children with severe pneumonia in low- and middle-income countries, as well as for mothers and newborns.

Nutrition programmes continued providing critical support in 2020, although the pandemic threatened to unravel years of hard-won progress by disrupting access to nutritious, safe and affordable diets; upending the delivery of essential nutrition services; and negatively impacting child feeding practices in many countries. UNICEF's response focused on maintaining services through programming adaptations and by leveraging innovations to respond to delivery challenges. Despite the setbacks of 2020, some 244 million children under 5 were reached with services to prevent stunting and other forms of malnutrition in early childhood; 35 million adolescents were reached with services to prevent anaemia and other forms of malnutrition; and about 5 million children were reached with services for the early detection and treatment of severe wasting.

With UNICEF support, 46.1 million¹ caregivers of children under 2 received counselling on breastfeeding and complementary feeding in 2020. UNICEF supported the scale-up of programmes to improve dietary diversity in 58 countries (an increase from 47 countries in 2019), while point-of-use fortification programmes reached 10 million children. As part of efforts to improve women's nutrition, UNICEF supported 71 countries to deliver nutrition counselling services for pregnant and breastfeeding women, an increase from 68 countries in 2019.

In response to school closures and other disruptions, UNICEF adapted delivery platforms to maintain nutrition services for school-age children and adolescents. The number of countries implementing UNICEF-supported programmes on the prevention of anaemia in adolescents increased from 29 in 2019 to 43 in 2020. UNICEF also made significant strides in scaling up programmes to prevent overweight and obesity: 9.6 million adolescents were reached with services to prevent overweight and obesity in 2020 – a significant jump from 5.7 million in 2019.

While the pandemic presented immense challenges, it also created unexpected opportunities to accelerate progress in innovative ways. The urgency to maintain life-saving services for children with wasting sparked unexpected policy and programme opportunities and catalysed a radical shift in approaches – such as empowering caregivers to detect child wasting at home, engaging communities in treatment via community health workers and introducing new simplified approaches to expedite treatment. These changes were adopted rapidly across more than 70 countries in 2020. As a result, UNICEF and partners were able to sustain treatment for nearly 5 million children in 2020 – the same reach as in the previous year.

In facing the profound challenges of COVID-19 challenges, UNICEF continued to 'build back better' for children and adolescents living with and at risk of HIV, with a renewed understanding of the concurrent pandemics of COVID and AIDS. In all its programme countries, especially in the 35 countries² prioritized for intensified action, UNICEF has provided COVID-responsive innovative programme support, including tele-case management, tele-counselling/ psychosocial support, health education and social

messaging using U-Report and tele-peer support. UNICEF worked closely with governments to modify guidelines to make use of multi-month drug dispensing and encouraged and supported home-based services, including early infant diagnosis and viral load testing for families and adapted self-testing coupled with tele-counselling.

In the midst of the pandemic, Eswatini has accomplished the goal of the 'three 90s': 90 per cent of people living with HIV knowing their status, 90 per cent of those who are positive receiving treatment and 90 per cent of those on treatment experiencing viral suppression. Botswana submitted a request to the World Health Organization (WHO) seeking validation for being on the path to elimination of new HIV infections in children. In several countries, including Belarus, the Central African Republic, Lesotho, Malawi, Namibia, South Africa, Uganda, the United Republic of Tanzania and Zambia, UNICEF-supported peer-led programmes mobilized young people and mothers in the community to provide social protection packs containing food and cash support, COVID-19 prevention information, HIV prevention counselling and HIV care services to hundreds of pregnant and breastfeeding adolescents.

UNICEF's mandate to represent children and adolescents living with, and at risk of, HIV has never been more important than today. This was further recognized in early June 2021 when world leaders convened at the United Nations High-Level Meeting on HIV/AIDS and recommitted to ending AIDS in children and adolescents as a public health threat by 2030.

The COVID-19 pandemic has also underscored a crisis of care and learning. It has also highlighted the significance of parents and caregivers as first responders for children's learning and development, especially when childcare and early learning services are disrupted. In addition to providing adaptable and flexible support to children and families, UNICEF worked to strengthen systems by collaborating with partners to explicitly elevate the needs of parents/caregivers, and to further amplify the importance of creative and alternative play-based learning and responsive care opportunities. UNICEF country offices were able to adapt interventions for continuing delivery of essential early childhood and parenting/caregiver support services at scale.

Country offices were also able to continue to enhance policy environments. In 2020, 87 countries – four more than in 2019 – have established a national ECD policy or action plan. Some 117 countries, up from 105 in 2019, have government-owned multisectoral ECD programmes, which focus on promoting stimulation and nurturing care for young children. Of these countries, 53 are scaling up these programmes with costed action plans. UNICEF supported nearly 2.8 million children under 5 years of age to participate in ECD and/or early learning programmes in humanitarian contexts in 74 countries, including through remote modalities, such as online programmes, in response to COVID-19.

Year-on-year progress in ECD is promising. However, with only 57 per cent of children in UNICEF programme countries receiving early stimulation and responsive care, action needs to be stepped up to achieve the SDG target

4.2 for ECD which aims that, by 2030, all girls and boys have access to quality early childhood development, care and pre-primary education.

Looking ahead

At the end of 2020, the pandemic was still ravaging communities around the world – in many countries the worst is yet to come. The range of COVID-19 vaccines was only just becoming available and, even then, primarily in high-income economies. This serves as a stark reminder of the critical need to prioritize the strengthening of health systems, already a central focus of UNICEF's work.

The long-term impact of COVID-19 will be significant. And as with any emergency and the subsequent recovery, the ongoing response will focus on ensuring that critical

windows of opportunity for the provision of health, nutrition and development services are maximized so that governments and communities can provide solid support for service providers across the sectors, as well as for the ultimate front-line responders, parents and caregivers.

Although emergency response efforts will continue throughout 2021 and beyond, it is more critical than ever to collectively focus on the SDGs, which are the foundation for countries and communities and are essential if all children are going to have full and equal access to their rights.



A young girl in Jordan at a UNICEF-supported Makani centre.



Strategic context: Children survive and thrive

Mahdya Fahmi, 9 years old, lives in a UNICEF-supported camp for internally displaced people in Ninewa, Iraq.

© UNICEF/UN0391138/Anmar

In 1989, the United Nations General Assembly adopted the Convention on the Rights of the Child – now the most ratified treaty in history. In the Convention, global leaders agreed that children are more than objects or property and are individuals with their own rights. The Convention asserts that childhood is a protected and unique time, distinct from adulthood, when children have the right to grow, learn and develop with dignity.

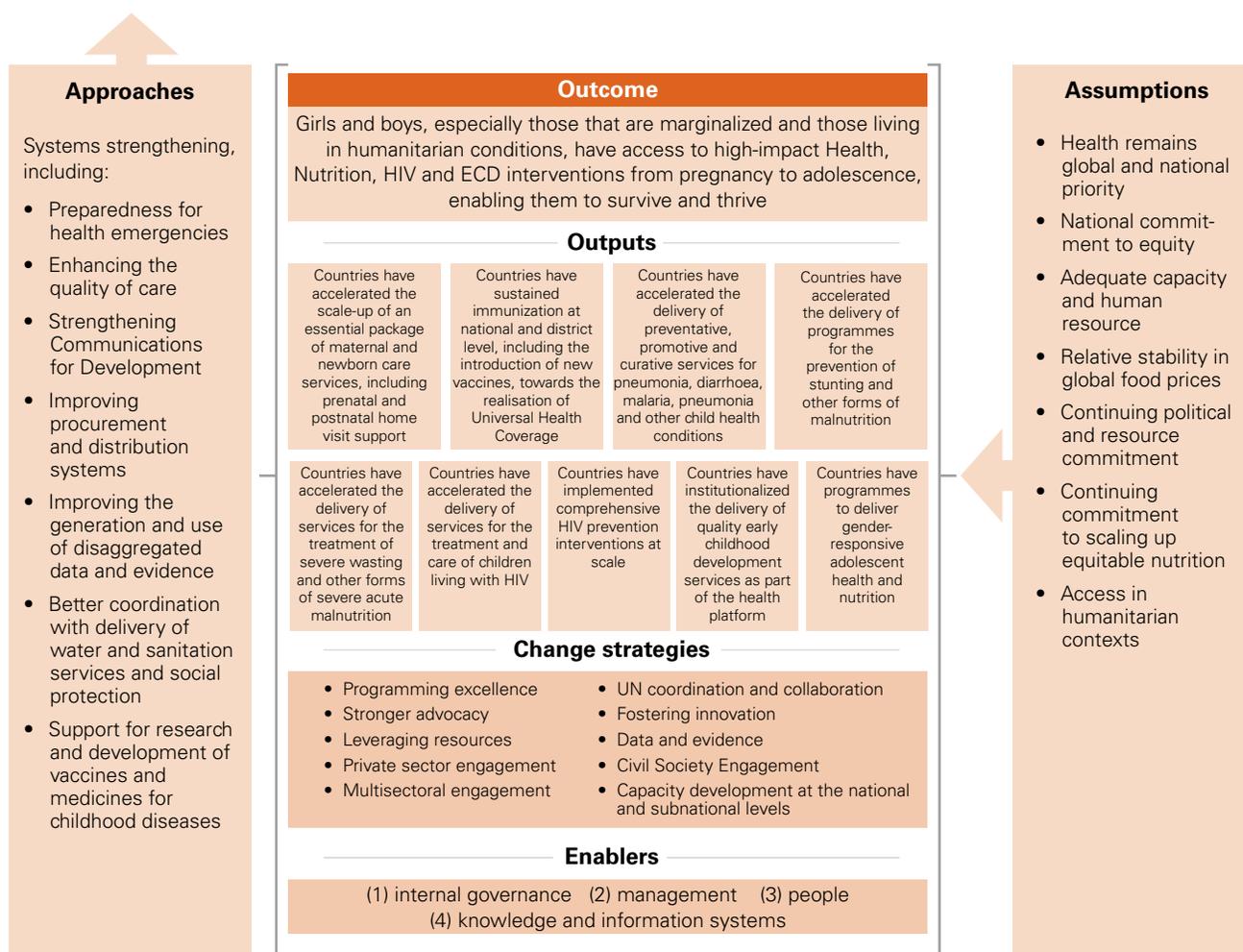
Through Goal Area 1 of its Strategic Plan, 2018–2021, UNICEF has committed to ensuring that, despite both local and global challenges, every child survives and thrives. Goal Area 1 recognizes that poverty, the environment, malnutrition, inaccessible or inadequate care, HIV, and poor maternal health and nurturing practices prevent millions of children from surviving early childhood and from growing into healthy adults.

UNICEF seeks the full attainment of Goal Area 1 by working to strengthen systems across four interconnected sectors: health, nutrition, HIV/AIDS and early childhood

development. The UNICEF theory of change suggests that girls and boys, especially those who are the most vulnerable and marginalized, will have the best chance in life if certain critical, quality services are available to them at specific times throughout their lives. The holistic approach adopted by UNICEF is designed to ensure that children have all of the life-saving and life-changing services they need to grow into healthy adulthood.

UNICEF Goal Area 1 programmes include the following nine areas: adolescent health and nutrition, child health, early childhood development, HIV prevention, treatment and care of children and adolescents living with HIV, immunization, maternal and newborn health, prevention of stunting and other forms of malnutrition, and the treatment of severe wasting. These programmes feed into a strategy aimed at strengthening the systems that support access to children’s health, food and social protection in support of the Sustainable Development Goals (SDGs) 2, 3, 4 and 5, and a vision of a world in which no child is left behind.

FIGURE 1: Schematic overview of Goal Area 1



Global trends

In 2020, the coronavirus disease 2019 (COVID-19) pandemic interrupted progress in every key measure of child survival, growth and development. Severe service disruptions reduced access to maternal, newborn and child health, nutrition and HIV services and immunization. Some 214 million children have missed more than three quarters of their in-person learning, and the schools of over 168 million children were closed, many for an entire year. Movement restrictions increased the risk of abuse and neglect and of gender-based violence, which in turn increased the risk of HIV transmission for women and children. Access to services and protection became an even greater challenge for many refugees, migrant and internally displaced children. While the initial impact of the pandemic has been immediate and severe, the consequences for children will be felt long into the future.

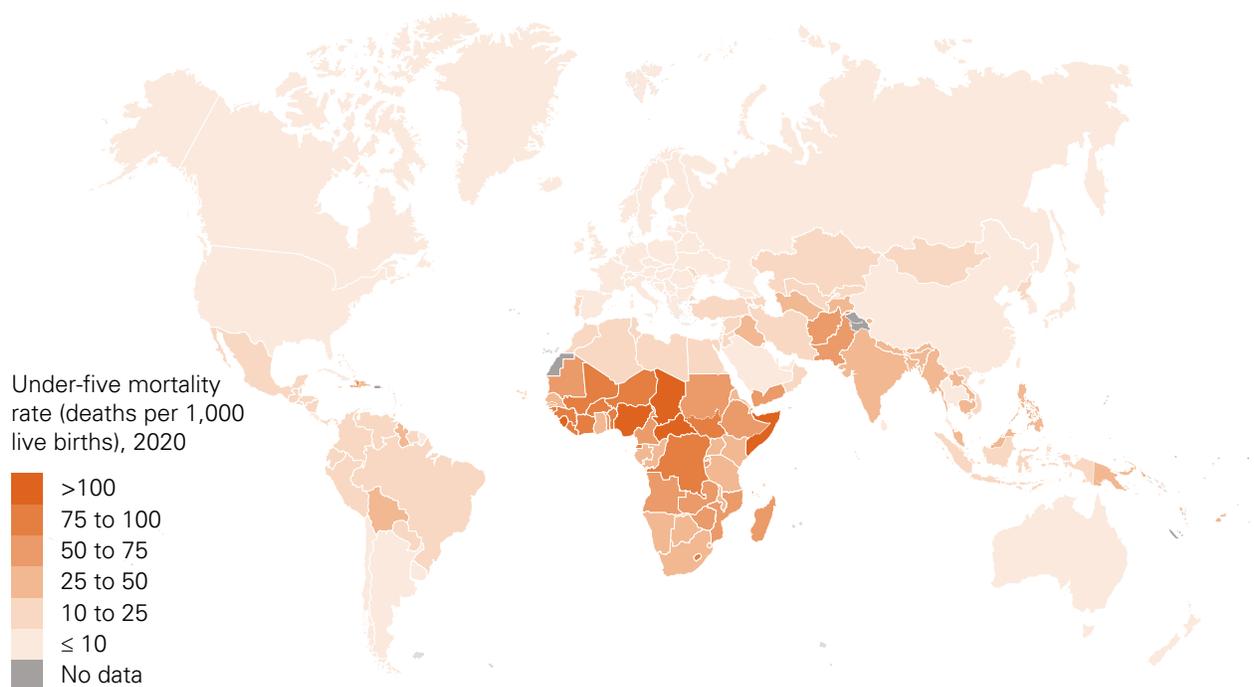
Global trends in health

Over the last two decades, remarkable progress has been made in reducing child mortality. Globally, the risk of dying for children under 15 years of age declined and, since 2000,

progress in reducing neonatal and under-five mortality has accelerated, including in many low-income countries. The global neonatal mortality rate fell from 37 deaths per 1,000 live births in 1990 to 17 deaths per 1,000 live births in 2019 – a 52 per cent decline. Under-five mortality rates declined from 93 deaths per 1,000 live births in 1990 to 38 deaths per 1,000 live births in 2019 – a decline of almost 60 per cent. Further progress was achieved in reducing the adolescent (ages 10–19 years) mortality rate, which declined from 13 deaths per 1,000 adolescents in 1990 to an estimated 8 deaths per 1,000 adolescents in 2019 – a decline of almost 40 per cent.³ However, the COVID-19 pandemic may reverse the trends or slow down progress towards SDG 3.

In 2019, some 70 per cent of the deaths reported among children and youth under 25 years of age were of children aged under 5 years.⁴ Inequities persist, with the vast majority of child deaths occurring in sub-Saharan Africa and South Asia, and in poor households. Globally, pneumonia, diarrhoea and malaria remain the leading causes of death for children under 5 years of age, accounting for 15 per cent, 8 per cent and 5 per cent of deaths, respectively.

FIGURE 2: Under-five mortality rate (deaths per 1,000 live births) by country, 2019



Source: United Nations Inter-agency Group for Child Mortality Estimation (2020).⁵

While global neonatal deaths declined from 5 million in 1990 to 2.4 million in 2019, these deaths accounted for a larger share of under-five deaths in 2019 due to the faster global decline in mortality among children aged 1–59 months.⁶

Over 1 million children (aged 0–19 years) die every year from non-communicable diseases including diabetes, road traffic accidents, drowning, interpersonal violence and self-harm. Globally, some 10–20 per cent of adolescents experience mental health conditions and suicide is the third most common cause of death in young people aged 15–19 years. Environmental risks such as air pollution, childhood lead exposure and climate change are also impacting the survival, health and well-being of children.⁷

Between 2000 and 2017, maternal mortality decreased by 38 per cent,⁸ but at an insufficient rate of decline to achieve the global Sustainable Development Goal (SDG) target by 2030. Coverage of antenatal care, birth attendance by skilled health personnel, and postnatal care within two days of birth remain lowest in the most marginalized groups.

COVID-19 and health

While children are at relatively low risk of mortality and severe morbidity from COVID-19, the indirect effects of the virus, stemming from strained health systems and disruptions to life-saving health services could result in devastating increases in child deaths, eroding decades of progress. In May 2020, provision of routine immunization services was substantially hindered in at least 68 countries and was expected to potentially affect around 80 million children under the age of 1 year.⁹ However, by the end of 2020, in many instances routine immunization and supplementary immunization activities had partially or fully resumed. The recovery was slower for maternal and newborn health services. Disruptions of essential health services continue to evolve as health systems respond to the pandemic.

By the end of October 2020, UNICEF analysis from 141 countries reporting on the socioeconomic impact of COVID-19 showed that around one third of countries experienced a reduction of at least 10 per cent in coverage of health services, compared with the previous year.¹⁰ An additional 2 million deaths of children under 5 years of age¹¹ and 200,000 additional stillbirths¹² could occur over a one-year period as a result of the worst-case estimates of disruptions to health services and rising malnutrition.

Global trends in nutrition

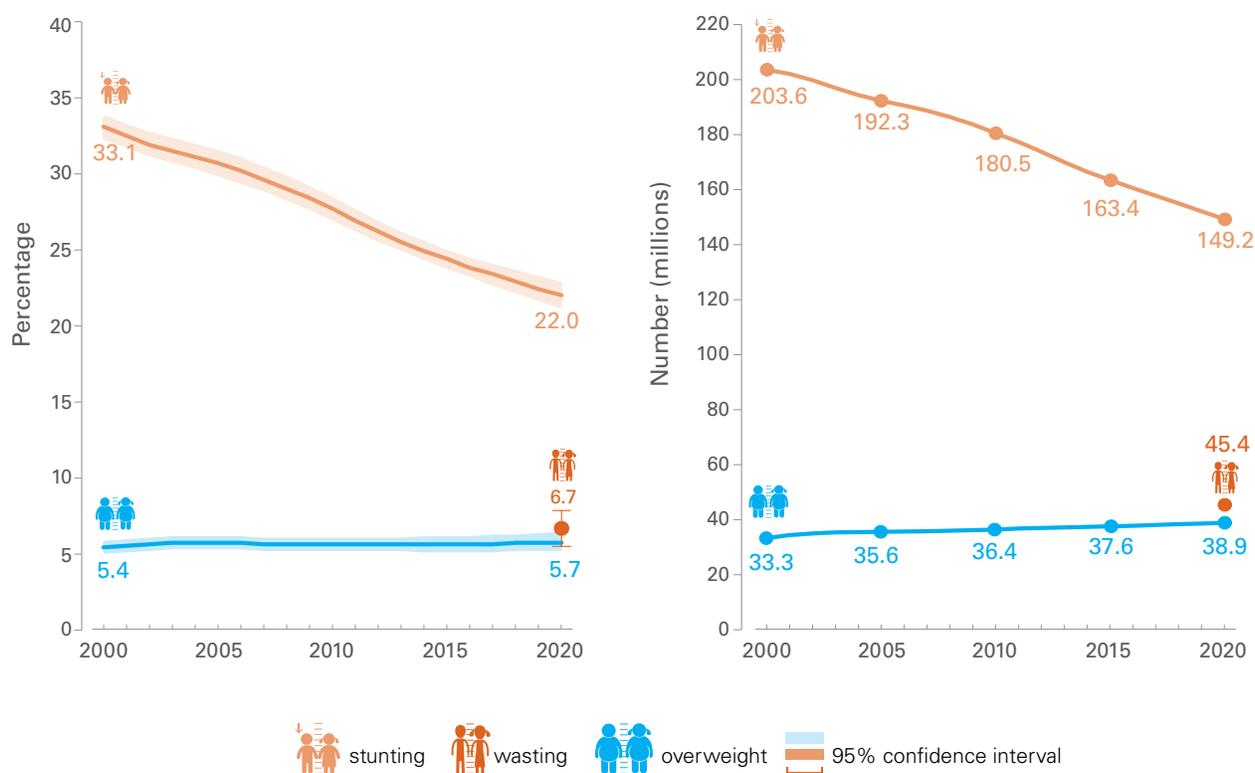
Through the collective efforts of governments and the global community, the proportion of children under 5 years of age suffering from stunting has declined by one third since 2000 and the number of stunted children has decreased by 55 million. This has allowed more children to survive, grow, develop, learn and contribute to their communities and nations.

Despite this important progress, 1 in 3 children are not growing well because of malnutrition.¹³ Globally, 149.2 million children are affected by stunting, about 45.4 million children suffer from wasting¹⁴ and at least 340 million children have vitamin and mineral deficiencies.¹⁵ In 2020, there were also 38.9 million children globally affected by overweight (*see Figure 3*).¹⁶ An estimated 154 million women are underweight, 520 million are anaemic and 567 million are overweight.

COVID-19 has likely worsened this situation, increasing all forms of malnutrition and widening existing inequities, especially in low- and middle-income countries and among children and women from poorer households in high-income countries. An additional 42 million children could become hungry due to the socioeconomic impact of the pandemic on children and women.¹⁷ Without deliberate and timely action, the impact of the pandemic could result in an additional 6.7 million children under 5 with wasting, a 14 per cent rise that could translate into more than 10,000 additional child deaths per month, mostly in sub-Saharan Africa and South Asia.¹⁸

Rates of child and adolescent overweight may also rise in the wake of the pandemic, as nutritious foods become increasingly unaffordable, families increase their consumption of unhealthy, processed convenience foods, and opportunities for physical activity are constrained or limited.

FIGURE 3: Percentage and number (millions) of children under 5 years of age with stunting, wasting and overweight, global, 2000–2020



Source: UNICEF et al. (2021).¹⁹ Household survey data on child height and weight were not collected in 2020 due to physical distancing policies, with the exception of four surveys. These estimates are therefore based almost entirely on data collected before 2020 and do not take into account the impact of the COVID-19 pandemic. However, one of the covariates used in the country stunting and overweight models takes the impact of COVID-19 partially into account (see page 3 of the Joint Malnutrition Estimates for further details).

COVID-19 and nutrition

The COVID-19 pandemic risks undermining the nutrition of children, adolescents and women around the world. Some of the strategies implemented to reduce transmission of the virus have disrupted the production, transportation and sale of nutritious, fresh and affordable foods, forcing millions of additional families into food insecurity or reliance on processed foods and nutrient-poor staples. Further, strained health systems and interruptions in humanitarian responses have eroded access to essential and often life-saving nutrition services.

In the first few months of the pandemic, the global coverage of nutrition services for children, adolescents and women declined by nearly 40 per cent due to disruptions in the delivery of essential nutrition interventions. Some key nutrition services resumed towards the end of 2020, particularly those delivered through community platforms, which were able to adapt quickly to bring services closer to children and women. Interventions delivered through schools, such as iron and folic acid supplementation, were postponed or delivered through other platforms due to school closures, and are expected to recommence fully as schools reopen.

Global trends in HIV and AIDS

At the end of 2019, it was clear that the world was far from achieving the 2020 global super-fast-track targets towards ending AIDS by 2030 in children, adolescents and young women. These include reducing the number of new infections in children and adolescents to fewer than 20,000 per year, treating 2.4 million children and adolescents with HIV, and reducing new infections among adolescent girls and young women to fewer than 100,000 per year.²⁰

Globally, the number of AIDS-related deaths among children aged 0–19 has fallen by more than one half (53 per cent) since 2000 because of expanded treatment services. Children living with HIV are now more likely to survive into adolescence or adulthood. But even though the number of deaths has declined, deaths in children under 5 years old still account for the majority of deaths (60 per cent in 2019) among children aged 0–19 living with HIV (see Figure 4).

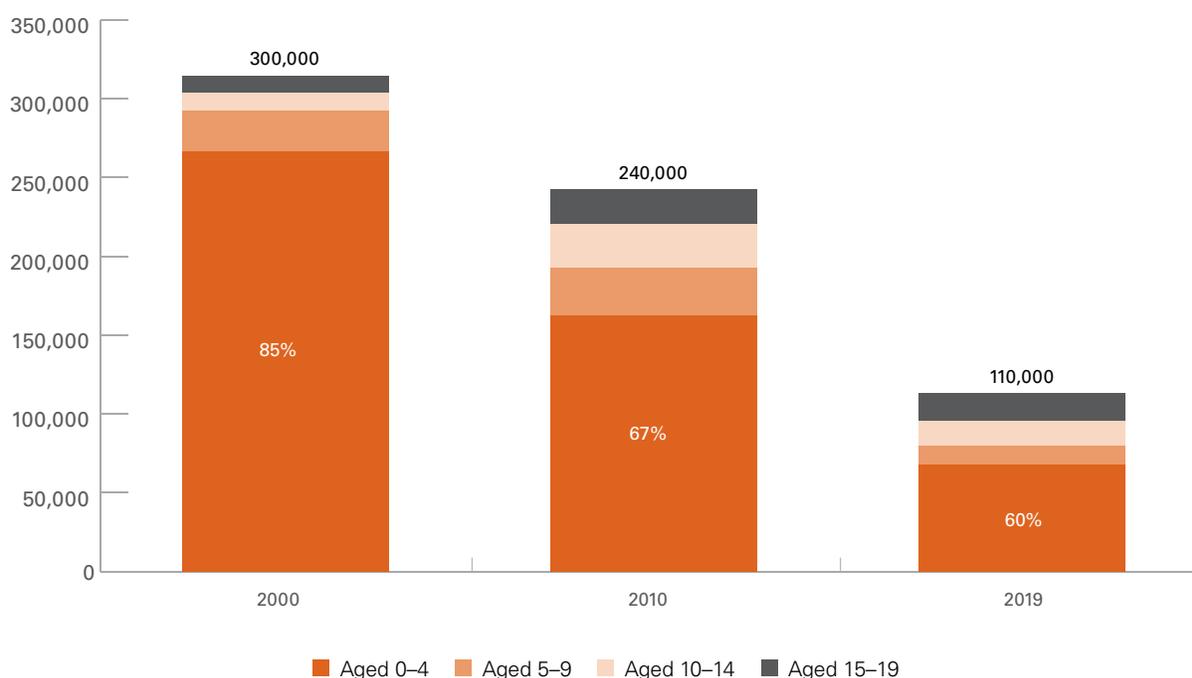
In 2019, only 53 per cent of children (aged 0–14) living with HIV had access to antiretroviral treatment (ART), an increase of only 12 percentage points over the previous four years. The coverage level remained markedly lower than among pregnant women (85 per cent) and adults living with HIV (67 per cent).

The relative success of treatment coverage among pregnant women could not build or sustain sufficient progress toward many critical prevention and diagnostic targets. However, even with 85 per cent of pregnant women, globally, accessing HIV treatment for their own health and to prevent vertical transmission, an estimated 150,000 children were newly infected in 2019, far short of the fewer than 20,000 target for 2020. Three in five (60 per cent) infants born to pregnant women living with HIV received a virological test for HIV at 6–8 weeks of age.

Also, the rate of progress in prevention of mother-to-child transmission (PMTCT) has itself stalled since 2016, a sharp contrast to the rapid improvements in the early years of HIV response. Globally, HIV treatment coverage for pregnant women living with HIV increased by 37 percentage points between 2010 to 2015, and the 2019 level of 85 per cent was only 5 percentage points higher than in 2016.

There are three main reasons why global progress in treatment and prevention for children has stalled. First, fewer resources have been available due to competing priorities to achieve the 2030 SDGs among funders, government stakeholders and implementing partners. Second, the context of programming has changed dramatically over the past decade but approaches to programming have not. In countries where progress has stalled, there is still an over-reliance on centralized services, along with siloed programmes that remain

FIGURE 4: Annual number of AIDS-related deaths among children aged 0–19 years, by five-year age group, 2000, 2010 and 2019



Source: Global AIDS Monitoring 2020 and UNAIDS 2020 estimates.



A child has her temperature checked by a health worker before she and her mother enter the Tegalrejo Community Health Centre in Yogyakarta, Indonesia. The pandemic has placed significant strain on the Indonesian health system as workers and resources are diverted to support the response. UNICEF is supporting authorities in Central Java, the third most populous province on the island of Java, to ensure women and children continue to have access to essential health, nutrition and immunization services as well as key information on COVID-19.

poorly integrated with other health services. Finally, the impacts of the COVID-19 pandemic, which are not yet fully understood and may continue to evolve in many places, and the ensuing global economic downturn have been and will continue to be major challenges to global progress in the response to AIDS.

Despite stalled progress at the global level, some countries made impressive, even extraordinary, achievements in the response to HIV during 2020. These examples show what is possible when political commitment, partnership, resources and community leadership come together to implement HIV prevention and treatment interventions at scale and offer children and adolescents at risk of or living with HIV a chance to survive and thrive.

COVID-19 and HIV

The COVID-19 pandemic has reminded the world of the extreme vulnerabilities experienced by mothers, children and adolescents living with and at risk of HIV. The effects of COVID-19 on the global AIDS response only exacerbated the poor progress in HIV prevention and treatment for children and adolescents that began to stagnate in 2015.

Preliminary survey data show that the pandemic has caused significant disruption of services and increased the risk of HIV transmission. Children have been deeply affected: paediatric ART and viral load testing showed significant declines (50–70 per cent in reporting countries), and new treatment initiations for children aged 0–14 years fell by 25–50 per cent. Health facility deliveries and maternal HIV testing and ART initiation have also decreased substantially in a number of countries. Supplies of key commodities have been disrupted and prevention services for adolescents have been put on hold as economies falter and governments and other stakeholders divert resources to pandemic response. People living with HIV have not come for follow-up, and, at the same time, within homes and communities, violence is on the rise, exposing a whole new generation to HIV.^{21 22}

In many countries, uptake of HIV services rebounded in June 2020 due to easing of lockdown measures and strategic efforts to prioritize the health needs of pregnant women and children. However, by the end of the year coverage levels are still far from numbers expected prior to the COVID-19 pandemic.

Global trends in early childhood development

Since the beginning of the Strategic Plan 2018–2021, there has been a consistent trend towards institutionalizing early childhood development (ECD) programmes within government systems, paving the way for sustainable scale-up. The number of countries with government-owned multisectoral ECD programmes is increasing: from 80 countries in 2018, to 105 in 2019 and 117 in 2020. Political commitment to the ECD agenda has increased. Out of 157 countries, 87 have a national ECD policy or action plan in 2020 – four more than in 2019. While positive, it indicates that progress slowed in 2020 as compared to previous

years, likely due to the pandemic. However, as the 2020 milestone of 107 countries was not met, the target of 116 by 2021 is now an even more ambitious goal.

The available data highlights that the world is currently not on track to achieve SDG target 4.2 by 2030. As of 2020, data from 74 countries indicates that only 71 per cent of children aged 36–59 months are developmentally on track. In addition, only 57 per cent of children in UNICEF programme countries received early stimulation and responsive care. With the COVID-19 crisis and global economic slowdown, there is a significant risk of losing the political momentum and investment in the ECD agenda. Maintaining ECD as a policy priority will be critical to ensuring progress towards SDG 4.2.

COVID-19 and early childhood development

The COVID-19 pandemic is compounding pre-existing inequalities and exclusion. In 2020, over 150 million additional children – compared with 2019 – were estimated to be living in multidimensional poverty – that is, experiencing deprivations in health, nutrition and education services. Early childhood development opportunities have been curtailed for millions of children, especially the most marginalized. The most disadvantaged parents, caregivers and children struggle to cope with the damaging fallout on jobs, livelihoods, incomes, mobility, learning, health and access to services.

The pandemic has highlighted a crisis of care and learning. The large-scale disruption of early childhood services has led to a growing recognition of the significance of parents and caregivers as first responders and key agents for children's well-being and development. This is especially the case for women who are often culturally designated as the primary caregiver. Restrictions to childcare services leads to women taking on an uneven burden of family care, limiting their labour force participation and making women more likely to live in extreme poverty. This calls for strategic programme interventions for parenting support to safeguard the developmental potential of young children along the humanitarian–development continuum.



Results: Health

Christelle, a three-month-old baby, is waiting to be weighed and vaccinated in the health centre of Gonzagueville, a suburb of Abidjan, in the south of Côte d'Ivoire. Anna, the 29-year-old mother of four children, is wearing a mask to protect herself against COVID-19.

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During 2020, the coronavirus disease 2019 (COVID-19) pandemic threatened to erode decades of progress in health outcomes. Some of the world's most robust health care systems were overwhelmed by the pandemic, with more than 90 per cent of countries experiencing health service disruptions.²³ While children are at relatively low risk of mortality and morbidity from COVID-19, the indirect effects of the virus, stemming from strained health systems and disruptions to life-saving health services such as immunization, antenatal care (ANC), skilled care at birth and treatment of common illnesses, malaria and non-communicable diseases (NCDs), could lead to devastating increases in child deaths.

In responding to COVID-19, the health programme was guided by four strategic priorities: supporting the public health response to reduce coronavirus transmission and mortality; responding to the immediate socioeconomic impacts through the continuity of basic health services; strengthening health systems; and supporting the Access to COVID-19 Tools (ACT) Accelerator partnership.

The COVID-19 pandemic has further exacerbated the deep inequalities that already existed around the world. However, amongst the stark challenges lie opportunities to develop solutions that respond to the COVID-19 pandemic whilst strengthening health systems for increased resilience to future shocks. As health services are restored, UNICEF is committed to 'building back better'. UNICEF plans to continue its work by bolstering the delivery of integrated front-line services through communities, schools and health-care facility platforms. There will be a continued focus on equity and zero-dose children, particularly in the missed communities that are often found in remote rural, urban poor, conflict or fragile areas, and humanitarian settings.

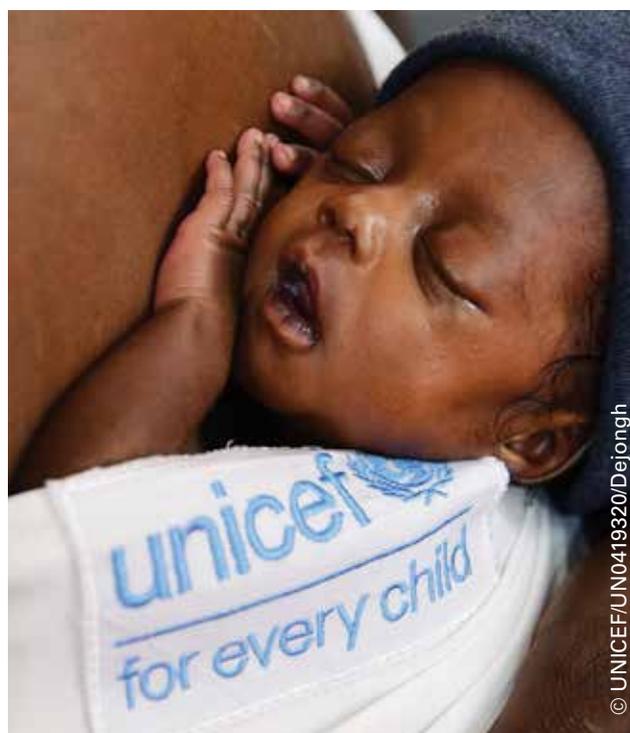
The critical role of primary health care (PHC) in achieving universal health coverage has been highlighted during the COVID-19 pandemic. More than ever, the revitalization of PHC needs to be accelerated in countries with the highest burdens of maternal, newborn and child mortality if sustainable results are to be achieved. The UNICEF–WHO Operational Framework for Primary Health Care (published in 2020) provides guidance to help bring the vision of affordable PHC to reality, describing 14 levers that countries can use to strengthen PHC-oriented health systems and proposing relevant actions and interventions. In strengthening health systems, UNICEF will prioritize building the capacity of front-line workers, supply chains, the quality of care and digital health information and data.

The health results delivered through the UNICEF Strategic Plan, 2018–2021 aim to contribute to: reducing the under-five mortality rate from 46 per 1,000 to 30 per 1,000; reducing the neonatal mortality rate from 19 per 1,000 to

14 per 1,000; and reducing the maternal mortality ratio from 260 per 100,000 to 192 per 100,000. All three impact indicators are aligned with Sustainable Development Goal (SDG) 3 targets on ending preventable deaths of newborns and children under 5 years of age and reducing the global maternal mortality ratio by 2030.

In 2020, health programmes were implemented in 123 countries with the help of 1,127 technical staff. Expenses in the health sector totalled US\$1.4 billion, of which 16 per cent was from regular resources. In 2020, at least 18 per cent of the total health expenses were spent on the COVID-19 response. Expenses from thematic funds represented US\$44 million. The global value of UNICEF health-related supplies, including those purchased by partners, was US\$2.7 billion.

There are too few flexible resources in health, which hinders comprehensive programming by UNICEF. Flexible funding is vital for the pandemic response and to enable UNICEF to 'build back better' to ensure that all children can realize their right to survive and thrive.



Awa Nadege, a 26-year-old mother, is practising kangaroo care, in the Regional Hospital of Limbe, in Southwest Cameroon.

Results Area 1: Maternal and newborn health

Aligned with the 2030 Agenda for Sustainable Development, reducing maternal mortality and ending preventable neonatal mortality are critical to the first goal of the UNICEF Strategic Plan, 2018–2021. Programming focuses equally on all stages of the continuum of care, including pre-conception, ANC, safe delivery, postnatal care, and elimination of maternal and newborn tetanus. During 2020, UNICEF continued to focus on high-impact survival programmes, with special emphasis on improving the quality of care at the time of birth, acceleration of global efforts to transform care for small and sick newborns, and linking facility-based care with follow-up care in the community as the next step for newborn survival.

During 2020, the delivery and utilization of essential maternal and newborn health (MNH) services were severely disrupted by the socioeconomic impacts of COVID-19. Nevertheless, in 2020, UNICEF supported an additional 7 countries to reach a total of 38 countries implementing plans to strengthen the quality of maternal and newborn PHC. Between 2016 and 2020, UNICEF and partners supported a cumulative 142 million live births in designated health-care facilities. To improve the quality of care, UNICEF supported water, sanitation and hygiene (WASH) in 4,725 health-care facilities in the 52 high-burden countries.

UNICEF has made good progress in increasing the percentage of live births attended by skilled health personnel, the number of live births delivered in health-care facilities through UNICEF-supported programmes and the percentage of mothers receiving postnatal care.

While no additional countries were validated to have eliminated maternal and newborn tetanus in 2020, six countries managed to conduct tetanus toxoid-containing vaccine (TTCV) supplementary immunization activities (SIAs) with more than 80 per cent coverage, vaccinating more than 8 million women of reproductive age with vaccines against tetanus and diphtheria (Td). Indonesia was re-validated for maternal and newborn tetanus elimination (MNTE). A guide to sustaining MNTE and broadening tetanus protection for all populations was published in collaboration with the World Health Organization (WHO).

UNICEF spent US\$282 million in MNH programmes, with US\$67.7 million of expenses drawn from regular resources.



Pascaline Keidoné is cuddling her newborn baby in a UNICEF-supported health center at the refugee camp of Dosseye, in the south of Chad.

Outcome and output indicators for maternal and newborn health

FIGURE 5: Outcome results for maternal and newborn health, 2020

Outcome	Baseline	2020 value	2021 target
Percentage of pregnant women receiving at least four antenatal visits (SDG 3.8.1)	Total: 51 % Aged 15–19: 52 %	60% Aged 15–19: 52%	Total: 65 % Aged 15–19: 57 %
Percentage of live births attended by skilled health personnel (home and facilities) (SDG 3.1.2)	73 %	78%	79 %
Number of live births delivered in health care facilities through UNICEF-supported programmes	25 million	142 million	144 million
Percentage of (a) mothers and (b) newborns receiving postnatal care (SDG 3.8.1)	(a) Total: 48 % Aged 15–19: 48 % (b) 33 %	(a) 61% Aged 15–19: 59% (b) 46%	(a) Total: 62 % Aged 15–19: 62 % (b) 43 %

FIGURE 6: Output results for maternal and newborn health, 2020

Output indicator	Baseline	2020 milestone	2020 value	2021 target
Number of district hospitals with sick newborn care units	3,709*	3,850	5,639	4,000
Number of countries that are verified/validated as having eliminated maternal and neonatal tetanus	41	53	47	59
Number of countries implementing plans to strengthen quality of maternal and newborn primary health care	3	22	38	30

Note: * 2019 baseline.

Context

In childhood, the risk of mortality is highest during the first 28 days of life. The health of newborns is a good barometer of progress towards universal health coverage and global health goals.

Over the last decade, significant progress has been made in newborn health and survival and in preventing stillbirths, including in countries with the highest burdens of mortality.

Yet, in 2019, around 6,700 babies under 1 month of age died every day: 80 per cent died from complications due to prematurity, intrapartum-related deaths (including birth asphyxia) and neonatal infections. Proven, cost-effective interventions exist to prevent and treat these causes of death. Coverage of ANC, births attended by skilled health personnel, and postnatal care within two days, especially in the most marginalized groups, such as in urban slums and humanitarian and fragile settings, must be accelerated if the world is to have a chance of achieving this SDG.²⁴

In 2020, UNICEF and United Nations partners published the first report on stillbirths, 'A Neglected Tragedy: The Global Burden of Stillbirths',²⁵ to improve the availability of data globally and drive political and public recognition of this neglected issue. The report finds that one baby is stillborn every 16 seconds, resulting in almost 2 million babies stillborn each year. Huge disparities exist between and within regions: three in four stillbirths occur in sub-Saharan Africa or South Asia.²⁶ Tragically, most stillbirths could be prevented with life-saving interventions and high-quality health care.

During 2020, across 48 countries, a UNICEF cross-regional analysis of the socioeconomic impacts of COVID-19 on essential maternal, newborn and child health services showed that access was impacted negatively and for longer periods than immunization. Working with partners, UNICEF is analysing evidence of the direct effects of COVID-19 on MNH and is developing toolkits for countries to use for monitoring health service disruptions and to adjust programmes accordingly.

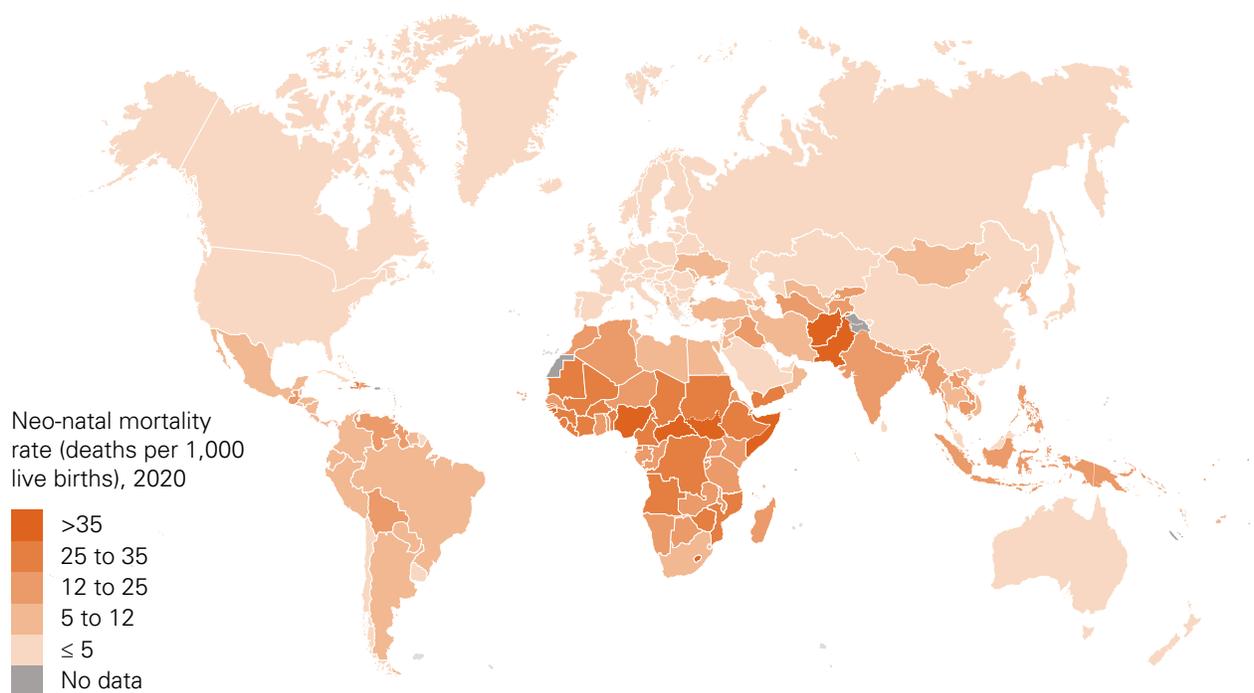
Improving services and community demand

Antenatal care

Pregnant women need quality ANC, including basic health care, nutrition, HIV services, and malaria prevention, care and support, to attain good pregnancy outcomes. At the end of 2020, the proportion of pregnant women receiving at least four antenatal visits in the 52 high-burden countries stood at 60 per cent, from a baseline of 51 per cent (2021 target: 65 per cent), as did the proportion of adolescent mothers (aged 15–19 years) which has remained at 52 per cent since 2016. This highlights the need for continued focus on adolescents as part of the work on MNH services.

To reduce the impact of the COVID-19 pandemic, the continuity of essential health services is crucial. In Somalia, for example, 50 designated Basic Emergency Obstetric and Newborn Care centres remained operational throughout 2020, providing continuous maternal services: 181,510 pregnant women attended their first antenatal care visit, and 68,099 women attended their fourth visit.

FIGURE 7: Neonatal mortality rate by country 2019



Source: United Nations Interagency Group for Child Mortality Estimation (IGME), 2020.²⁷

In 2020, UNICEF procured 6.4 million courses of sulphadoxine-pyrimethamine for intermittent preventative malaria treatment in pregnancy, equivalent to 2.1 million pregnant women receiving the treatment for all three focused ANC visits.

Skilled birth attendants

“The day of birth is undoubtedly the most dangerous day of life.”²⁸ The presence of a skilled birth attendant at birth is critical for averting maternal and neonatal mortality, and morbidity and disabilities. The proportion of live births attended by skilled health personnel in the 52 high-burden countries increased from a baseline of 73 per cent to 78 per cent in 2020, making the 2021 target of 79 per cent attainable.

During 2020, some 30.5 million live births were delivered in health-care facilities through UNICEF-supported programmes in 52 high-burden countries. In Indonesia, UNICEF assisted quality improvements in 46 per cent of public hospitals in 120 priority districts, contributing to more than 3.5 million births during 2020, and nearly 1.5 million women and children having continued access to antenatal, obstetric and child health services.

Postnatal care for mothers and newborns

Postnatal care is essential for neonatal survival and for maternal health, and covers critical evidence-based interventions, including immediate assessment of babies, breastfeeding, umbilical cord care and the reinforcement of postnatal care messaging among families and caregivers.

In 2020, the proportion of mothers receiving postnatal care increased to 61 per cent, from 48 per cent at baseline in 2016. Some 46 per cent of newborns received postnatal care at home or in a health-care facility. Going forward, increased attention will be given to the content and quality of postpartum care, which will include mental health assessment of mothers and screening of newborn conditions, for example.

Community demand for services

To safeguard service utilization, UNICEF used Communication for Development (C4D, also referred to as social and behaviour change, SBC), to drive positive social and behavioural change, in turn ensuring community demand for services. During 2020, C4D became particularly relevant as many countries saw reduced demand for



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On 2 July 2020, nurse Rina Widyaningsih makes a home visit to check up on a pregnant mother in Sidorejo village, Central Java province, Indonesia.

services, largely driven by anxiety, fear and misinformation in communities in relation to COVID-19. Many countries worked closely with governments and partners to address lowered demand by focusing on risk communication strategies.

With support from UNICEF, the national and district COVID-19 response structures in Uganda reached more than 17 million people (as of July 2020) with COVID-19 prevention messages, via social and traditional media and intra-personal communications. UNICEF provided personal protective equipment, facilitated the orientation of 3,370 health workers in 32 UNICEF-focused districts and supported 119 staff in four refugee-hosting districts. In total, 4.8 million women and children continued to receive essential health services, including antenatal and postnatal care, immunization and other services in UNICEF-supported districts.

Quality of care

Globally, poor-quality care accounts for 61 per cent of neonatal deaths and 50 per cent of maternal deaths.²⁹ Global attention on the improvement of quality of care has increased, as access to services alone has not achieved the desired outcomes in reducing mortality and morbidity and increasing patient satisfaction. In the reduction of maternal and neonatal mortality, quality services, dignity and respect are as important as ANC and institutional delivery. The Quality Improvement Initiative, supported by the Bill & Melinda Gates Foundation, is working to improve the provision and experience of care in countries with high maternal and neonatal death rates.

Since 2016, UNICEF support has enabled 35 high-burden countries with national quality improvement guidelines for MNH. In close collaboration with WHO, the MNH Quality Improvement programmes implemented in Bangladesh, Ghana, Kenya, Malawi and the United Republic of Tanzania provided key technical and financial support in 23 districts and 351 health-care facilities. During the COVID-19 pandemic, it became clear that unless women perceive a health facility as safe, they will go elsewhere, or not use the essential service at all. As a result of the COVID-19 pandemic, infection prevention and control are becoming the norm in everyday health practice.

In Ghana, UNICEF collaborated with the Ghana Health Services and three civil society organizations in developing a package of interventions that addressed the 10 Every Mother Every Newborn (EMEN) standards for improving maternity and newborn care in health-care facilities. The pilot EMEN quality improvement initiative was implemented in 23 health-care facilities in 7 districts of the Upper East region between 2016 and 2018: as a result, perinatal mortality fell by 17 per cent; complications and adverse outcomes for mothers and babies decreased; labour monitoring improved; and provision of respectful maternity care improved. UNICEF is supporting scaling-up 251 health-care facilities in 23 districts.

In 2020, Côte d'Ivoire joined the Quality of Care Network, taking the total number of leading countries to 11. The ministries of health and local partners in these countries, with the support of UNICEF, United Nations Population Fund (UNFPA) and WHO, are implementing evidence-based, context-specific policies, strategies and intervention packages, and are gathering implementation ideas to improve the quality of health services. In addition, 11 other countries are engaging with the Quality of Care Network to learn from the leading countries, in working to institutionalize quality of care.³⁰

UNICEF and WHO tracked the progress of the Every Newborn Action Plan (ENAP) and the development of five-year targets and milestones. UNICEF supported the development and improvement of infrastructure and the establishment of KMC and special newborn care units.

Maternal and neonatal tetanus elimination

Maternal and neonatal tetanus occurs in unsanitary conditions and where unhygienic umbilical cord practices occur. Maternal and neonatal tetanus elimination remains an important marker of inequity for MNH and for this reason, UNICEF prioritizes MNTE. Neonatal tetanus contributes to 1.2 per cent of neonatal deaths.

UNICEF and partners are working to reduce the incidence of maternal and neonatal tetanus to 1 in every 1,000 births. Significant progress in the elimination of maternal and neonatal tetanus has been achieved since the launch of the MNTE initiative in 1999, with 47 of the 59 high-risk countries having achieved elimination by December 2020; Indonesia was re-validated for MNTE, and Mali, Nigeria and Pakistan were partially validated. Coverage with two or more doses of TTCV/Td among women of reproductive age increased from 62 per cent in 2000 to 72 per cent in 2018.³¹ Globally, the estimated number of neonatal tetanus deaths decreased by 88 per cent, from 200,000 in 2000 to 25,000 in 2018.³² Progress towards global elimination is slow, but steady.

The COVID-19 pandemic widely disrupted routine immunization and SIAs – sometimes referred to as immunization campaigns – including TTCV SIAs in many countries, including the 12 maternal and newborn tetanus at-risk countries.³³ Of these countries, nine had planned to conduct the TTCV SIAs in 2020, targeting more than 17 million women of reproductive age.³⁴ However, the implementation of planned SIAs was suspended from January to May 2020 because of the COVID-19 pandemic. Other barriers in most of the target countries included disrupted security and competing immunization priorities, as well as disruptions to financial flows which slowed the planning process.

Between May and December 2020, six countries managed to successfully resume TTCV SIAs with over 80 per cent coverage, vaccinating more than 8 million women of reproductive age with Td vaccine.³⁵

Case Study 1: Benin: Optimized neonatal and maternal care model addresses quality of care issues

Neonatal mortality and maternal mortality remain a major concern in Benin, where the latest Demographic and Health Survey (DHS 2018) showed 30 newborn deaths per 1,000 live births and 347 maternal deaths per 100,000 live births. In 2018, in the Zoboza health district of Benin, UNICEF launched an optimized care model for newborns and mothers based on quality assurance with a patient-centred approach.

UNICEF developed a capacity-building plan, based on the initial evaluation of the performance of health workers and health-care facilities. New equipment and medicines were purchased. An integrated package of clinical interventions and a community package were implemented by quality improvement teams with the support of the district coaching team.

With support from UNICEF Canada, the Bempu hypothermia alert bracelet was introduced, a 'game-changer' in ensuring that low-birthweight newborns discharged home were monitored by their mothers. The bracelet notifies the mother if the baby becomes hypothermic, in which case the mothers are encouraged to use kangaroo mother care (KMC) to warm their babies. Community health workers (CHWs) take on a leadership and surveillance role for KMC, the use of the Bempu bracelet, breastfeeding and nutrition practices.

Since 2018, the number of newborn deaths per year dropped from nine to two and the number of maternal deaths from seven to two. Regular monitoring of indicators has led to improved quality of services. Building on these promising results, the Government of Benin and UNICEF scaled up the programme by extending the optimized care model to three new health districts in 2020. The project has also raised the interest of the Ministry of Health and partners such as the World Bank, United States Agency for International Development (USAID) and the Belgian Cooperation in supporting its expansion.



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A low weight newborn wearing the Bempu bracelet to prevent hypothermia.

Maternal and newborn health in humanitarian settings

Newborns in fragile contexts are particularly vulnerable. Neonatal mortality is highest in low-income settings, fragile states and countries that have recently experienced a humanitarian crisis, where risks of complication and infection are heightened.

In emergencies, the situation for pregnant and postnatal women and their newborns is compounded by interruptions in service delivery, facility destruction, population movement, and competing priorities and insecurity. In the humanitarian context, the pandemic has impacted the delivery of essential health-care services to an even greater extent, making equitable and accessible front-line services even more critical for quality life-saving care for mothers and newborns.

In the Sudan, for example, to ensure continuity of maternal and newborn services, UNICEF provided 263 obstetric kits, 647 midwifery kits and 274 newborn resuscitator sets.

In response to the unprecedented flooding throughout most of the country in September 2020, UNICEF delivered 439,910 insecticide-treated nets for malaria control.

The Core Commitments for Children in Humanitarian Action (CCCs) are the core UNICEF policy and framework for humanitarian action. Grounded in global humanitarian norms and standards, they set commitments and benchmarks against which UNICEF holds itself accountable for the coverage, quality and equity of its humanitarian action and advocacy, including for maternal and newborn health. The revised CCCs aim to equip UNICEF and its partners to deliver principled, timely, quality and child-centred humanitarian responses and advocacy. In humanitarian settings, this means that women, adolescent girls and newborns safely and equitably access quality life-saving and high-impact maternal and neonatal health services. Benchmarks for measuring this commitment include at least 90 per cent of pregnant women and adolescent girls receive skilled attendance at birth, including essential newborn care, with the desired quality and at least 80 per cent of mothers and newborns receive early routine postnatal care within two days following birth.



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A mother laughs with her child at a UNICEF-supported Maternal Child Health clinic in Hargeisa, Somaliland, March 2020.

Strengthening national and subnational capacity

The development of subnational capacity is especially important to operationalize the 'leave no one behind' principle. During 2020, UNICEF supported infrastructure development and the establishment of KMC and special newborn care units.

Kangaroo mother care is a proven, low-cost tool to ensure low-birthweight neonates survive by mothers practising skin-to-skin contact with their newborns. Evidence shows that there is a 40 per cent reduction in mortality in low birthweight infants who receive KMC compared with conventional neonatal care.³⁶ In Pakistan, the successful implementation and demonstration of tangible results of 17 KMC UNICEF-supported centres has encouraged other partners to advocate and scale up these initiatives. To address the poor indicators for MNH in Baluchistan Province, Pakistan, UNICEF supported the Department of Health in developing and launching the Newborn Survival Strategy and Costed Action Plan (2020–2024).

UNICEF provided technical support to Afghanistan, Bangladesh, Bhutan, India, Indonesia, Myanmar, Nepal, Pakistan and Timor-Leste to integrate perinatal death reviews and surveillance into national health systems. In Bangladesh, the Quality Improvement Initiative was scaled up from 5 health-care facilities in 1 district in 2016, to 119 health-care facilities in 15 districts in 2020 with integrated Quality of Care indicators.

Leveraging collective action

National plans for maternal and newborn health

UNICEF remains firmly committed to ending preventable neonatal and maternal deaths and works with ENAP partners to reduce neonatal mortality. UNICEF works with governments and development partners to integrate ENAP within governments' plans for health. With support from UNICEF, the number of countries with national quality improvement guidelines for MNH increased from 27 countries to 47 in 2019 (of the 93 countries that reported on the ENAP Tracking Tool 2019).



Mothers practising kangaroo care in the Buéa Regional Hospital of Buéa, in Southwest Cameroon.

UNICEF continued to support countries in the implementation of plans to strengthen the quality of maternal and newborn PHC according to the WHO–UNICEF Quality, Equity, Dignity Network guidelines. By the end of 2020, some 38 of the 52 high-burden countries were implementing these plans, exceeding the 2021 target of 30. An additional 27 countries outside the ENAP focus countries also made progress towards this indicator.

To convert action into results, evidence is needed and the accelerated use of the ENAP tracking tool remains critical. UNICEF and partners are calling on countries to make a renewed commitment to end stillbirths, as outlined in the ENAP.³⁷ UNICEF played an integral part in the release of the first-ever joint stillbirth estimates by the United Nations Inter-agency Group for Child Mortality Estimation, 'A Neglected Tragedy: The global burden of stillbirths 2020'.³⁸ Accurate, high-quality and complete data on stillbirths are needed to develop and evaluate targeted national strategies.³⁹

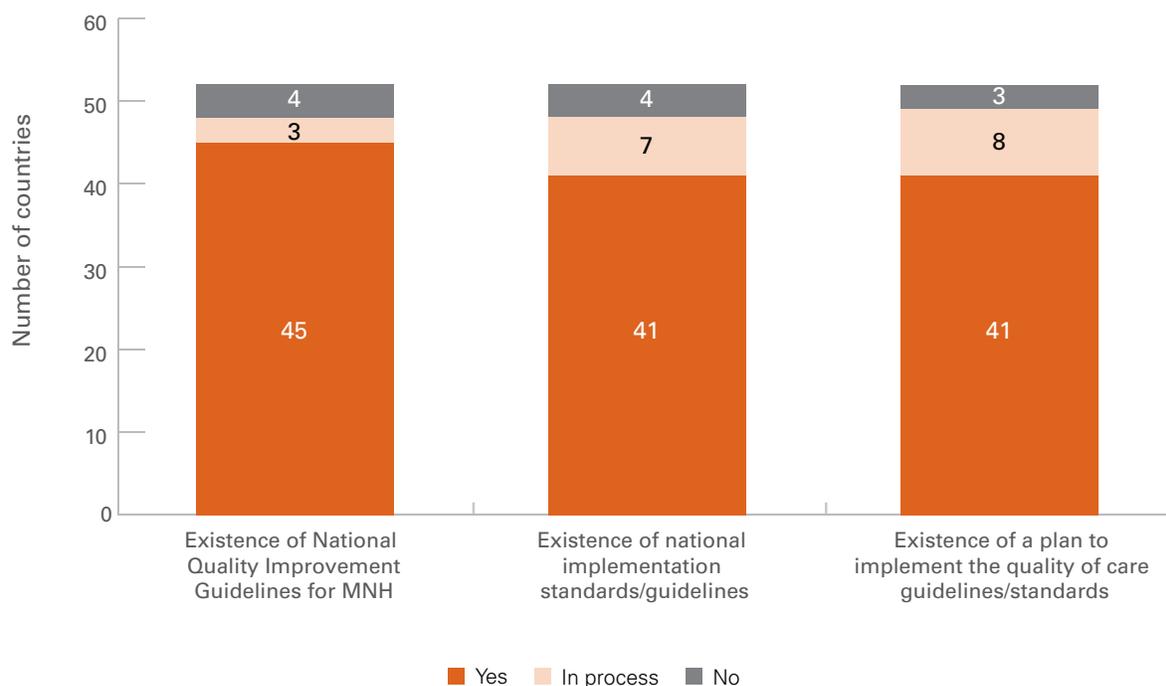
Investment in care during pregnancy, childbirth and the first month of life would provide a quadruple return: saving mothers and newborns, preventing stillbirths, reducing disabilities and providing the foundations for optimal child development and lifelong health and well-being.⁴⁰

Progress under the ENAP

UNICEF worked closely with WHO and ENAP partners to establish the global agenda; key global efforts during 2020 included the development and launch of the 2020–2025 coverage targets for the ENAP to expedite progress towards ending preventable stillbirths and newborn deaths by 2030. The four coverage targets include four or more ANC contacts, births attended by skilled health personnel, postnatal care within two days of birth, and care of small and sick newborns.

By July 2020, some 93 countries, an increase from 67 in 2019, reported that the ENAP had been implemented in national plans, using the Every Newborn tracking tool to monitor progress. Focus has shifted to implementation of high-quality interventions and quality of care advocacy has gained momentum. By the end of 2020, forty-five countries had a national plan to implement the quality-of-care guidelines produced by WHO: the guidance documents provide support for improvement in maternal, newborn and child quality of care.

FIGURE 8: Number of countries implementing plans to strengthen the quality of maternal and newborn primary health care, 2020



Source: UNICEF New York, 2020. Notes: MNH, maternal and newborn health; QoC, quality of care.

Investments are needed in the high-burden areas of West and Central Africa, Eastern and Southern Africa and South Asia, which account for 86 per cent of the world's maternal deaths and 78 per cent of newborn deaths, and in countries in humanitarian situations, conflicts and public health emergencies with weak health systems.

During 2020, UNICEF worked closely with WHO and ENAP partners to accelerate global efforts for work on improving care for small and sick newborns; significant progress was achieved. The number of district hospitals with sick newborn care units increased from a baseline of 3,709 in 2019 to 5,639 in 2020, exceeding the 2021 UNICEF target of 4,000. The number of countries reporting increased from 46 to 52, which largely explains the increased value for 2020.

Technical support to regional and country teams included support for possible serious bacterial infection roll-out in four countries (Indonesia, Niger, Pakistan and the United Republic of Tanzania), quality of care implementation in 23 learning districts and 351 health-care facilities across five countries – Bangladesh, Ghana, Kenya, Malawi and the United Republic of Tanzania – and support for strengthening essential newborn care and care of small and sick newborns in 11 countries. UNICEF provided guidance on small and sick newborn care to four Newborn Essential Solutions and Technologies country teams in Kenya, Malawi, Nigeria and the United Republic of Tanzania.



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Newborn children at the Special Newborn Care Unit, India. Sick Newborn Care Units are special newborn units in a large hospital, generally at district level, and are intended to reduce fatality among sick newborns, either born within the hospital or outside, including home delivery. The units also act as teaching and training hubs for imparting the skills of newborn care.

Global and regional partnerships

UNICEF co-chaired the ENAP with WHO and worked closely with ENAP partners to define and expedite the global newborn and stillbirth agenda. With the International Paediatric Association (IPA), UNICEF used its comparative advantage and strong field presence to push its advocacy agenda and ensure the availability of accurate, updated information on the impact of COVID-19 on newborns and children. A joint UNICEF-IPA policy brief was developed and widely disseminated on the spectrum of paediatric manifestations of COVID-19. UNICEF also partnered with the American Academy of Paediatrics to support telementoring of newborn care providers in Kenya, Pakistan and the United Republic of Tanzania. UNICEF continued to work closely with key forums such as H-6, Partnership for Maternal Newborn Health, Every Woman Every Child, and Ending Preventable Maternal Mortality.

Other partnerships included Gavi, the Vaccine Alliance, the Measles and Rubella Initiative, the partnership for Maternal and Neonatal Tetanus Elimination, and the Partnership for Maternal, Newborn and Child Health.

UNICEF co-chaired the Newborn in Emergencies working group and participated in the Universal Health Coverage 2030 in emergencies groups, contributing to the ENAP results framework, advancing the work to link the child health working group to the health cluster and contributing to the policy brief regarding the response to COVID-19 in fragile settings.

In 2020, UNICEF authored or co-authored 19 publications, including 6 journal articles, on MNH.

Conclusions

Against the extremely challenging backdrop of the COVID-19 pandemic, some important achievements were made. However, the pandemic severely disrupted access to and uptake of essential routine maternal and newborn care services during 2020. Existing challenges in ensuring the continuation of essential health services have been exacerbated by the pandemic. Considerable work remains to be done to prevent the erosion of progress achieved over the last two decades.

The scaling-up of MNH must be prioritized within countries' plans for COVID-19 recovery, to ensure that these services are 'built back better'. The strengthening of health systems remains the cornerstone of a reduction in maternal and neonatal mortality by the SDG deadline of 2030. It is more important than ever for UNICEF to leverage its expertise and country presence, working with governments and partners to maintain and strengthen the delivery of high-impact interventions for MNH, while prioritizing the most disadvantaged.



On 4 July 2020, Ahmed, 12 years old, is vaccinated against diphtheria by nurse Azhar Al-Harazi, at Khawr Meksar clinic in Aden, Yemen, as vaccinations continue despite the COVID-19 pandemic.

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Results Area 2: Immunization

Note: Immunization data are estimates for 2019 unless otherwise specified.

Immunization remains one of the most cost-effective public health interventions, preventing an estimated 2 to 3 million child deaths every year. Since 2010, global immunization coverage has stagnated at around 85 per cent for measles vaccines and three doses of diphtheria–tetanus–pertussis vaccine (DTP3). However, every year, despite stagnating coverage, more children than ever before are vaccinated because of increased birth cohorts, especially in Africa and parts of Asia.

The stagnation of coverage, albeit at a relatively high level, means that there are major inequities in coverage and that immunization services fail to reach some of the most underserved communities, such as those in remote rural, conflict affected or urban slum areas. This leaves the world vulnerable to the risk of outbreaks of vaccine

preventable diseases. The newer vaccine introductions, such as measles second dose, pneumococcal and rotavirus vaccines, are following a similar pattern of rapid uptake upon initial introduction, followed by a plateauing of progress.

In many countries, the COVID-19 pandemic disrupted the delivery and uptake of immunization services on an unprecedented scale and has substantially reduced access to life-saving vaccines to combat the entire range of vaccine preventable diseases. To track disruptions in immunization services globally, UNICEF worked with WHO, Gavi and the Sabin Vaccine Institute to produce the publication, ‘Immunization coverage: Are we losing ground?’,⁴¹ which looks at global trends, regional patterns and variations across countries, providing baseline information for tackling the risk that COVID-19 will reverse the success of immunization programmes globally.

Disruptions impact countries in different ways depending on the status of their immunization programmes prior to the pandemic. The COVID-19 pandemic is exacerbating existing inequities and it is likely that the most disadvantaged communities will be the slowest to restore immunization services.⁴²

Despite overwhelming challenges, important achievements were made in immunization during 2020. A historic public health milestone was celebrated: after four consecutive years without any cases of wild poliovirus, in August 2020, Nigeria was certified as free of the wild poliovirus, in turn affording Africa the same status. UNICEF contributed to this through its role as a key partner within the Global Polio Eradication Initiative (GPEI) in delivering vaccines and mobilizing communities. Progress was also reported in the introduction of meningococcal A vaccine, from 11 countries in 2019 to 13 in 2020, with the addition of Eritrea and Nigeria (see Maternal and Newborn Health Results Area for progress on MNTE, and Adolescent Health Results Area for progress on HPV).

UNICEF and partners supported the vaccination of 66.3 million children with DTP3 in 64 priority countries in 2019. In 63 countries reporting a humanitarian situation, a total of 17 million children were vaccinated against measles. The immunization results area accounted for 36 per cent (US\$503 million) of all UNICEF health expenditure in 2020. UNICEF also provided procurement services to governments and other development partners, resulting in US\$1.8 billion worth of supplies, including US\$1 billion on behalf of Gavi. UNICEF procured 1.9 billion doses of vaccines for 102 countries with a value of US\$1.4 billion – enough to reach 45 per cent of the world’s children under 5 years of age.

The Access to COVID-19 Tools Accelerator (ACT-A) is a global collaboration to accelerate development, production and equitable access to COVID-19 tests, treatments and vaccines. UNICEF is working with ACT-A partners at the global level and is engaged in all four pillars of ACT-A: diagnostics, therapeutics, vaccines (COVAX) and the health systems-strengthening connector.



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On 21 April 2021, Ram Dawadi, a staff member at the Bhachhek Health Post in Gorkha District in north-central Nepal, carries COVID-19 vaccines to the health facility to provide the second doses for healthworkers and frontline workers in the area.

Outcome and output indicators for immunization

FIGURE 9: Outcome results on immunization, 2020

Outcome	Baseline	2020 value*	2021 target
Percentage of children vaccinated against (a) yellow fever and (b) meningococcal A in high-burden countries	(a) 44% (b) n/a	(a) 43% (b) n/a	(a) 55% (b) n/a
Percentage of children who are vaccinated for: (a) first dose of measles-containing vaccine; (b.i) three doses of diphtheria, tetanus and pertussis (DTP)-containing/Penta vaccine; (b.ii) number of countries in which percentage of children vaccinated with DTP/Penta 3 containing vaccine is at least 80 per cent in every district (SDG 3.b.1)	(a) 78% (b.i) 80% (b.ii) 9	(a) 81% (b.i) 81% (b.ii) 8	(a) 85% (b.i) 85% (b.ii) 30
Interruption of wild polio transmission (SDG 3.3)	Three remaining endemic countries	Two remaining endemic countries	Zero wild polio cases and zero positive environmental samples

FIGURE 10: Output results for immunization, 2020

Outcome	Baseline	2020 milestone	2020 value*	2021 target
Number of countries that have introduced (a) yellow fever and (b) meningococcal A vaccines in their national immunization schedule	(a) 21 (b) 2	(a) 24 (b) 21	(a) 21 (b) 13	(a) 24 (b) 26
Number of countries implementing activities to prepare for, prevent, manage or communicate adverse events following immunization (AEFI) or other vaccine-related events	47	56	56	58
Number of countries with effective vaccine management (EVM) composite country score >80%	9	17	13	19
Number of countries implementing a national health sector supply chain strategy/plan	24	42	53	50
Percentage of polio priority countries that had less than 5% missed children at district level during the last polio vaccination campaign in at least half of all districts in the country (humanitarian)	64%	85%	88%	85%
Percentage of UNICEF-targeted children in humanitarian situations vaccinated against measles (humanitarian)	81%	95%	86%	95%

Note: *2020 values are based on 2019 data.

Context

As of 2019, some 69 countries have yet to achieve the Global Vaccine Action Plan target of 90 per cent or greater national coverage of DTP3. In 2019, an estimated 20 million children globally were under-vaccinated (defined as children who did not receive three doses of DTP), an important indicator of immunization coverage. Of these children, approximately 14 million children were unvaccinated (defined as children who did not receive even one dose of DTP), a proxy indicator for children who have probably not received any vaccines: these children are sometimes referred to as ‘zero-dose’ children and likely suffer multiple deprivations. Nearly two thirds of zero-dose children are concentrated in 10 countries and are found clustered in communities that are remote rural, affected by conflict or in urban slums, underserved by wider health and social welfare programmes. In 2019, approximately 80 per cent of these children lived in the 64 countries that are prioritized by UNICEF.

In 2020, the COVID-19 pandemic resulted in disruptions in immunization services globally. In May 2020, provision of routine immunization services was substantially hindered in at least 68 countries and was expected to affect approximately 80 million children under the age of 1 year living in these countries.⁴³ Disruptions led to the postponement of over 55 vaccine preventable disease

SIAs, leaving millions of children at risk of preventable diseases. As of November 2020, over half of planned measles campaigns in 26 countries remained postponed due to COVID-19-related restrictions and concerns, putting more than 94 million children at risk of missing measles vaccines.⁴⁴ At this time, UNICEF reporting from 141 countries showed that around one third of countries experienced a drop of at least 10 per cent in coverage for routine vaccinations.⁴⁵

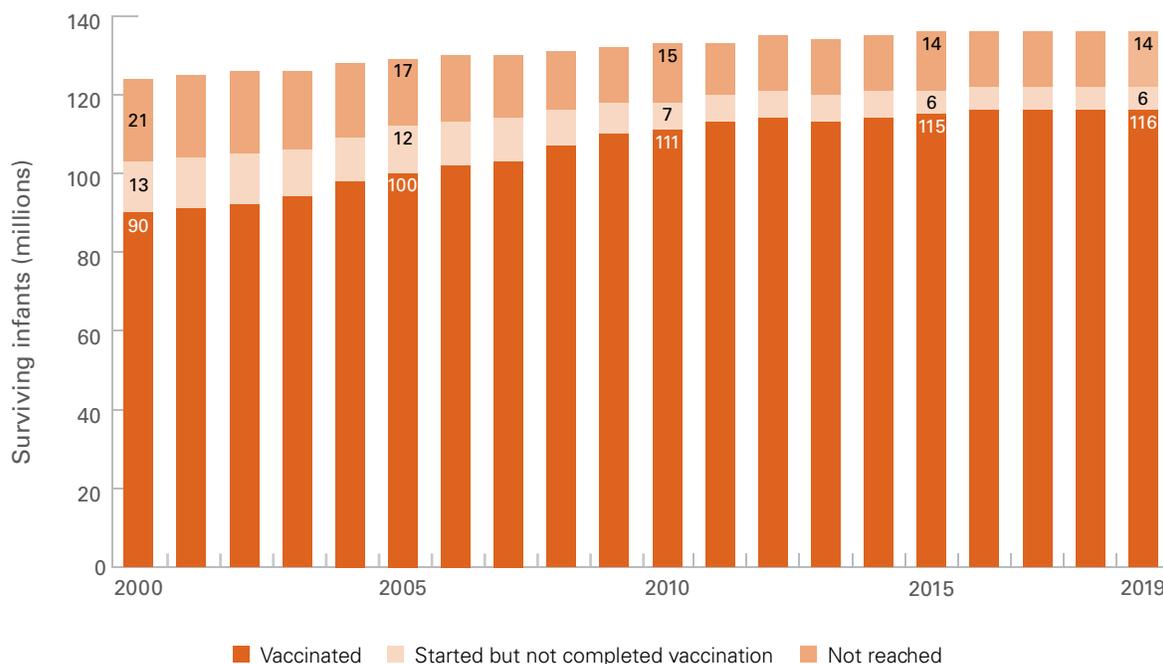
Improving services and community demand

Immunization programmes that leave no one behind

Equity in immunization is attained when no avoidable differences exist in vaccination coverage between communities and countries.

In 2020, some 81 per cent of children received three doses of DTP vaccine (2021 target: 85 per cent) in the 64 priority countries. With an increasing number of births, Africa faces the greatest challenge in maintaining immunization. In 2019, Africa had almost half – 9.8 million – of the under-vaccinated or unvaccinated/zero-dose children globally.

FIGURE 11: Global immunization performance, 2000–2019



Source: WHO–UNICEF, 2020.⁴⁶

During the last decade, not enough progress has been made in reducing the number of zero-dose children.⁴⁷ One of the challenges and opportunities in equitable immunization coverage is the availability of quality data for programmatic actions. Innovations such as satellite imagery are providing better estimates of where children live within countries – information that health workers can act upon. In Myanmar, UNICEF supported the development and piloting of GIS tools to strengthen the application of geospatial data and technologies to support immunization micro-planning and to map subnational coverage and equity. In 2020, the GIS-based Extended Programme on Immunization micro-planning was rolled-out to 39 townships in Yangon, as well as 7 townships in Kayah State.

UNICEF and the Bill & Melinda Gates Foundation co-lead the Equity Reference Group for Immunization (ERG). Through the ERG, UNICEF has been instrumental in bringing immunization inequities and zero-dose children and communities to the centre of the Immunization Agenda 2030 (IA2030). Endorsed by the World Health Assembly in 2020, IA2030 sets global immunization priorities for the next 10 years. Similarly, as a Gavi partner UNICEF has

helped to shape the current Gavi strategic period (2021–2025), with a focus on equity and the allocation of more resources to reach underserved communities. UNICEF’s leadership in the Vaccine Demand Hub has been central to support countries in developing tailored demand-generation strategies to reach underserved communities.

In 2020, the ERG produced a discussion paper highlighting key issues for consideration within a zero-dose approach, as well as a Consensus Statement on the importance of prioritizing equity and zero-dose children in the immunization community’s response to the COVID-19 pandemic.⁴⁸

Analysis of the global DTP3 coverage estimates reveals considerable unevenness in progress. West and Central Africa lags far behind other regions. Globally, 13 countries experienced drops in DTP3 coverage of more than 10 percentage points from 2015 to 2019, seven of which were middle-income countries (MICs). UNICEF aims to increase its involvement in immunization in MICs in the coming years through leveraging other sources of funding.



Young boys display their immunization cards during the documentation of measles, rubella and polio vaccinations at Aguket primary School in Aguket Village, Busia District. This was part of the nationwide MMR immunization campaign by the Government with support from UNICEF and WHO.

The success of eradication and elimination programmes is largely dependent on the availability of high-quality PHC services for the most underserved. Outbreaks of vaccine-preventable diseases occur disproportionately among underserved communities and are therefore important equity markers. Prior to the COVID-19 pandemic, six countries – the Central African Republic, Chad, Guinea, Papua New Guinea, Somalia and South Sudan, many of which are fragile states or affected by humanitarian emergencies – had 50 per cent or lower DTP3 coverage.

The UNICEF Coverage and Equity Assessment guide aims to better inform in-country coverage improvement plans and activities, ensuring these are inclusive of the most underserved children and contribute to reducing the number of zero-dose children.

UNICEF supports 11 countries in operationalizing the equity agenda in urban immunization work. As part of Gavi's health system-strengthening approach, urban immunization toolkits were used to integrate the needs of the urban poor into planning, implementation and monitoring of immunization services. Technical assistance has been provided to countries to facilitate coverage and

equity assessments to improve workplans and inform other processes, such as Gavi Full Portfolio Planning and the Reaching Every District approach. Many countries now better integrate urban considerations for equity as part of coverage improvement plans: the Central African Republic, Kenya and Pakistan have country-owned processes.

As part of its rights-based programming, UNICEF and partners are also focusing on gender-related barriers to vaccination uptake. For example, UNICEF is working with global partners to develop a list of indicators of gender-related barriers to immunization, as well as materials to help countries use a gender lens to understand potential barriers along the 'Journey to Health and Immunization' pathway.

Accelerated immunization initiatives

UNICEF is implementing accelerated immunization initiatives against measles, rubella, yellow fever and meningitis to reduce preventable illness, disability and mortality.



A child from the Hoti ethnic group receives immunization at the rural outpatient group of San José de Kayamá, Venezuela, on 24 February 2020. To reach 1,300 children in the community, UNICEF had to arrange a light aircraft to mobilize the needed doses of polio, yellow fever, and measles vaccines. In 2020, UNICEF Venezuela aims to reach more than 530,000 children under 1 year of age with measles vaccinations.

In 2019, the global coverage of measles-containing vaccine first dose (MCV1) was 85 per cent and measles-containing vaccine second dose (MCV2) was 71 per cent, but measles and rubella continue to cause severe health complications, disability and death. During 2019, nearly 20 million infants did not receive MCV1 through routine immunization and major outbreaks surged in at least 11 countries. Many factors contributed to this surge: primarily, continued inequity in delivery of high quality PHC; an inability to reach children due to conflict and insecurity; and complacency in immunization programmes with previous good performance, particularly in MICs. In some countries, mistrust of vaccines, misinformation or parental complacency fuelled hesitation or refusal to vaccinate children in certain communities.

The combined measles–rubella vaccine is essential in preventing measles and protecting pregnant women from contracting rubella, which can result in devastating life-long disability to babies if the infection occurs in the first trimester of pregnancy. By the end of 2019, some 173 countries (89 per cent) worldwide had introduced the combined measles–rubella vaccine in their immunization schedule. In addition, over 200 million children were vaccinated against measles/rubella in SIAs. In 25 countries, SIAs were integrated with the delivery of other interventions, such as deworming, polio vaccination and vitamin A supplements. In 2020, UNICEF participated in the development of the Measles and Rubella Strategic Framework 2021–2030, which was endorsed by the Strategic Advisory Group of Experts on Immunization (SAGE). The Framework aligns the measles and rubella strategic priorities with IA2030 and anchors measles–rubella control activities more fully within the PHC system.

Yellow fever (YF) remains an important priority. The disease is endemic in some regions of 44 countries across Africa and South America and is estimated to have caused more than 50,000 deaths globally in 2018.⁴⁹ In 2019, UNICEF supported SIAs in the Democratic Republic of the Congo, Ghana, Nigeria and the Sudan which vaccinated more than 59 million persons against YF. Four Gavi-eligible countries – Ethiopia, South Sudan, the Sudan and Uganda – are yet to introduce YF vaccine into their national schedules: the main constraints have been competing programme priorities and issues around prioritization of multiple Gavi applications, but all are currently anticipated to introduce the vaccine by 2022.

UNICEF played a key role in developing the Global Road Map for Defeating Meningitis by 2030, which was endorsed by the World Health Assembly in 2020. Most meningococcal meningitis occurs in the 26 countries of sub-Saharan Africa located in the so called ‘meningitis belt’; all 26 countries are UNICEF priority countries.

In 2019, an additional two countries – Eritrea and Nigeria – introduced the meningococcal A vaccine into their routine immunization programmes. Other vaccines are being prioritized over meningitis A, probably because meningitis cases have dramatically declined following the mass SIAs conducted in the meningitis belt between 2010 and 2018.

Thirteen countries in the meningitis belt are yet to utilize meningococcal A vaccines. Given the challenging context of COVID-19 for the introduction of new vaccines, it is unlikely that the 2021 target (26 countries) will be reached. Advocacy for more countries to introduce meningococcal A vaccines will be a future priority for UNICEF. In 2019, UNICEF participated in reviewing and approving emergency requests to the International Coordination Group (ICG) on Vaccine Provision for Epidemic Meningitis from Burkina Faso, Chad and Togo, for a total of 977,460 doses.

Towards a polio-free world

Polio, a virus that is transmitted through contaminated water and food, or contact with an infected person, was once the leading cause of paralysis among children worldwide. Since 1988, the number of children affected by polio has reduced by 99 per cent, from 350,000 cases in 125 countries to fewer than 200 cases in Afghanistan and Pakistan, the two remaining polio-endemic countries.

Every year, UNICEF helps to vaccinate over 400 million children against polio. In 2020, more than 804 million doses of oral polio vaccine were procured to support routine immunization and SIAs in endemic and outbreak countries. Within the GPEI partnership, UNICEF continued to lead in the areas of vaccine procurement and key strategic communication aimed at building trust and motivating caregivers to vaccinate their children against polio. Strategically, focus remained on Afghanistan and Pakistan, as well as countries experiencing circulating vaccine-derived polio virus (cVDPV) outbreaks. cVDPV occurs in under-immunized communities with poor hygiene and sanitation if the weakened strain of the poliovirus from the oral polio vaccine circulates among under-immunized populations for extended periods of time.



On 22 September 2020, a young girl shows her marked finger after receiving the polio vaccine in Rawalpindi, Pakistan.

A total of 140 children were paralysed due to the wild poliovirus in Afghanistan and Pakistan in 2020, down from 176 in 2019. During 2020, there was an upward trend in cVDPV outbreaks, which paralysed over 1,000 children, a substantial increase from 378 cVDPV cases in 2019. As of September 2020, nineteen countries were responding to 29 distinct outbreaks of cVDPV, most of them in Africa.

Globally, the extensive polio infrastructure played an important role in the COVID-19 response during 2020. With substantial experience in disease surveillance, tackling multiple health emergencies and trusted outreach networks in underserved communities, the personnel and infrastructure established through the polio eradication programme are pivoting against COVID 19, making a significant contribution to national public health capacities. In many countries, the UNICEF-supported polio communication networks continued to build trust in vaccines while also promoting healthy behaviours and practices to stop the spread of COVID-19. In addition, efforts continued to ensure availability of current oral polio vaccines and support preparations for the introduction of the novel oral polio vaccine. The polio infrastructure will also play a critical role in the roll-out of the COVID-19 vaccine.

One of the major challenges resulting from the COVID-19 pandemic was the suspension of more than 60 planned house-to-house polio SIAs in 28 countries, which

contributed to a sharp rise in polio outbreaks. Towards the end of 2020, polio campaigns resumed in some countries, jointly with measles campaigns where possible and with other health interventions, such as meningitis A vaccine, vitamin A and deworming. The costs of SIAs have risen due to the additional COVID-19 safety measures that are necessary to protect communities and health workers.

In 2020, UNICEF and partners effectively eradicated 20 polio outbreaks in at least eight countries. In the polio-endemic and outbreak countries that reported data, there was a reduction from 95 per cent (2019) to 88 per cent (2020) of children under 5 years of age who were vaccinated in at least half the districts targeted for vaccination. Of the outbreak countries reporting data on polio SIAs, Malaysia, the Philippines and South Sudan missed more than 5 per cent of children in more than half of the districts covered by polio SIAs.

As part of the 2019–2023 GPEI gender equality strategy, UNICEF highlighted the valuable contributions of women in polio eradication globally. Together with partners, local strategies were adapted to engage caregivers and health workers to build community trust, especially in communities where cultural norms prevent men from entering households. In Afghanistan and Pakistan, respectively, 46 per cent and 62 per cent of the front-line health workers are women.

Case Study 2: Africa achieves wild poliovirus-free status through Nigeria's eradication of the virus



On 11 March 2020, in the Gubio camp for internally displaced persons in Jere Local Government Area of Borno State, Nigeria, Volunteer Community Mobilizer (VCM) Jummai Mohammed (left), 39, speaks with Ya Aisha, who holds her three-month-old son. Jummai visits around five families daily and talks about the importance of vaccinations for children, other health care practices and hygiene for children in the families.

In 2020, Nigeria, the last wild poliovirus-endemic country in the Africa region, succeeded in eradicating wild poliovirus. UNICEF and WHO congratulated Nigeria on this milestone achievement and congratulated fellow GPEI partners in Nigeria who helped reach this important goal: Rotary International, the US Centers for Disease Control (CDC), Bill & Melinda Gates Foundation and Gavi, as well as traditional and religious leaders and volunteer community mobilizers.

UNICEF worked with volunteers in Nigeria to pioneer new models of community infrastructure; the influence and trust that volunteers possess had a critical impact in the polio eradication programme. In the northern regions of the country, at the centre of Nigeria's polio eradication programme, 20,000 volunteer community mobilizers, 90 per cent of whom are women who were influential in their communities, worked alongside vaccination teams. Volunteers were uniquely able to leverage their trust with communities and to expand to and within previously un-reached communities. This milestone has moved global efforts closer to eradicating polio.

After four consecutive years without any cases of wild poliovirus, in August 2020, Nigeria was certified as wild poliovirus free, in turn affording Africa the same status.

Demand for immunization

Demand for immunization is vital to ensure equitable access to and uptake of immunization services by caregivers and communities. This is becoming even more important as COVID-19 vaccines are rolled out globally and awareness and trust in COVID-19 vaccines is vital.

At the community level, UNICEF continued to support the Risk Communication and Community Engagement (RCCE) Framework for three regions. In 10 countries, UNICEF supported the roll-out of the interpersonal communication training package for front-line health workers, which was developed by UNICEF, WHO and partners.

In 2020, UNICEF scaled up human-centred design (HCD) methodology in six countries to address demand-related challenges at the community level. As a result, all participating countries developed demand strategies tailored to their specific contexts. The HCD approach is closely linked with equity and gender and is often used for targeting marginalized communities, with a particular focus on areas with low immunization coverage.

While vaccine hesitancy is as old as vaccines themselves, today the rapid proliferation of misinformation through social media presents an additional challenge. UNICEF is supporting countries to track and address rumours

and misinformation, community conversations and concerns through social listening platforms, national risk communication plans and crisis management. UNICEF partnered with First Draft, Yale Institute for Global Health and Public Good Projects to strengthen country capacity by providing a comprehensive package for social listening and engagement, with a focus on vaccine misinformation management; the package was translated into four languages.⁵⁰ Social listening capacity-building was initiated in the West and Central Africa Regional Office in partnership with GPEI, and the design of a Vaccine Demand Observatory was started with Yale University. A series of global webinars on vaccine hesitancy and misinformation was held in partnership with the Sabin Institute and the Boost platform.

To address the prolific global 'infodemic', UNICEF commissioned the Misinformation Field Guide in collaboration with partners. UNICEF worked across sectors to produce innovative communication tools. UNICEF is also collaborating with academic partners to analyse social media streams to identify and counteract misinformation.

UNICEF is co-chair of the Vaccination Demand Hub, a global inter-agency platform of key partners working in this area. In response to COVID-19, UNICEF leveraged the Demand Hub structure and partnerships to rapidly establish and operationalize the ACT-A Demand working group.



On 16 June 2020 in the Syrian Arab Republic, a UNICEF-supported mobile health team conducts a vaccine drive in Umm Al Mara village, near Dayr Hafir in eastern rural Aleppo.

UNICEF has been at the forefront of conducting capacity-building to support governments and partners in identifying priority populations and key considerations for COVID-19 vaccine introduction, and to address RCCE in a complex environment with numerous uncertainties. UNICEF Regional Offices have been actively engaged not only in contributing to the global tools and guidelines, but also in providing quality assurance of the National Deployment and Vaccination Plan for COVID-19 vaccines development and the vaccine demand plans.

Immunization in humanitarian settings

In the context of crises, ensuring immediate preventative measures and responding swiftly to disease outbreaks is at the core of the humanitarian public health response. Around 40 per cent of un- and under-vaccinated children live in countries that are either partially or entirely affected by conflict.⁵¹

During 2020, UNICEF worked with partners to provide leadership in supporting measles campaigns as part of the core commitments for children in humanitarian settings. In 63 countries reporting humanitarian situations, a total of 17 million children were vaccinated against measles. The percentage of UNICEF-targeted children in humanitarian situations vaccinated against measles fell from 95 per cent in 2019 to 86 per cent in 2020: The Democratic Republic of the Congo, Nigeria, South Sudan, the Sudan, the Bolivarian Republic of Venezuela, and Yemen saw reduced coverage. The lower coverage in Nigeria and South Sudan resulted from COVID-19 travel restrictions and lockdowns, while an incorrect target in the Democratic Republic of the Congo, incomplete data in the Sudan, and a combination of incomplete data and COVID-19 lockdown disruptions in Yemen, caused reduced coverage in those countries.

UNICEF continued to work with partners to re-establish vaccine cold chains, provide vaccines and technical support, and help build the capacities of health workers to provide vaccinations in countries disrupted by conflict and humanitarian emergencies.

In South Sudan, where children face persistent inequalities, the uptake of vaccination services is improving. Despite COVID-19 disruptions, between 2019 and 2020 the proportion of children receiving DTP vaccines increased from 44 to 57 per cent and measles vaccines from 42 to 51 per cent. UNICEF contributed to the control of measles outbreaks by vaccinating 2.1 million children. During the first round of polio vaccinations, 890,317 children under 5 years old were vaccinated and an MNTE SIA was held in two high-risk counties, vaccinating 72,883 women of reproductive age.

UNICEF continued engagement in the ICG: in 2020, some 3.1 million people were vaccinated against cholera, 3 million against meningitis and 2.5 million against yellow fever. To ensure efficient outbreak response and to significantly reduce the impact of Ebola on the most vulnerable communities in West and Central Africa, UNICEF, along

with other ICG members, WHO, Médecins Sans Frontières (MSF) and International Federation of Red Cross and Red Crescent Societies (IFRC), established an Ebola vaccine stockpile.

In November 2020, the Government of the Democratic Republic of the Congo declared the eleventh outbreak of Ebola officially over. UNICEF will continue to support Ebola survivors and ensure that mothers and children receive quality PHC, as communities return to normal. To protect children against the devastating consequences of Ebola, UNICEF worked with partners to support the Government in its response.

The above examples highlight the support provided by UNICEF to the most vulnerable populations through the emergency immunization response. To strengthen these responses, UNICEF, in partnership with the IFRC, continued to co-lead the Outbreaks and Emergencies strategic priority areas of the Immunization Agenda 2030.

Strengthening national and subnational capacity

Programmes positioned to provide quality immunization services

Full Portfolio Planning (FPP) is the longer-term planning and prioritization of Gavi support to a country. It typically covers a 4–5-year period and is based on a thorough analysis of the performance of the national immunization programme and identification of the bottlenecks that prevent the programme from reaching more children with life-saving vaccines.

Electronic Immunization Registries (EIR) with individual vaccination records have the potential to greatly increase the detail and timeliness of administrative vaccination data and allow for scaling up effective reminder and recall systems based on short messaging services (SMS) to parents and community health workers. With UNICEF contributions, the EIR Assessment Tool was developed by the US Centers for Disease Control. UNICEF supported the use of the tool in pilot projects in Kenya and Rwanda. The introduction of a national EIR in Kenya is expected to be supported by Gavi in the next country grant.

In 2019, the number of countries that implemented activities to prepare for, prevent, manage or communicate adverse events following immunization (AEFI) or other vaccine-related events increased from 54 to 56, meeting the 2020 target, and thus showing consistent progress towards building national capacity to respond to adverse events, ensuring vaccine safety and maintaining public trust. Through multiple platforms, UNICEF proactively advocates that governments regularly assess and update their national plans to manage the communication response to adverse events following immunizations, in turn contributing to steady progress. This is particularly

important as UNICEF deploys a range of new vaccines for COVID-19 under WHO emergency use authorization. The deployment of COVID-19 vaccines is an opportunity to enhance AEFI monitoring and response systems across a wide range of countries.

Immunization supply chain strengthening

Immunization supply chains ensure that vaccines travel from their port of entry to the point of use in health-care facilities or outreach settings. During this period, vaccines need to be protected from freezing and heat. The objective is to ensure vaccines are available and effective at the point of use.

UNICEF developed guidance on interventions to enable coverage and equity for immunization support chain systems and approaches to better reach underserved communities. This guidance has been mainstreamed into Gavi Strategic Focus Area activities in 2021 planning.

UNICEF continued to work with countries on implementing the comprehensive effective vaccine management (EVM) process. EVM measures whether national immunization supply chain systems comply with WHO standards in terms of supply system capacity to ensure vaccine availability, quality and efficient use of resources. In 2020, the successful roll-out of EVM 2.0 was a significant achievement. By the end of 2020, some 59 countries had carried out nationwide EVM assessments, of a total of 72 countries globally. The new design and approach strengthen national ownership and drives supply chain performance improvement. The impact of COVID-19 had a significant effect on the number of EVMs conducted in 2020.

An EVM score above 80 per cent indicates that adequate immunization systems and capacities are in place. Cambodia and Indonesia increased their performance

during 2020 to join this category, but the decline in the Sudan's score resulted in the number of EVM countries reducing from 14 to 13 for 2020 (2020 milestone: 17). The Sudan's score declined from 91 per cent to 68 per cent in 2020; leadership changes in Government led to unreliable funding and changed priorities, and transitions in the Ministry of Health led to institutional knowledge gaps.

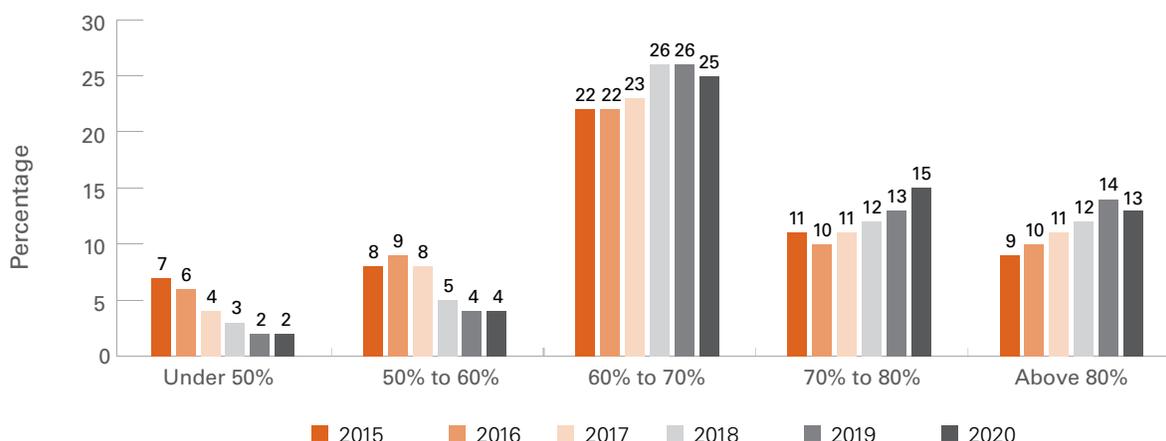
In Iraq, the EVM assessment influenced the immunization continuous improvement plans. Prioritization of interventions based on risk assessment tools, such as those for polio and measles, were effective in mapping UNICEF support for catch-up vaccination and for the polio subnational days in November and December 2020 that achieved 93 per cent coverage among almost 1.8 million eligible children. This ensured that responses were targeted to the areas with greatest need.

UNICEF leveraged the COVID-19 emergency to implement the global stock monitoring dashboard to allow for trend analysis and improved vaccine management. Guidance on immunization supply chain interventions was developed and published during 2020 to enable coverage and equity.

UNICEF support contributed towards an additional six countries being approved under the Gavi-funded Cold Chain Equipment Optimization Platform (CCE OP) in 2020, totalling 51 countries at different stages of implementation. Cold chain equipment procurement is currently under way for 40 countries and deployment has commenced in 39 countries. As of the last quarter of 2020, a total of 53,892 cold chain equipment units had been procured, with 36,489 installed.

During 2020, UNICEF focused on a package of immunization supply chain (iSC) interventions where the impact on reaching under-served communities is greater than technical implementation of individual

FIGURE 12: Progress on effective vaccine management, 2015–2020



Source: UNICEF New York, 2020.

parts, when brought to scale: support to CCE OP in 51 countries and solarization projects in the Middle East and North Africa region; an in-depth analysis into waste management resulting in new tools; development of safe decommissioning guidance for CCE; development of CCE guidance and support for three countries to implement this, which they presented at the TechNet Conference.

Leveraging targeted country assistance and health systems-strengthening investments to scale allowed Afghanistan, Nigeria and Pakistan to elevate the iSC agenda to higher political levels in their governments. This resulted in the adoption of national road maps that put these countries on a pathway to reaching underserved communities.

UNICEF also led a multi-partner consultative process defining a new technical assistance framework, technical assistance approaches, models and institutional competencies for a more country-owned supply chain process for technical assistance. The process sets a new standard for harmonizing approaches and investment priorities for immunization and health supply chains using the six new transformative approaches: country-centred design; market shaping; talent transformation; digitalization; maturity measurement; and knowledge labs.

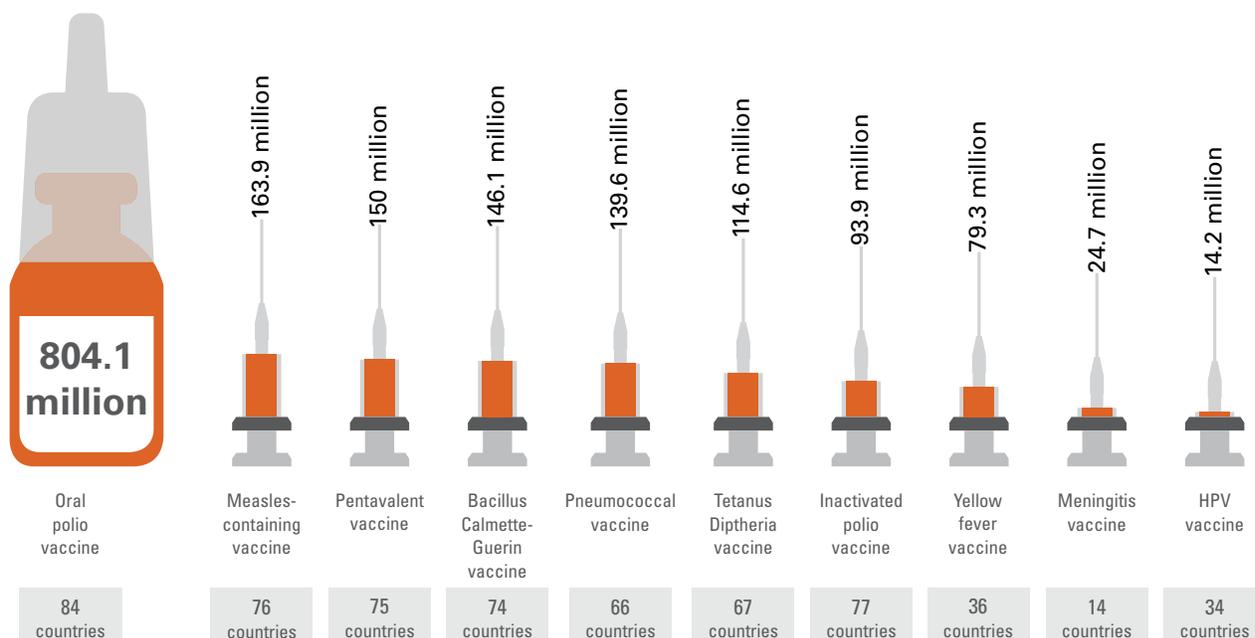
Temperature monitoring is also an important component of iSC strengthening to ensure vaccines are protected from heat or freezing. A temperature monitoring study was initiated in Afghanistan and all cold rooms were mapped in Nepal.

UNICEF supported the iSC2 Country Network Approach to bridge information gaps, leverage global resources and competencies and support country-level priorities on supply chain strengthening. UNICEF led or co-led the approach in 15 iSC2 priority countries in Eastern and Southern Africa, the Middle East and North Africa, South Asia, and West and Central Africa regions in 2020. UNICEF procured cold-chain equipment to the value of US\$95.8 million, of which solar-powered systems accounted for US\$67 million, to 39 countries. In addition, in-country logistics and installation services related to cold chain equipment amounted to \$16.2 million, making a total of \$112 million for cold chain equipment and related services.

As the largest buyer of vaccines in the world, UNICEF continues to harness the power of markets for children's rights and health. In 2020, UNICEF procured 1.9 billion vaccine doses for 102 countries, enough to reach 45 per cent of the world's children under 5 years of age. Collaboration with partner organizations continues to be essential to the timeliness and reach of vaccine procurement and shipping operations.

Leveraging its unique and long-standing expertise in procurement and logistics, UNICEF, on behalf of the global COVAX facility, is working with major global airlines and freight providers to step up efforts to deliver COVID-19 vaccines to around 100 countries.⁵²

FIGURE 13: Main procured vaccine types, number of doses, 2020



Source: UNICEF Supply Division database, 2020.

Leveraging collective action

New vaccine introduction

Among the 64 UNICEF priority countries, 13 have not yet introduced pneumococcal conjugate vaccine (PCV) and 22 have yet to introduce rotavirus vaccine, as of 2019.

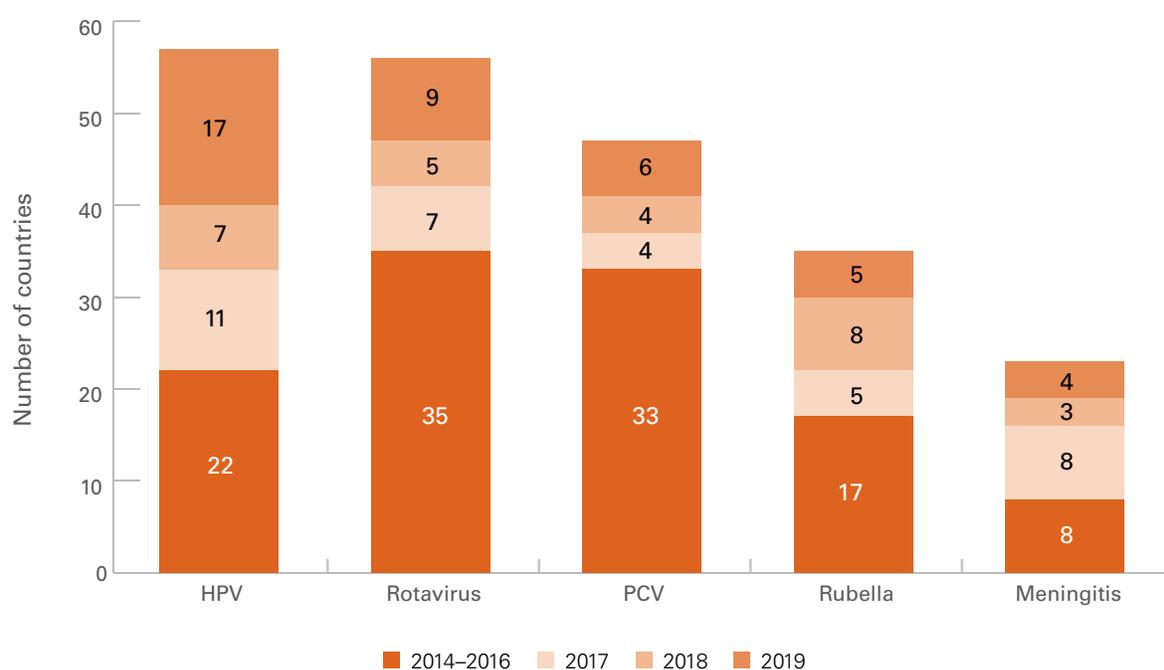
To support priority countries with vaccine introduction, UNICEF specifically assists with programme strategy, financing for sustainability, vaccine procurement and supply, immunization supply chain readiness and enhancement, training and C4D for service uptake.

By the end of 2019, UNICEF had supported the introduction of PCV in 51 of the priority countries and rotavirus vaccine in 42. The number of countries that had introduced meningitis vaccine in their national immunization schedule increased to 13 as of 2019, with the addition of Eritrea and Nigeria; however, this falls short of the 2020 milestone of 21. The number of countries that had introduced YF vaccines in their national immunization schedule remained at 21 (2020 milestone: 24 countries); Ethiopia, South Sudan and the Sudan are due to introduce this vaccine in their national schedules by 2022.

HPV vaccination is one of the two pillars of cervical cancer prevention, the other being cervical screening, and an important platform for adolescent health promotion. At the end of 2019, an additional eight UNICEF-supported countries – Côte d'Ivoire, the Gambia, Kenya, Liberia, Malawi, Solomon Islands, Uzbekistan and Zambia – had introduced HPV vaccine into their immunization schedules, making a total of 16 countries (see Results Area 4: Adolescent health for further details on HPV vaccine).

The slow progress in the introduction of new vaccines into national immunization schedules was largely due to financial constraints and competing priorities. China, Cuba and Indonesia did not introduce PCV, rotavirus and HPV vaccines because of limitations in the production of the locally produced vaccines. In some countries, evidence of disease burden and cost-effectiveness is lacking, which makes it difficult for programme managers to advocate for new vaccine introduction. Many introductions were put on hold in 2020 due to the COVID-19 pandemic and this situation is likely to persist into 2021, as attention focuses on the roll-out of the COVID-19 vaccines. While UNICEF will continue to advocate for new vaccine introductions where feasible, introductions are expected to be slow and UNICEF does not expect to achieve the ambitious target for the current strategic period.

FIGURE 14: New vaccines introduced with UNICEF support, number of countries, 2014–2016, 2017, 2018, 2019



Source: UNICEF analysis of WHO–UNICEF Joint Reporting Form, 2020.⁵³ Notes: Partial introductions are excluded. HPV, human papilloma virus; PCV, pneumococcal conjugate vaccine; Mening, meningitis.

Immunization financing

UNICEF is collaborating with WHO on improving guidance and approaches for strategic and annual operational planning for immunization. During 2020, UNICEF was responsible for designing a new approach for estimating the costs of a National Immunization Strategy. Three important changes were made to the existing costing tool: (1) direct linkages between the cost estimates and the budgeting process; (2) shared costs are not included as part of core results; and (3) the approach facilitates iterative cost estimates according to changes in prioritized strategies. During 2020, UNICEF also developed guidance for Annual Operational Planning for immunization.

A key activity in 2020 was the establishment and leadership of an inter-agency working group for costs and financing of COVID-19 vaccine delivery. The global estimation of delivery costs for vaccinating 20 per cent of the population in the 92 Advanced Market Commitment countries with COVID-19 vaccine⁵⁴ was frequently used by donors and international development banks when determining their support for COVID-19 vaccine delivery. UNICEF contributed to development and deployment of the COVID-19 Vaccine Introduction Costing Tool. UNICEF has established a system for tracking data on costing and financing for COVID-19 vaccine delivery in all low- and middle-income countries.

UNICEF published a document summarizing the standard costs of fully vaccinating a child. The average costs of fully vaccinating a child under the age of 24 months in 2020 against 11 different diseases were estimated at US\$58 for countries that procure vaccines through UNICEF. The costs presented in the summary paper are for vaccines delivered as part of the routine childhood vaccination schedule at health-care facilities.

UNICEF undertook a quality review of vaccine expenditure data reported annually to the WHO–UNICEF Joint Reporting Form for immunization. Recommendations for improving data quality are being discussed among partners.

UNICEF completed and published a large study on budget line items for immunization in 33 African countries.⁵⁵ The study showed that the number of immunization line items ranged between 0 and 42, with a median of 8. Immunization donor funding was included in 10 budgets. Out of total government health budgets, immunization comprised between 0.04 per cent (Madagascar) and 5.67 per cent (Benin), with an average of 1.98 per cent across countries, when excluding on-budget donor funds.

UNICEF continues to lead efforts to ensure that Gavi co-financing payments are received from countries. In 2020, 50 out of 55 countries had fully met their obligations (including countries that had their obligations fully or partially waived due to COVID-19).

National health-sector supply chain strategies

Strengthening health-sector supply chain strategies and plans is essential to support the effective delivery of health services and to accelerate equity improvements for the most disadvantaged children. By the end of 2020, an additional seven countries in Africa – Burundi, the Central African Republic, the Congo, the Democratic Republic of the Congo, Kenya, Madagascar and Malawi – were implementing a national health sector supply chain strategy, increasing the total number to 53 of the 64 immunization priority countries.

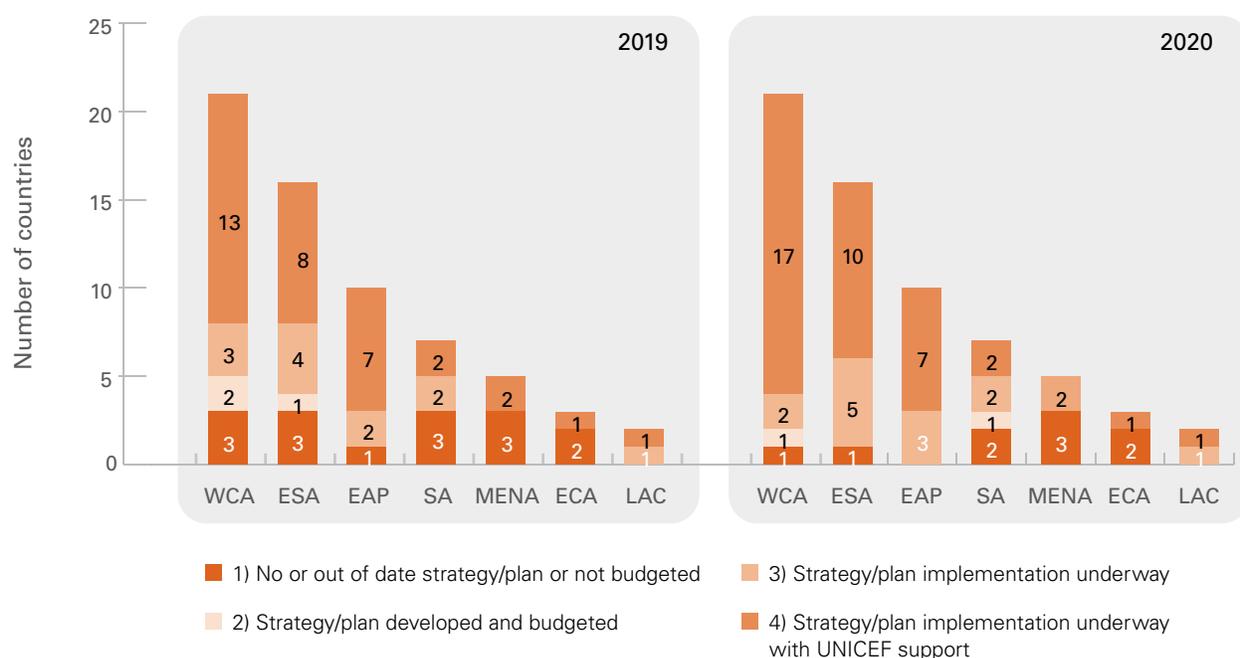
In 2020, UNICEF country offices supported the implementation of national health sector supply chain strategies/plans in 38 countries. UNICEF support was concentrated in the Europe and Central Asia, East Asia and Pacific, Eastern and Southern Africa, Latin America and Caribbean, and South Asia regions. The comprehensive EVM approach remains the entry-point to broader-based supply chain strengthening initiatives.

FIGURE 15: Co-financing performance, 2019–2020

Gavi co-financing status, end of year	2019		2020	
	No. countries	Proportion of countries	No. countries	Proportion of countries
Obligation met	48	96%	50*	96.2%
Obligation partially met	1	2%	1	1.9%
Obligation unmet	1	2%	0	0%
Country-tailored approach	3		3	
Obligation waived	0		1	1.9%
Programme cancelled	1		0	
Total	54		55	

Source: UNICEF Supply Division (2020). Note: * Due to the COVID-19 response, Gavi provided waivers for some countries, as per the paragraph above.

FIGURE 16: Number of countries implementing a national health sector supply chain strengthening strategy or plan ,2019 and 2020



Source: UNICEF New York, 2019, 2020). Notes: EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia, WCA, West and Central Africa.

Leveraging collective action at global and regional levels

UNICEF continues to be a key partner in multiple global immunization partnerships that have catalysed progress towards reducing childhood deaths and disability, including the Measles and Rubella Initiative, Eliminating Yellow Fever Epidemics strategy, the Global Task Force for Cholera Control, the International Coordination Group on Vaccine Provision, Gavi, GPEI and the COVAX facility. In mid-2020, UNICEF supported the successful replenishment efforts that yielded US\$8.8 billion to support immunization programmes in countries eligible for Gavi support during the current strategic period, 2021–2025.

UNICEF contributed to shaping the global agenda through the development and finalization of the Polio Eradication and Essential Immunization Programme of Work (iPOW) for Integrated Actions in the COVID-19 context. UNICEF also played a key role in drafting the integration approach in the GPEI Endgame Strategy, critical for the achievement and sustainability of polio eradication.

In 2020, UNICEF mobilized US\$242 million for the global polio eradication initiative.

UNICEF participated in the development of the Measles and Rubella Strategic Framework 2021–2030, which was endorsed by SAGE and aligned the Measles and Rubella Strategic priorities with IA2030.

Key innovations to accelerate progress in controlling vaccine-preventable diseases included accelerated use of second year-of-life platforms that anchor vaccine delivery more fully into PHC and reach children who missed vaccination during their first year of life. UNICEF supported the development of microarray measles–rubella patches as an alternative to needle and syringe vaccine delivery to increase immunization of children in hard-to-reach environments with less disruption to PHC.

UNICEF chairs the global partner networks on Demand for Immunization and the Vaccination Demand Hub and led collective global efforts by partners to deliver a comprehensive Demand package (11 guides and tools).

As the largest single vaccine buyer in the world, UNICEF has a unique and long-standing expertise in procurement and logistics to support children in need. On behalf of the Global COVAX facility, UNICEF is leading the largest vaccine procurement and supply operation in history.

Conclusion

Despite the significant challenges to immunization service delivery and uptake during 2020, the third year of the UNICEF Strategic Plan, 2018–2021, saw some important successes – notably Africa attaining wild poliovirus-free status. Nonetheless, the COVID-19 pandemic and subsequent health service disruptions led to reduced delivery and uptake of immunizations in many countries throughout the world. The impact of these disruptions to the survival and long-term health of children may not be known for many years. But amidst the fallout from the pandemic lies an opportunity to ‘reimagine immunization’ and to ‘build back better’ for improved results for children, especially the most disadvantaged. Resources are needed for in-country COVAX delivery so that capacities and resources are not drawn away from the Expanded Programme on Immunization.

Routine immunization services must be restored and revitalized and firmly integrated within PHC, as outlined in the Immunization Agenda 2030. The current Gavi strategic period provides a mechanism for ‘catch up’ and expansion of services to address equity gaps.

UNICEF will continue its equity focus on underserved children and will work to expand immunization services in zero-dose communities. UNICEF aims to adopt a systems approach, such as the adoption of social listening for vaccine misinformation and response, and to focus on service quality and experience to enhance trust. The large-scale delivery of COVID-19 vaccines also provides an opportunity to harness the global interest in immunization and vaccines towards strengthening health systems. Conversely, if inadequately resourced, COVID-19 vaccine delivery could come at the cost of childhood vaccination. UNICEF will advocate for the continuation of essential services in parallel with the COVID-19 vaccine roll-out so that one does not come at the cost of the other and result in outbreaks of preventable diseases alongside the continuing pandemic.

Substantial additional resources will be required to ensure the necessary technical support for UNICEF, for partners and for countries. Now more than ever, flexible resources are vital to maintain high immunization coverage, to ensure that no child is left behind.



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10 November 2020, Doem Chan Village, Sangkat Ch'bar Ampov 2, Khan Ch'bar Ampov, Phnom Penh, Cambodia. In the future Pov Dalen, 6 years old, wants to help sick people get better by helping them get medicine.

Results Area 3: Child health

Since 1990, tremendous progress has been made in child survival. The ongoing COVID-19 pandemic threatens to erode years of progress in child survival through the interruption of essential health services.⁵⁶

To accelerate progress and change the current trajectory, access to and utilization of high-impact interventions to reduce child deaths from pneumonia, diarrhoea and malaria – the leading causes of under-five deaths globally, underlain by weak health systems and issues linked to quality of paediatric care – will need to be addressed.

Despite the extraordinary challenges presented by the COVID-19 pandemic during 2020, there were some significant achievements in key areas. Between 2016 and 2020, in 25 high-burden child health countries, 34.6 million children (8.6 million in 2020) with suspected pneumonia received antibiotics through UNICEF-supported programmes and 227,131 community health workers (CHWs) (2020 milestone: 220,000) had enhanced their

skills to operationalize integrated Community Case Management (iCCM). Additionally, the number of countries that introduced pneumococcal conjugate vaccine in their national immunization schedule increased to 51; and UNICEF distributed insecticide-treated nets to 17.5 million people in 22 countries, including 2.5 million in humanitarian situations.

UNICEF continued to implement its thrive agenda, including through the strengthening of multisector nurturing care for early childhood development (ECD) and disability interventions through health platforms, as well as injuries, prevention of non-communicable diseases (NCDs), management of chronic conditions and addressing environmental pollution and climate change.

In 2020, the child health programme dedicated US\$161.9 million in expenditure, of which US\$44.2 million was disbursed from regular resources.

Outcome and output indicators for child health

FIGURE 17: Outcome results for child health, 2020

Outcome	Baseline	2020 value*	2021 target
Percentage of children with diarrhoea receiving zinc and oral rehydration salts (ORS) (SDG 3.8.1)	8%	16%	32%
Percentage of children with symptoms of pneumonia taken to an appropriate health-care provider (SDG 3.8.1)	60%	61%	71%
Number of children with suspected pneumonia receiving appropriate antibiotics through UNICEF-supported programmes	6 million	34.6 million	30 million
Percentage of children in malaria-endemic countries sleeping under an insecticide-treated net (SDG 3.8.1)	40%	55%	58%

FIGURE 18: Output results for child health, 2020

Output indicator	Baseline	2020 milestone	2020 value*	2021 target
Percentage of countries that maintain no stock-outs lasting more than one month at national level for oral rehydration salts	92%	100%	86%	100%
Number of countries that have introduced pneumococcal conjugate vaccine into their national immunization schedule	44	65	51	65*
Number of countries that have institutionalized community health workers into the formal health system	16	23	25	25
Number of community health workers that underwent skills-enhancement programmes to operationalize integrated community case management through UNICEF-supported programmes	51,000	220,000	227,131	250,000*
Number of people receiving insecticide-treated nets as per international recommended standards through UNICEF-supported programmes (humanitarian)	1.3 million	5.3 million	7.9 million	6.3 million
Number of countries implementing interventions to address environmental pollution and climate change through UNICEF health programmes**	19	23	57	30

Note: Changed baselines: *The midterm review of the Strategic Plan increased 2021 targets to accelerate results; **New indicator introduced in 2019.

Context

Of all infectious diseases that kill children, pneumonia is the most lethal killing over 800,000 children under five years every year. Diarrhoea, the second most deadly disease for this age group, claims around 480,000 under-five lives every year – approximately 8 per cent of all under-five deaths globally.⁵⁷ The answer is to fight the two diseases together in an integrated approach as outlined in the WHO–UNICEF integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea, which sets a target of 3 pneumonia deaths per 1,000 deaths by 2025.

The third most deadly disease for under-fives is malaria, accounting for 67 per cent of all malaria deaths worldwide; in 2019, 274,000 children under five years of age died from malaria.⁵⁸ Africa remains the region most affected by malaria, reporting 94 per cent of the global malaria cases and deaths in 2019.⁵⁹ Between 2000 and 2019, global mortality rates from malaria fell 60 per cent but the gains have plateaued since 2015 due to population growth and lack of concomitantly increased financing.

For children aged 5–19 years globally, injury is the main cause of death. Road traffic injuries have a significant impact on child deaths and disabilities, followed by drownings, burns and falls. For children aged 1–4 years, injuries are the third most common cause of death. Childhood injuries have the greatest impact on those who are the most vulnerable. Every year, about 1.2 million children and adolescents below 20 years of age die from treatable NCDs, such as chronic respiratory diseases and cancers, that predominantly impact poor countries, poor communities and the poorest individuals within all nations, perpetuating inequities within and across countries.⁶⁰

Climate change and environmental degradation undermine the rights of all children. Increasing evidence shows a direct correlation between environmental pollution and ill health and death among children. In 2019, air pollution was associated with the death of almost 500,000 newborns worldwide,⁶¹ with nearly 92 per cent of pollution-related deaths occurring in low- and middle-income countries.

The Toxic Truth, a joint UNICEF and Pure Earth report released in 2020, notes that around one in three children – up to 800 million globally – have dangerously high blood lead levels at or above 5 micrograms per decilitre (mg/dL). Children face the highest risks of lead exposure because small exposures to chemicals in utero and in early childhood can result in lifelong disease, disability and premature death, as well as reduced learning and early potential.

Close to 90 per cent of the burden of disease attributable to climate change is borne by children under the age of 5 years.⁶² Children are the most vulnerable to diseases, such as malaria and dengue fever, which will become more widespread because of climate change.

Improving services and community demand

Pneumonia prevention and treatment

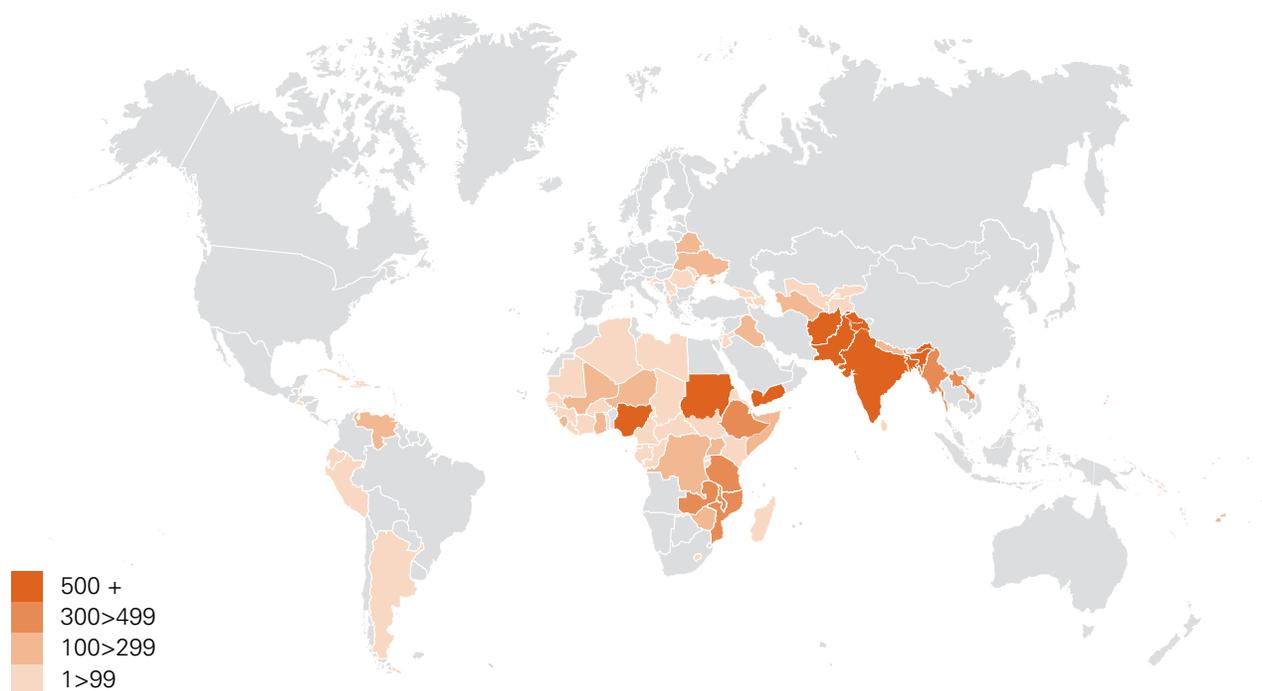
Less than 50 per cent of children requiring treatment have access to case management services, while the other half of pneumonia deaths occur amongst the poorest and most marginalized children living in low- and middle-income countries.⁶³ In 2020, there was a reduction in the number of children accessing pneumonia treatment, mainly because of the disruptions to health services caused by COVID-19.

In January 2020, UNICEF was a key participant in the world's first conference on childhood pneumonia, the Global Forum on Childhood Pneumonia, which made a call to action to governments and partners for practical pathways to meet the SDG on child survival and the Global Action Plan for Pneumonia and Diarrhoea target of three child pneumonia deaths per 1,000 live births. In the 25 high-burden countries, the percentage of children with symptoms of pneumonia who were taken to an appropriate health-care provider during 2020 was 61 per cent, against a baseline of 60 per cent (2021: target 71 per cent).

Access to antibiotics is critical for the treatment of pneumonia, with amoxicillin being the recommended first-line treatment for pneumonia in children. In 25 high-burden countries, a cumulative total of 34.6 million children (8.6 million in 2020) with suspected pneumonia received appropriate antibiotics through UNICEF-supported programmes, exceeding the 2021 target of 30 million. Eighty-two per cent of the 8.6 million children who received antibiotics were from six countries: the Democratic Republic of the Congo, Ethiopia, Mali, Pakistan, Mozambique and the Sudan. UNICEF delivered 404.1 million 250 mg amoxicillin dispersible tablets, equivalent to 40.4 million pneumonia treatments for children under one year of age, reaching 47 countries. In 2020, in 14 humanitarian countries that reported, 1.4 million children with suspected pneumonia received antibiotics through UNICEF-supported programmes.

A key part of the UNICEF COVID-19 response was delivering oxygen concentrators, devices that take in air from the environment, remove nitrogen, and produce a continuous source of oxygen. UNICEF delivered 16,795 oxygen concentrators to 94 countries (see Figure 19). Medical oxygen is a life-saving service for children with severe pneumonia in low- and middle-income countries, and for mothers and newborns. With the announcement in June 2020 that dexamethasone could save the lives of patients with severe or critical symptoms of COVID-19 who are on ventilators or receiving oxygen therapy, UNICEF quickly secured approximately 3 million treatment courses of dexamethasone tablets and injections for the following 3–6 months, worth approximately US\$8 million and co-funded jointly by Unitaid and UNICEF (through the Vaccine Independence Initiative).⁶⁴ Between August and October

FIGURE 19: Map showing UNICEF distribution of oxygen concentrators in 94 countries



Source: UNICEF Supply Division, 2020.

2020, Zimbabwe received shipments of dexamethasone tablets and Afghanistan, Central African Republic, Djibouti, Lebanon, Mali, Somalia and Tajikistan received dexamethasone injections.

To prepare for a potential surge in COVID-19 cases, Sierra Leone ordered oxygen concentrators at the beginning of the pandemic. Together with partners, UNICEF is working to install and maintain three pressure swing adsorption oxygen plants, both in response to COVID-19 needs and as a sustainable oxygen supply to meet essential health needs, such as for pneumonia treatment.

Diarrhoea prevention and treatment

UNICEF delivered 50.8 million oral rehydration salts (ORS) sachets in 2020, of which 8.7 million were ORS and zinc co-packs. UNICEF also delivered 111.9 million zinc tablets, of which 40.9 million were in ORS and zinc co-packs. The presentation in a co-pack form has the potential to substantially increase access to treatment with both commodities, to benefit more children.

In 2020, of the 22 countries reporting, the percentage of children with diarrhoea who received zinc and ORS remained at 16 per cent (2021 target: 32 per cent). For the same group of high-priority countries, 42 per cent of children with diarrhoea received ORS-only treatment. In the Northwest and Southwest Regions of the Republic of Cameroon, for example, UNICEF supported two non-government organizations with ORS/zinc treatment for 6,703 children under 5 years of age with diarrhoeal symptoms living in hard-to-reach areas in three health districts. C4D interventions play a critical role in stimulating community demand for services and protecting the health and well-being of children, especially vulnerable and conflict-affected children and their families.

In addition to diarrhoea prevention, UNICEF ensures that quality treatments reach the children who need them most, including through Integrated Management of Childhood Illness and iCCM. The focus on a holistic package of treatment for the main diseases leading to child deaths is vital to ensure that children receive effective, efficient and quality care for their condition.

Malaria prevention and treatment

UNICEF works closely with WHO, the Roll Back Malaria Partnership to End Malaria, Malaria No More, The U.S. President's Malaria Initiative, the Global Fund and others to attain the goal of a malaria-free world, as set out in the Global Technical Strategy for Malaria 2016–2030.

Access to and use of long-lasting insecticidal nets (LLINs) remains one of the first lines of defence against malaria. This activity is part of the UNICEF core commitments for children in humanitarian action, to ensure that all children and adolescents can safely and equitably access quality life-saving and high-impact child health services. In 21 malaria-endemic countries supported by UNICEF and partners, 55 per cent of children slept under an insecticide-treated net in 2020, a figure that is close to the 2021 target of 58 per cent. UNICEF procured and distributed 17.8 million insecticide-treated nets in 28 countries, with almost 15 million of the nets distributed to Chad, Côte d'Ivoire and the Sudan.

Children under 5 years of age are the most vulnerable group affected by malaria: in 2019, these children accounted for 67 per cent (274,000) of all malaria deaths

worldwide. Sub-Saharan Africa carries a disproportionately high share of the global malaria burden.⁶⁵ Although the percentage of children under 5 years old sleeping under a net in sub-Saharan Africa increased considerably between 2000 and 2019, from 3 per cent to 52 per cent, utilization remains an issue.

During the pandemic, UNICEF has increased messaging and support, including guidelines for safe provision of care by CHWs, to increase demand for care in febrile children in malaria-endemic areas.

The ability to quickly diagnose malaria is essential for treating the disease and preventing progression to its most lethal form. UNICEF procured 11.5 million malaria rapid diagnostic tests for 20 countries. Some 23.3 million artemisinin-based combination therapy malaria treatments were delivered to 34 countries. In addition, 13.2 million treatments were delivered for seasonal malaria chemoprevention in Chad, Guinea Bissau and Togo, which are a vital line of defence in reducing malaria cases during the malaria-transmission season.



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Seven-month-old Aker sits under a UNICEF-supplied mosquito net in Bienything in Akoka county, Upper Nile state, South Sudan on 23 October 2020. According to Aker's mother, Nyan Dom Ayiik, "Aker recently got really sick with malaria so I'm so grateful for this mosquito net. It's fun for her too as she sometimes plays with the net and likes looking through all the holes!"

Packages of iCCM and/or Integrated Management of Childhood Illness were often combined with immunization outreach, helping to bring health services to thousands of disadvantaged women and children.

Malaria prevention is of critical importance in humanitarian settings. Between 2016 and 2020, UNICEF supported the distribution of LLINs to 7.9 million people in humanitarian situations (milestone: 5.3 million). During 2020, 2.5 million people in humanitarian situations received LLINs, with Ethiopia, Somalia and South Sudan receiving 2.1 million (84 per cent) of the total.

UNICEF continues to co-chair the Vector Control in Humanitarian Emergencies working group, which provides recommendations and a call to action on investing and supporting these critical approaches to fight malaria and other vector-borne diseases, such as Zika, chikungunya and dengue.

Nurturing care for early childhood development

UNICEF and partners have supported countries in operationalizing the Nurturing Care Framework (NCF) for ECD. Using a multisectoral approach to health, well-being and development, UNICEF and NCF partners focus programming on integrating and strengthening key components of nurturing care in routine health interactions between families and caregivers.

UNICEF continues to promote the use of the Care for Child Development (CCD) package, which leverages the health system to provide much needed ECD interventions. In Nicaragua, with UNICEF support, the Ministry of Health and Ministry of Finance have implemented and scaled up the CCD approach; 19 local comprehensive health-care systems and 267 child development centres have adopted this approach. Some 13,928 staff have been trained, 74,834 parents and caregivers have received nurturing care support, and 88,558 children benefited from early childhood nurturing care through alternative approaches, such as home visits.



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Children having fun in the streets of Adjamé, a suburb of Abidjan, the capital of Côte d'Ivoire.

Children with disabilities are one of the most marginalized and excluded groups in society. Using an equity-based approach, UNICEF has provided support for children with disabilities through the identification of recommended methods and tools for early identification and intervention, behavioural change and stigma reduction. UNICEF has developed a model on early identification and early interventions for children with developmental delays and disabilities that has been adapted and is being piloted in Bulgaria, Peru and Uganda. In Bulgaria, results during 2020 included a situational analysis of the services for children with disabilities and developmental difficulties aged 0–6 years to identify the main system gaps and opportunities, and the design of and preparation for testing of a system approach to early childhood intervention in selected localities (Nova Zagora and Haskovo) in the country.

Addressing childhood injuries and non-communicable diseases

UNICEF, WHO and other partners are expanding a multisectoral and life-course approach, so that children can survive and thrive throughout the first two decades of life.

UNICEF is actively involved in activities across sectors to prevent and reduce road traffic fatalities and drownings. Communication initiatives that educate children, families and communities about risks linked with physical improvements to the environment and policies to support adoption and implementation of good practices are key. UNICEF partners with governments to support, develop and monitor integrated child injury-prevention good practice programmes. An integral part of these actions includes improved data collection to inform policymaking.

One key achievement in 2020 was the development and dissemination of technical guidance on Safe and Healthy Journeys to School during the COVID-19 Pandemic and Beyond, to support the school reopening effort. Additionally,



Syaiful, 12 years old, a child with a physical impairment, is pushed in a wheelchair by his best friend Kevin Saputra, 9 years old, a child with a visual impairment, as they play outside near Syaiful's house in Banyumas, Central Java, Indonesia. Syaiful cannot freely move his lower body or his right hand.

15 countries have taken action to initiate and/or implement injury prevention activities to address child and adolescent injuries through UNICEF health programmes.

Non-communicable diseases, such as chronic respiratory diseases, cancers and diabetes, are increasing among children. Preventive and promotive interventions remain the cornerstone of the UNICEF response to NCDs. UNICEF works multisectorally, especially through schools, to provide a unique platform to address the five NCD risk factors: unhealthy diet, tobacco use, harmful use of alcohol, lack of physical activity and air pollution. Integrative school programmes that address NCDs, injuries, mental health, life skills, prevention of HIV and other sexually transmitted infections, and environmental health, can protect children's health and well-being (see 'Results Area 4: Adolescent health' for further details on the actions UNICEF is taking in this area).

UNICEF is working to reduce risk factors for NCDs in South Africa, where the Good Nutrition for Good Immunity Campaign promoted healthy eating and physical activity in 20,000 schools across nine provinces of South Africa, reaching 10 million students.

Environmental pollution and climate change

In 2020, UNICEF and Pure Earth published 'The Toxic Truth: Children's exposure to lead pollution undermines a generation of potential', highlighting the irreparable harm being done to children's brains through lead pollution.⁶⁶

UNICEF is elevating action on environmental degradation and climate change for, and with, young people as an organizational priority. To support integration into the UNICEF health programme, a global programme framework was developed, 'Healthy Environments for Healthy Children'.

The increased momentum on these issues has led to significant progress: against a baseline in 2019 of 19 countries, a total of 57 countries reported implementing at least one intervention to address environmental pollution and climate change through UNICEF health programmes in 2020, far exceeding the 2020 milestone and 2021 target (see Figure 20). Interventions included policy-related work, renewable energy and waste management in health-care facilities, promoting adolescent and youth engagement and interventions to address air pollution and childhood lead exposure.

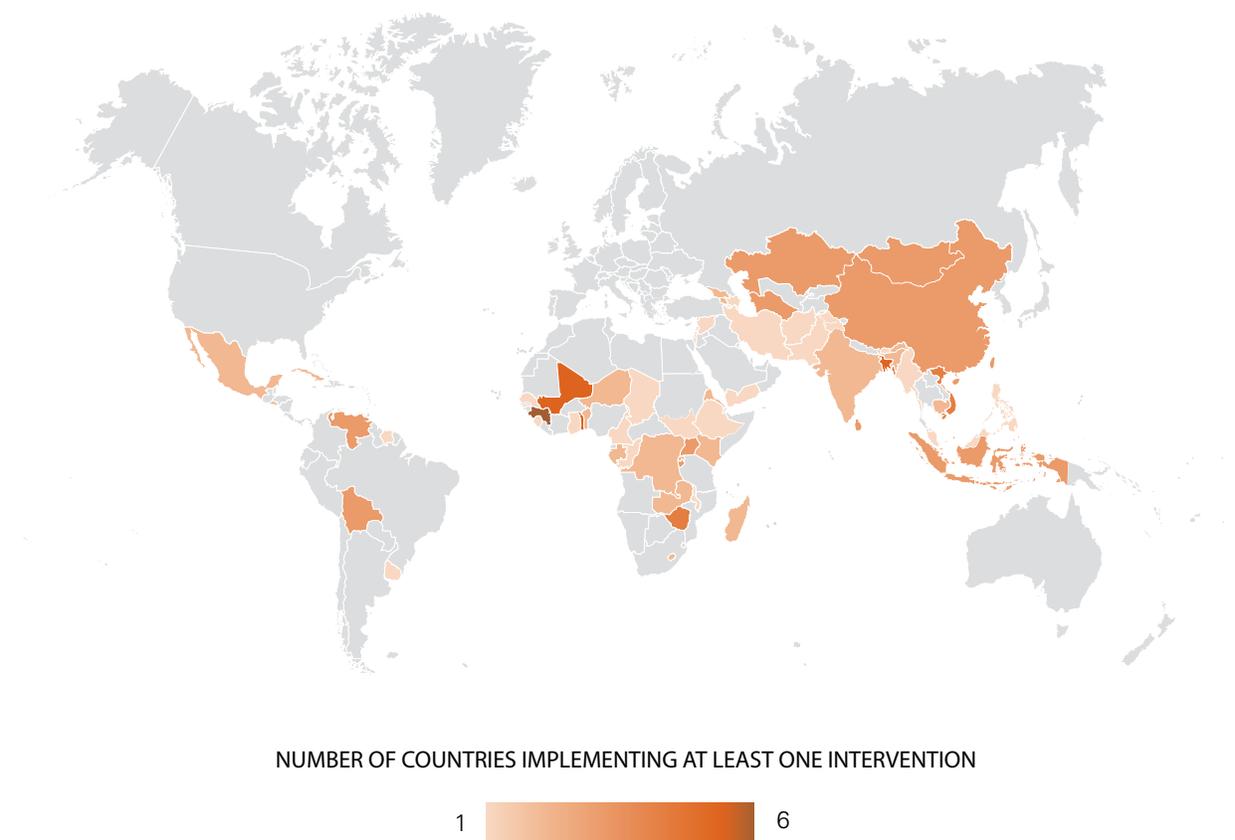


Children take over the Lao Youth Radio on World Children's Day 2020 to voice their opinion on climate change, education, COVID-19 and digital safety.

In recognition of the alarming findings on childhood lead exposure and to mitigate this invisible crisis, UNICEF with the support of Clarios Foundation has started to work on this issue in Bangladesh, Georgia, Ghana and Indonesia, in collaboration with partners. In Georgia, 41 per cent of children were found to have blood lead levels equal to or greater than 5 µg/dL – about 10 times higher than the prevalence found in higher-income countries. UNICEF developed a national response plan that was endorsed by Georgia’s Prime Minister, mobilized various partners and received initial funding. Children and family members with elevated lead levels received all-inclusive medical attention free of charge. With improved nutrition and multivitamin supplements, children’s blood lead levels improved substantially, with some reporting declines in lead concentrations of 40 to 50 per cent.

UNICEF interventions to address air pollution included advocacy, awareness and multisectoral actions; youth engagement in air quality monitoring; air pollution research programmes to reduce air pollution; and air quality monitoring at UNICEF-supported child-centric facilities in China, India, Indonesia, Kazakhstan, Madagascar, Mongolia and Viet Nam. To reduce emissions and pollution, UNICEF and partners have supported renewable energy solutions in health-care facilities. As part of the Cold Chain Equipment Optimization Platform, in Myanmar, for example, 317 solar refrigerators were installed in rural health-care facilities.

FIGURE 20: Number of countries implementing interventions to address environmental pollution and climate change, 2020



Source: UNICEF New York, 2020.

Case Study 3: Mongolia: Using a multisectoral approach to address air pollution

Ulaanbaatar, home to half of Mongolia's three million people, is one of the most polluted capitals in the world. On the coldest days of the year, daily averages of PM_{2.5} pollution levels reach 687 µg/m³ – 27 times the level recommended as safe by WHO, putting children, adolescents and the population at risk. The primary source of air pollution is coal-burning stoves in the ger (informal settlement) districts during the cold season. Pneumonia is now the second leading cause of under-five child mortality in Mongolia.

UNICEF has been working with the Government of Mongolia and other partners to reduce air pollution, as well as to protect the health of children and pregnant women from its impact. Policy advocacy has influenced the Government's decision on short and intermediate level interventions, including face masks, HEPA air purifiers and influenza vaccinations. To ensure programme coordination, information knowledge exchange and synergy, the knowledge platform, *Agarneg.mn*, and the development partners' Working Group on Air Pollution were created. UNICEF is an official observer at the National Committee on Reducing Environmental Pollution, providing an important opportunity for advocacy.

The Youth for Climate and Clean Air Network initiative champions young people as agents of change to mitigate and alleviate the harmful effects of air pollution by working with communities and decision makers. The Network engaged 14 civil society organizations that carried out air quality mapping, capacity-building, communication and advocacy campaigns and events for children and adolescents.

Health-care interventions, as part of the subnational Clean Air Action Plan (CAAP), have led to a decline in hospital visits and hospitalizations from respiratory diseases and pneumonia during flu season, and improved patient flow and ambulatory care services. The air pollution preparedness plan and the piloting and scaling up of community-based maternal and child health care, such as educating caregivers on preventing air pollution-related illnesses and recognizing child health concerns at an early stage, have demonstrated the benefits of strengthened PHC for children. Behavioural change can be seen in the increased demand for cooking, heating and insulation products and services (CHIPS), through better insulated gers and by replacing coal-fired stoves with elective heaters. Three provinces have allocated funding to subsidize and scale up CHIPS locally.

Political will has increased following the success of the CAAP in Bayankhongor and its scaling up to Umnugovi and Govi-Altai provinces.



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Air pollution in urban Ger districts, Bayangol Districts, Ulaanbaatar city, Mongolia.



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Adolescents collecting air pollution data in the outskirts of Ulaanbaatar, Mongolia, as part of the 'Programme Air Pollution Youth Mappers'. The adolescents are responsible for collecting information on air quality. They walk in their community to map the areas and note the pollution indexes using a portable air quality monitor provided by UNICEF.

Strengthening national and subnational capacity

Institutionalizing community health workers in the formal health system

Community health workers play a key role in bringing critical services to communities that do not have access to essential health services, and in emergency responses. The institutionalization of CHWs into the formal health system is a key component for bringing PHC to all. By the end of 2020, all 25 focus countries had policies in place that met current criteria for institutionalization, meeting the 2021 target of 25.

To strengthen the quality of the institutionalization process, UNICEF tracks progress on seven components (see *Figure 21*). By the end of 2020, twenty-five countries had established packages of integrated services that can be delivered through CHWs (an increase of 2 from 2019); and 24 countries have supervisory mechanisms in place (an increase of 4 from 2019). Although progress was made in other components, further work is needed: national budgetary inclusion of appropriate provision for CHWs was in place in 9 countries (an increase of 2 from 2019)

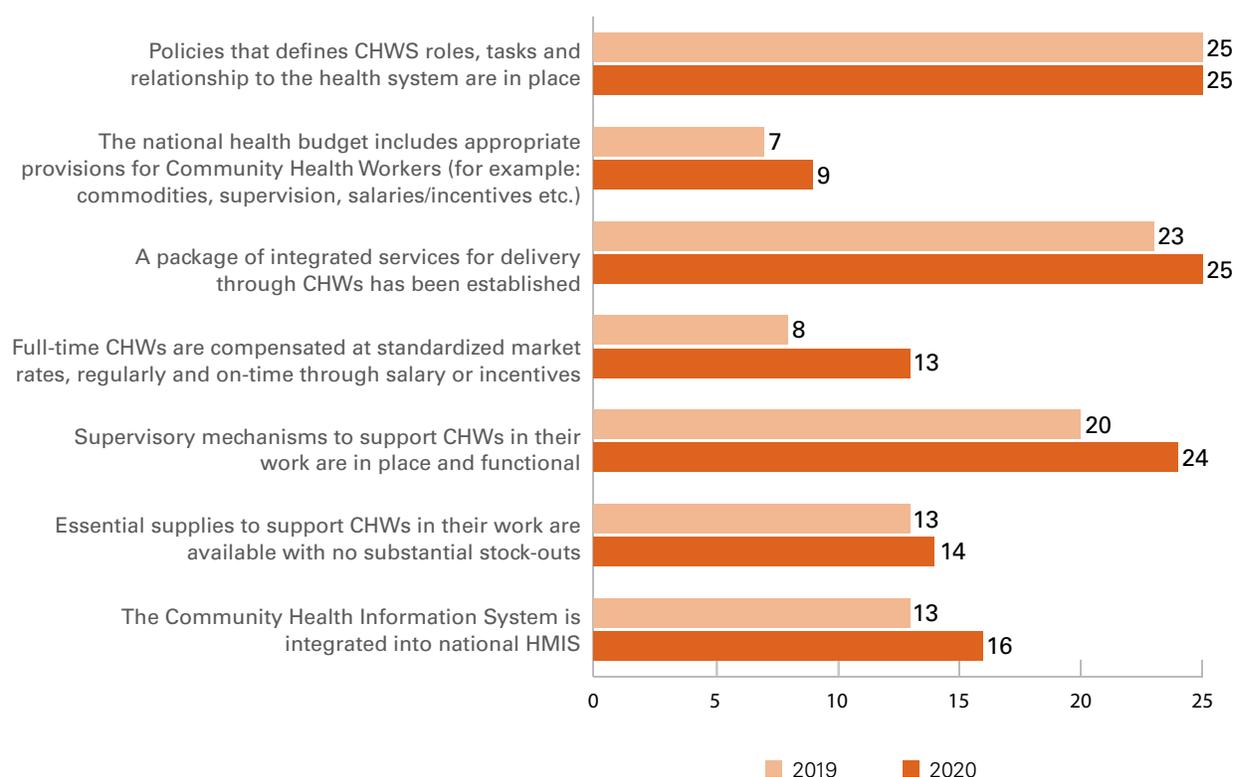
and 13 countries had CHW compensation (an increase of 5 from 2019). Fourteen countries had supplies and 16 had information systems in place.

In addition to the 25 priority countries for child health, a further 71 countries moved forward with CHW institutionalization. UNICEF continued to provide sustained advocacy, policy and technical support to achieve full institutionalization of community health workforces, including within PHC for universal health care.

UNICEF is a key partner in the Community Health Roadmap, working to elevate community health in national agendas, strengthen community health systems and ensure that health care is available and accessible to all children.

UNICEF and partners worked throughout 2020 to maintain and increase basic health-care service coverage, through multiple means including the distribution of disinfection materials, personal protective equipment (PPE), training of staff (including in new safety protocols and measures), and financial and technical support. Of critical importance, UNICEF also provided technical, financial, capacity-building, training and other support to national structures and systems to ensure the safe continuation of basic health services.

FIGURE 21: Community health workers institutionalization, by component, 2020



Source: UNICEF New York, 2020. Notes: HMIS, health management information system; CHWs, community health workers.

For example, in the Sudan, UNICEF supported the development of the National Guidelines on Essential Health Services continuity, including programme-specific standard operating procedures, operational and clinical guidance on issues such as iCCM of malaria, pneumonia and diarrhoea; maternal and newborn health care; Integrated Management of Acute Malnutrition and updated multi-month drug dispensing guidelines for people living with HIV/AIDS in the context of COVID-19.

The UNICEF West and Central Africa Regional Office provided support to countries in scaling-up, costing and operationalizing community-based PHC. Technical assistance was provided around programme reviews and development, integrated community care and systems-strengthening of community supply chains. Strong partnership was leveraged with the African Union, Economic Community of West African States (ECOWAS), USAID, Global Fund, the Joint United Nations Programme on HIV/AIDS (UNAIDS), West African Health Organization and WHO to galvanize country actions and increase investments for community-based PHC through regional events, regional platforms and joint action (including a community health road map initiative in five countries).

Enhancing the skills of community health workers to support case management

UNICEF continues to improve the capacity and skills of CHWs, as part of PHC. This includes expanding their skills and capacities beyond 'survive', to also address the 'thrive' agenda.

Between 2016 and 2020, a total of 227,131 CHWs (2020 Milestone: 220,000) participated in UNICEF-supported skills enhancement programmes on iCCM. In 2020 alone, 36,816 CHWs were trained in 18 countries, with Mozambique and Sierra Leone together accounting for over 50 per cent of CHWs trained. Over 70 per cent of the workers were trained in Africa.

Health systems enhancement also fosters gender equity. Of the 25 high-burden countries, 12 provided sex-disaggregated data showing that 20,854 male and 15,275 female CHWs improved their skills through targeted programmes.

As part of the COVID-19 response, to ensure the continuity of services, UNICEF provided PPE to nearly 2.6 million health workers within health-care facilities and communities in 103 countries. Around 4 million health-care facility staff and CHWs in 75 countries were trained in infection prevention and control.



On 14 January 2020, Community Oriented Resource Person (CORP) and health worker Grace Felix, 32, speaks to Josephine Morris, 35 years old, during a health exam of her son Mojes Morris, 3 years old, in the village of Janawuri, about 50 kilometres from Yola, Adamawa state, north-eastern Nigeria.

Reliable and quality supplies for child health

Nearly 1 million children under 5 years of age die each year from pneumococcal diseases, such as pneumonia and meningitis, making pneumococcal conjugate vaccine (PCV) a critical public health intervention. Of the 64 priority countries in 2019, 51 (2020 Milestone: 65) had introduced PCV into their immunization schedule, following the addition of Bhutan and the Philippines, with the help of Gavi funding. Although progress has been made, the work needs to be accelerated. Countries face numerous challenges in the introduction of new vaccines into their routine immunization schedules, including competing priorities from other vaccines and financial and logistical constraints. In some countries, evidence of disease burden and cost-effectiveness is lacking, which makes it difficult for programme managers to advocate for new vaccine introduction. Many introductions were put on hold in 2020 due to the COVID-19 pandemic.

A trained PHC workforce also needs reliable access to life-saving commodities, such as antibiotics, ORS, zinc, artemisinin-based combination therapy and rapid diagnostic tests for malaria. This highlights the importance of supply

chain strengthening in health systems, especially at community and facility levels, to bring commodities to those who live far from health centres.

UNICEF tracks the percentage of countries that maintain no stock-outs lasting more than one month at national level for ORS. In 2020, the Central African Republic, the Democratic Republic of the Congo and the Niger all experienced stock-out of over a month, reducing the percentage of countries with no stock-outs to 86. In the Central African Republic, there were ORS delivery delays because of limited cargo flights due to the COVID-19 pandemic. In the Democratic Republic of the Congo, the stock-out was due to suppliers being unable to deliver on time because of the COVID-19 pandemic, and in the Niger, the stock-out was a result of insufficient close monitoring of stock at national level.

In Burundi, UNICEF helped to improve the coverage of iCCM of childhood illnesses in 17 of 47 districts, through procurement of essential medicines and kits for CHWs, supporting the Ministry of Health officials in conducting regular supervision, and training and equipping 1,502 CHWs for iCCM in 16 health districts.



Children playing in the streets of Fada, in the east of Burkina Faso.

Leveraging collective action

As an important actor in global events, such as the World Health Assembly, the World Health Summit and World Pneumonia Forum, and global partner meetings, UNICEF drew focus to the interruption of essential health services during 2020, infection prevention and control in health care facilities and the need for strong health systems and strengthening PHC. UNICEF is also an active member of the Global Outbreak Alert and Response Network, Global Preparedness Monitoring Board, Global Task Force for Cholera Control, and Global Health Cluster.

UNICEF continued its commitment and investment in accelerating progress on pneumonia. In January 2020, UNICEF and partners co-hosted the First Global Forum on Childhood Pneumonia, where participants agreed that PHC was the key accelerator to improve child health and survival outcomes, and to achieving the SDG child survival targets. In a joint partnership with Save the Children, UNICEF continued to work with governments and partners, including as part of a COVID-19 response, prioritizing nine beacon countries. UNICEF is using innovations, such as the Scaling Pneumonia Response Innovations (SPRINT) in Ghana and Senegal, to support governments' COVID-19 oxygen response while also continuing to strengthen pneumonia care through increased access to oxygen and amoxicillin. At least five high-priority countries were provided with technical support to optimize the quality, coverage and scale of pneumonia and diarrhoea programming innovations.

UNICEF is a key partner for the High burden, High impact (HBHI) malaria initiative, which targets the 10 highest-burden countries in sub-Saharan Africa plus India: in these countries, UNICEF is focusing on filling catalytic gaps. Throughout 2020, UNICEF continued to support Global Fund New Funding Model 3 (NFM3) malaria and Resilient and Sustainable System for Health (RSSH) concept note development, including ensuring that iCCM was included in most of the portfolios. In addition, UNICEF supported the development of a malaria expression of interest for the South Sudan Global Fund malaria grant.

UNICEF maintains critical partnerships with the Global Fund, WHO/Global Malaria Programme, Roll Back Malaria and others. UNICEF co-founded the Protecting Every Child's Potential (PECP) initiative with Clarios Foundation and Pure Earth for mobilizing industry support towards a future free from childhood lead exposure. UNICEF also

joined the Lead Paint Alliance, a collaborative initiative of United Nations Environment Programme (UNEP) and WHO to prevent and minimize children's exposure, including occupational exposure, to lead paint.

Evidence and knowledge generation are essential to mobilize investments in child health. In 2020, UNICEF authored or co-authored 12 publications, including 3 journal articles.

Conclusions

The COVID-19 pandemic is threatening to erode years of progress in child health. During 2020, essential health services were adapted to the challenging new context and significant achievements were made. However, if the ambitious SDGs for child health are to be met, progress must be accelerated: access to and utilization of high-impact interventions to reduce under-five deaths must be prioritized. Health systems need to be strengthened to address the underlying constraints to further progress, especially in low- and middle-income countries.

Increased health funding is imperative if accelerated progress is to be achieved. Insufficient funding continues to impede progress in the reduction of pneumonia and diarrhoea, relatively neglected diseases that comprise the largest proportion of child deaths globally. Children living in fragile and humanitarian situations require more support and therefore face a greater risk of losing ground.

The context of children's worlds is changing and new risks, such as climate change, are presenting further challenges for children's health. To protect the progress made to date in child health and to accelerate progress towards the SDGs, UNICEF must expand support to countries for integrated child development and disability in PHC. At the same time, UNICEF needs to develop integrated multisectoral programmes that respond to NCDs, childhood injuries, environmental pollution and climate change.

Thematic funds enable UNICEF to integrate interventions, address critical gaps, leverage resources and strengthen PHC at the community level. Children's rights are at stake as the disruptions stemming from the COVID-19 pandemic compound the obstacles to high-quality attainable and equitable health care for children around the world.



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Adolescents at a rural village. Sanwlor Village, Barmer, Rajasthan, India.

Results Area 4: Adolescent health

Despite the significant challenges posed by the COVID-19 pandemic, 2020 has also been a year of opportunity to mobilize political will and resources for promoting the health and well-being of adolescents globally.

Between 2016 and 2020, the number of countries with multisectoral and gender-responsive national plans to achieve targets for adolescent health and well-being tripled from 25 to 75. In 2020, UNICEF actively supported the implementation of these plans in 36 countries. Additionally, UNICEF supported 42 countries to implement school health programmes reaching adolescents in at least two intervention areas, increasing from a baseline of 33 in 2019.

A further eight countries introduced HPV into their national immunization schedules and the number of girls in target countries receiving the final dose of HPV vaccine increased to 2.9 million, a substantial increase from a baseline of 984,907.

Investment in adolescent health programming totalled US\$16.7 million, including US\$3.5 million from regular resources to ensure that UNICEF could sustain a quality response to an emerging priority for health.

Outcome and output indicators for adolescent health

FIGURE 22: Outcome results for child health, 2020

Outcome	Baseline	2020 value*	2021 target
Percentage of live births attended by skilled health personnel (mothers aged 15–19)	67%	72%	75%*
Number of girls in target countries receiving the final dose of HPV vaccine per national schedule	984,907**	2,888,166 (2019 data)	1,000,000

Note: HPV, human papilloma virus; WUENIC, WHO–UNICEF Estimates of National Immunization Coverage; *to accelerate results, target revised as part of Strategic Plan midterm review in 2019; **2018 baseline.

FIGURE 23: Output results for adolescent health, 2020

Outcome	Baseline	2020 milestone	2020 value*	2021 target
Number of countries that have nationally introduced HPV vaccine in their immunization schedule	3	19	16 2019 data	24
Number of countries having an inclusive, multisectoral and gender-responsive national plan to achieve targets for adolescent health and well-being	25	70	75	75*
Number of countries implementing a school health programme reaching adolescents in at least two intervention areas, through UNICEF support*	33	38	42	45

Notes: *New indicator introduced in 2019. HPV, human papilloma virus.

Context

Globally, there are 1.2 billion adolescents, or people between the ages of 10 and 19 years: today, more than at any other time, adolescents have a better chance of improving their health and well-being. Low- and middle-income countries are home to 90 per cent of adolescents. In 2019, the probability of a 15–19-year-old from sub-Saharan Africa dying was five times higher than their age mate in North America or Europe.⁶⁷

Beyond mortality, disability is also a critical public health priority for adolescents and youth. Patterns of behaviour developed during adolescence affect not just the health and well-being of young people, but their future health in adulthood, and the health of the next generation. Some concerning trends can be observed:

- 136 million smoke daily
- 1 in 5 are overweight or obese
- 81 per cent do not get enough physical activity
- 11.7 per cent of adolescents partake in heavy episodic drinking
- 20 per cent of adolescents will experience mental ill-health in any given year.

The COVID-19 pandemic has further and profoundly impacted the health and well-being of adolescents globally, and potentially these trends. Prolonged school closures and mandated social distancing requirements affected the mental health of adolescents, and for many young people the pandemic has also meant poorer access to good nutrition, less opportunity for physical activity, and

increased vulnerability to substance use, as well as other risky behaviours. New analysis by UNICEF found that 1 in 7 children and young people has lived under stay-at-home policies for most of the last year, putting mental health and well-being at risk.⁶⁸

Prior to the COVID-19 pandemic, self-harm was the third leading cause of death among 15- to 19-year-olds worldwide and 10–20 per cent of the world's adolescents experienced mental illness.⁶⁹ Unfortunately, most adolescents with mental health conditions do not receive care, and there remains a critical underinvestment in prevention and early intervention among young people. In 2018, only 35 per cent of countries globally had national child/adolescent mental health policies.

For adolescent girls, the onset of puberty brings additional threats. Poverty and discriminatory social and gender norms can restrict girls' life choices and exclude them from educational, social and economic opportunities. Globally, 15 per cent of adolescent girls give birth before the age of 18. Every year, an estimated 21 million girls aged 15–19 years in developing regions become pregnant and approximately 12 million of them give birth. Wide discrepancies in coverage occur across regions, with West and Central Africa seeing the highest rate of adolescent childbearing.

Maternal conditions are the second leading cause of death for girls aged 15–19 years, after tuberculosis. Adolescent girls tend to receive their first antenatal care (ANC) visit later and receive fewer than four ANC visits, compared with older women. They are also more likely to experience rapid repeat pregnancies. Adolescent girls are at high risk of developing cervical cancer in adulthood caused by human papilloma virus (HPV). Fewer than 30 per cent of low- and middle-income countries have introduced this vaccine in their national immunization schedules.⁷⁰

Improving services and community demand

Adolescent sexual and reproductive health

UNICEF works across sectors to promote the sexual and reproductive health of adolescent girls. This includes supporting girls' secondary education and skills-building, preventing child marriage and early unions, and preventing and responding to gender-based violence in emergencies. Health programming links to all these efforts and supports ministries of health to prevent adolescent pregnancy, support pregnant adolescents and increase demand for sexual and reproductive health services through the provision of comprehensive sexuality education in schools.

UNICEF supported ministries of health in the development and implementation of national strategies, as well as initiatives to prevent adolescent pregnancies.

Within a joint United Nations programme, UNICEF Ghana reached 190,736 at-risk adolescent girls and mothers with gender- and age-responsive maternal and newborn care services and information on sexual and reproductive health and rights (SRHR) and COVID-19. Over 8,200 adolescent girls received dignity kits as part of COVID-19 prevention measures. Under the Global Programme to End Child Marriage, 6,202 adolescent girls were engaged in child marriage, adolescent pregnancy and sexual and gender-based violence prevention and response programmes, including structured, community-based life skills and economic empowerment activities.



Members of the Awindiri Straight Talk Club at Ediofe Girls School Arua City, Uganda, in a drama to create awareness on teenage pregnancies, COVID-19 and other adolescent risk factors.

The health of pregnant adolescents and their newborn infants continued to be a priority for UNICEF and requires increased support and funding. In 2020, UNICEF supported 52 high-burden countries with the provision of quality maternal care for adolescent mothers that contributed to 72 per cent of live births attended by skilled health personnel, at home and in health-care facilities. Among adolescent mothers aged 15–19 in high-burden countries, only 52 per cent received at least four antenatal visits (2021 target: 57 per cent). Access to skilled health personnel is particularly important for adolescent girls as they face additional vulnerabilities and greater risk of obstetric complications.

UNICEF supported the provision of care for newborns and young mothers, capacity-building of health workers to provide adolescent-responsive and quality maternal care and strengthened health data systems to collect information on adolescent pregnancies.

UNICEF worked with Mothers2mothers to implement the Peer Mentor Project in South Africa. In Gauteng and KwaZulu-Natal Provinces, technical assistance was provided to the National Department of Health to support the scale-up of interventions for pregnant and postnatal adolescent girls and young women (AGYW). Peer mentors reached pregnant and breastfeeding AGYW through e-Services from

July to September 2020. The reach of the peer mentor project increased significantly, from 5,395 pregnant or breastfeeding AGYW women in 2019 to 14,870 in 2020.

HPV vaccination and cervical cancer elimination

Few diseases reflect global inequities as much as cervical cancer. In low- and middle-income countries its incidence is nearly twice as high and its death rates three times as high as in high-income countries. During 2020, the 'Global strategy to accelerate the elimination of cervical cancer as a public health problem' was endorsed by the World Health Organization (WHO) and other partners including UNICEF. UNICEF is committed to the global target to eliminate cervical cancer by 2030 and supports the full vaccination of 90 per cent of girls with the HPV vaccine by 15 years of age towards this goal. In 2020, UNICEF procured a total of 14.2 million doses of HPV vaccine for 34 countries.

Considerable progress was made in the number of countries that have introduced HPV in their national immunization schedule. In 2019, an additional 8 countries introduced the vaccine with UNICEF support, increasing the number of countries to 16. During 2020, three new



Arramata Madou, 19 years old, with her 2-month-old daughter Hassatou, at the Adolescent and Youth School Health Service Center in Odienné, in the north-west of Côte d'Ivoire.

countries – Cameroon, the Lao People’s Democratic Republic and Myanmar – started delivering the HPV vaccine through PHC. The most recent coverage data shows an increase in the number of girls in target countries receiving the final dose of HPV vaccine to 2.9 million, exceeding the 2021 target of 1 million.

During 2020, UNICEF continued to provide technical assistance and capacity-building of government and local counterparts by improving awareness in communities and creating demand among adolescent girls and their caregivers for the HPV vaccine. Strong support for demand creation around vaccines has proven essential in obtaining trust and results.

UNICEF continued work on the HPV+ initiative, which aims to leverage political commitment and programme outreach to reach adolescents with age- and gender-appropriate health interventions. In 2020, the HPV+ project was initiated in the Republic of Moldova and the United Republic of Tanzania, bringing together health, education, nutrition, HIV/AIDS and WASH programmes to include essential services for adolescents that are aligned with a PHC perspective.

Given its scale-up in low- and middle-income countries since 2018, HPV vaccination is expanding the scope of routine immunization to late childhood and adolescence. HPV vaccine introduction enables many countries for the first time to establish and register eligible children in late childhood/adolescence, to utilize new immunization delivery

strategies and platforms, such as school immunization, and to engage vaccine recipients, in addition to caregivers, in communication and decision-making.

Adolescent mental health

Given the adolescent burden of disease and disability caused by poor mental health and the impact of mental well-being on the survival, growth and development of young people, this is a priority area for UNICEF.⁷¹

Primary health care is the foundation for quality mental health care. When mental health is integrated into facility- and community-based primary health and nutrition services, access to care and treatment is improved and physical and mental health problems can be more effectively managed. This approach involves the strengthening of school-based mental health and psychosocial promotion and services and awareness-raising through community-based engagement, mass media and social media.

The profile of UNICEF in adolescent mental health and psychosocial support has also been significantly raised during 2020, through enhanced engagements at global, regional and country level. A landscape analysis of this adolescent mental health and psychosocial support work – ‘Adolescent Mental Health Matters’ – was conducted and led to the initiation and support of mental health programming in Belize, Brazil, Jamaica, Nepal and South Africa, as well as financial and technical support across the East Asia and Pacific, Eastern and Southern Africa, Latin America and Caribbean and South Asia regions.



UNICEF Coordinators Shipla Ben and Kanubhai conduct meetings with adolescents under alternative care and mental health psychosocial support engagement. Village Kantivaas, Banaskantha, Gujarat, India.

In Brazil, UNICEF partnered with Asec Brasil and the Saber Lidar Movement to create the Promote for Prevention initiative, which focuses on the socio-emotional strengthening and engagement of adolescents, young people and professionals to promote mental health care and well-being during the pandemic. To promote mental health promotion strategies and peer education, adolescents and youth participated in online meetings and

received socio-emotional kits. To strengthen and qualify the work of professionals working with 14–24-year-olds, an online course, 'Promoting to prevent mental health of adolescents', was developed. In Brazil, messages promoting mental health have been viewed 700,000 times on social media. In addition, over 20,000 people have viewed online live sessions on mental health, well-being and fitness in the COVID-19 pandemic context.

Case Study 4: Nepal: Reaching adolescents and children with mental health care during the COVID-19 pandemic

Across the world, the COVID-19 pandemic has severely impacted the mental health of adolescents and children. Nepal has a disproportionately young population, with 40 per cent of people under the age of 18 years and 24 per cent adolescents. Prevalence of mental health disorders among 13- to 17-year-old adolescents in Nepal is 11.2 per cent.⁷² Anecdotal reports and data show that suicides and suicidal thoughts became more prevalent, particularly in adolescents during the pandemic.

Before the pandemic, UNICEF worked with federal, provincial and local government to shed light on and mainstream the issue of child and adolescent mental health into Nepal's health system. Interventions to meet the mental health and psychosocial needs of children and adolescents have proven indispensable in the COVID-19 context. In response to escalating needs, UNICEF increased engagement with mental health support service providers in different parts of Nepal. In partnership with the NGO Nepal Child Workers in Nepal Concerned Centre (CWIN), UNICEF provided training on protection and promotion of the mental health of children and adolescents during emergencies. Through this initiative, over 150 trained mental health workers conducted mental health sessions for a total of 22,000 children and adolescents and an equal number of parents, teachers and caregivers, through more than 2,100 sessions.

In collaboration with CWIN's team at the Central Children's Hospital, UNICEF supported the establishment of a tele-consultation facility to provide psychiatric and other mental health support to children, adolescents and their parents. Since the pandemic began, a total of 250 children and adolescents and 150 parents have benefited from psychiatric services.

Front-line health workers and psychosocial service providers received one-on-one supervision, with UNICEF support, on managing stress, sustaining mental health well-being and coping with burn-out at the workplace. A total of over 1,850 health workers (mostly doctors and nurses) benefited from the sessions.



The little girl had come to the health post in Dhanusha, Nepal, with her mother. As the older woman described to Jyoti Shrestha – the health assistant in charge of the Tulsi Health Post in Mithila Municipality, Dhanusha District – the various issues that were troubling her daughter, the 10-year-old sat quietly in her chair, saying nothing.



Health professionals take part in a week-long child and adolescent mental health training organized with UNICEF support.

Strengthening national and subnational capacity

To strengthen national and subnational capacity in the delivery of health services, UNICEF supports countries in building a more responsive PHC system that is integrated and multisectoral. UNICEF also helps develop the interpersonal skills of health workers, introduce new tools and develop cross-sectoral linkages to help adolescents receive responsive health services. UNICEF continued to facilitate this expansion by supporting PHC facilities and ensuring services are delivered according to quality-of-care standards.

Thanks to global thematic funds, in Uzbekistan, UNICEF supported the Ministry of Health in developing a national adolescent health and well-being strategy and action plan. Importantly, adolescents participated in the strategy development process during the qualitative data collection phase.

UNICEF continued to collaborate with WHO on the Helping Adolescents Thrive guidance and infographics developed with the Inter-Agency Standing Committee, allowing countries to have concrete tools to use in these pilots. With support from the Bill & Melinda Gates Foundation, UNICEF developed an advocacy video on perinatal mental health and a systematic review on psychosocial health interventions for pregnant adolescents.

With support from Astra Zeneca, a project was initiated in 2020 to increase health systems that respond to adolescent needs in six pilot countries – Angola, Belize, Brazil, Indonesia, Jamaica and South Africa – with

the goal of accelerating youth-led policy action on non-communicable disease (NCD) prevention among adolescents.

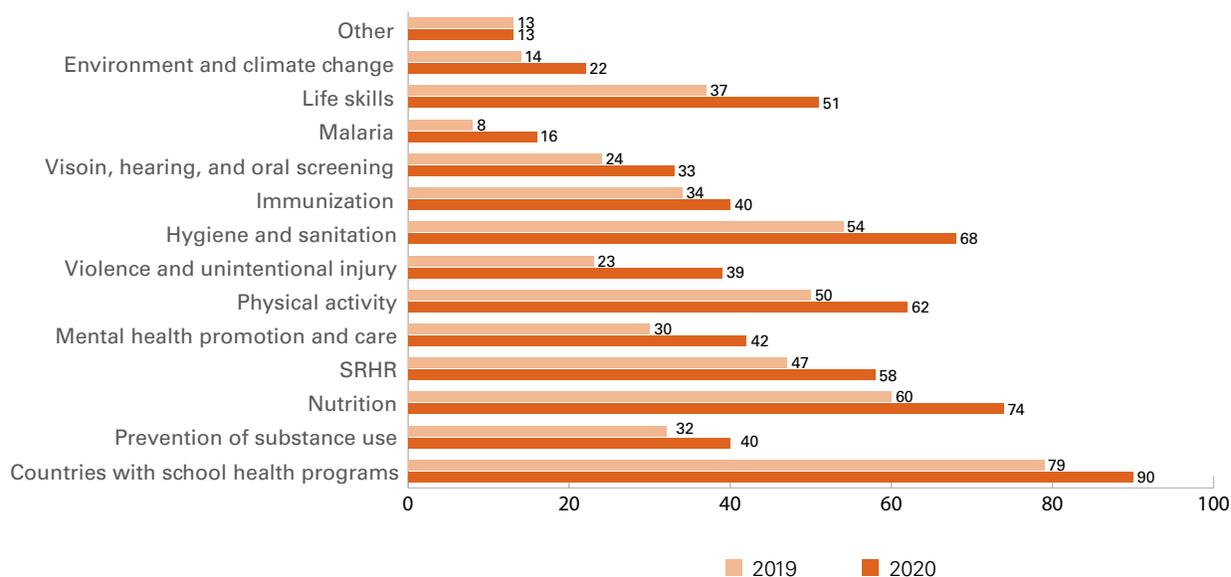
School health

The school health model aims to provide health services and education so that children can adopt healthier habits and lifestyles, as well as creating a healthy school environment. The UNICEF midterm review of the Strategic Plan accelerated the multisectoral approach to health-promoting schools. The education system provides a critical platform to promote health and well-being and, in some settings, an important entry-point to provide critical services such as basic health, nutrition and WASH. In 2020, from a baseline of 33 in 2019, the number of countries implementing a school health programme reaching adolescents in at least two intervention areas, through UNICEF support, increased to 42, exceeding the 2020 milestone of 38.

UNICEF partnered with World Food Programme (WFP) to nurture further opportunities on scaling-up school health and nutrition programmes in over 30 countries and started pilot implementation in six countries in East and West Africa. UNICEF also worked with WHO and United Nations Educational, Scientific and Cultural Organization (UNESCO) to develop global standards and implementation guidance for the Health Promoting Schools (HPS) Initiative.

In the Islamic Republic of Iran, and India, UNICEF supported the institutionalization of school health; in Jamaica, through the school health programme, NCDs were addressed; and in Côte D'Ivoire, sexual reproductive health rights were addressed.

FIGURE 24: School health, by programme component, 2019 and 2020



Source: UNICEF New York, 2020.

Leveraging collective action

National plans for adolescent health

Significant progress was made during 2020 in the development of inclusive, multisectoral and gender-responsive national plans for adolescent health and well-being: 75 countries had these plans in place, exceeding the 2020 Milestone (70). Of these 75 countries, UNICEF is supporting implementation in 36: another 26 have implementation ongoing without UNICEF support and another 16 have reported that plans are in place but are yet to be implemented.

In Belize, a multisectoral National Adolescent Health Strategy was completed and recently approved at cabinet level. The Strategy outlines collaboration and the roles of government and civil society, including NGOs and young people. UNICEF is currently supporting the budgeting and planning for national roll-out of the National Adolescent Health Strategy.

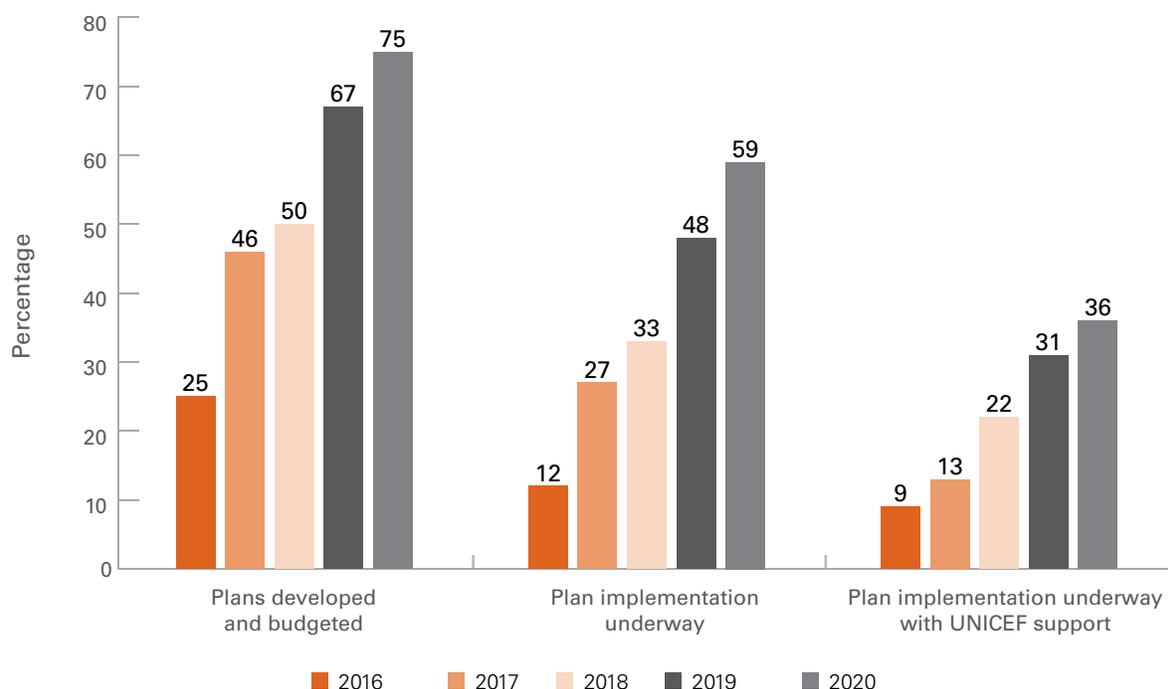
Global Accelerated Action for the Health of Adolescents (AA-HA) continues to be the basis for developing adolescent health plans globally. For example, the Government of Bangladesh is scaling up the Adolescent Friendly Health Services in all districts in the country at a rate of 300 health-care facilities per year. UNICEF

supported the Government to develop and implement national quality standards and monitoring systems in line with the WHO and UNAIDS Global Standards for Quality Health-Care Services for Adolescents.

Six seminal papers, collectively titled Adolescent Health in China: Epidemiology, Policy, Financing and Service Provision, were published as a supplement to the *Journal of Adolescent Health* to strengthen the evidence base on adolescent health services and policies.

The 'Protect the progress: Rise, refocus, recover, 2020', progress report of the Every Woman Every Child movement highlighted the importance of increased resolve at the beginning of the SDG Decade of Action amidst the global pandemic. Despite the remarkable progress in improving the health of women, children and adolescents since the movement was launched 10 years ago, conflict, climate change and the COVID-19 pandemic are putting all children and adolescents at risk. The report notes that the COVID-19 pandemic has underscored the critical value of good data across sectors; that greater investments are needed to build resilient systems to provide consistent high-quality and integrated services, and that COVID-19 recovery efforts require multilateral action and continued investment in development.

FIGURE 25: Total number of countries with inclusive, multisectoral and gender-responsive national plans to achieve targets for adolescent health and well-being, 2016–2020



Source: UNICEF New York, 2020.

Partnerships for adolescent health

Through its global partnerships, UNICEF continues to be a strong advocate and technical partner for adolescent health and well-being. During 2020, with the Partnership for Maternal, Newborn and Child Health (PMNCH), UNICEF contributed to the launch of the Adolescent 2030 Call to Action, where young people have joined forces with international agencies, civil society and governments to call for an accelerated global response to make adolescent well-being a priority.⁷³ UNICEF also contributed to the technical publication outlining the Adolescent Well-being Framework together with PMNCH partners, contributed to a global summary on adolescent mental health and adolescent empowerment for health, and led a mapping of youth networks and leaders. UNICEF is active on the H6+Adolescent Health Technical Working Group.

In response to the COVID-19 pandemic, UNICEF provided technical input to the UNESCO/UNICEF/World Bank/WFP/United Nations High Commissioner for Refugees (UNHCR) Framework for re-opening schools, guidance for a safe and healthy journey to school during COVID-19, and a checklist to support school reopening and preparation for COVID-19 resurgence. With the United Nations Youth Envoy and WHO, UNICEF hosted a nine session #CopingWithCOVID webinar series to promote mental well-being and dialogue on mental health. This virtual platform resulted in greater mental health awareness among young people and strengthened demand for integrated mental health and psychosocial interventions.

During 2020, to further promote adolescent health and well-being, UNICEF produced various knowledge products. UNICEF authored or co-authored 16 publications on adolescent health, including four journal articles.

Conclusion

This results area saw significant progress during 2020, but the COVID-19 pandemic has strained health systems globally, threatening adolescents' health and well-being. The pandemic and the disruptions that it has caused have led to heightened anxiety and stress in adolescents' daily lives. These stressors pose a serious challenge to adolescents' mental health and well-being in both the short and long term.

UNICEF remains fully committed to working with partners to protect the rights of adolescents to health and well-being, working towards the SDGs. To accelerate progress to reach these goals, the needs of adolescents must be prioritized within PHC. UNICEF will continue to work towards integrated health services through school programmes, social welfare and community engagement. The response to COVID-19 must strengthen health systems and ensure universal, accessible and quality care for adolescents now and in the future. Critical to the success of these approaches is the involvement of adolescents in the programmes, high-quality health data and the availability of flexible funding.

Lessons learned

In 2020, the COVID-19 pandemic threatened to erode decades of progress compounding inequities in health, making the most vulnerable people even more susceptible to risks and shocks, especially in fragile and humanitarian contexts. Health systems worldwide were quickly overwhelmed by the pandemic, highlighting both the lack of preparedness and structural shortcomings, and the importance of working to strengthen health systems, including to build their resilience against shocks. The pandemic has further highlighted the need for strengthened health emergency preparedness, rapidly scaled up response capacities, and increased multisectoral and international collaboration.

Partnerships played a central role in the UNICEF response to COVID-19. Partnerships were critical in creating unified advocacy, rapid delivery of technical guidance, and rapid scaling-up of innovations to address urgent health needs. From the onset of the pandemic, UNICEF worked closely with WHO in the global public health planning and response to COVID-19 that fostered full collaboration between UNICEF, WHO and other partners. One of the important lessons learned was that in order to provide effective support to countries' health systems, a long-term United Nations system-wide vision is needed to guide the strengthening of policy frameworks, health worker capacity, national standards and service quality.

As UNICEF responded to the pandemic, data-driven learning was found to be indispensable for the prompt uptake of programming adaptations to improve the response. Disaggregated and real-time data ensured continuity of essential health services, while data gathered through routine information and surveillance systems were a weak link to health systems.

In responding to the pandemic, UNICEF leveraged the organization's emergency systems and the global implementation of emergency procedures, enabling a flexible, efficient and rapid response: this response emerged as best practice for future disease outbreaks. An important lesson learned was that an effective response went beyond meeting immediate humanitarian needs by prioritizing investments that strengthened national health systems and technical capacities.

In underscoring the importance of strengthened health systems for PHC to achieve affordable universal health care for all, the pandemic has provided an opportunity to 'build back better', by reimagining PHC to ensure that the right to health is realized for every child.

The comprehensive programming approaches discussed throughout this report are hindered by a lack of flexible resources in health. Resources, especially those that can flexibly respond to the locally evolving context, are vital to achieving these goals and in making strategic investments that will yield a stronger PHC for accelerating progress in the decade of action and resilience in the face of future pandemics.

Financial report for health

FIGURE 26: Health 'other resources – regular' contributions, 2014–2020

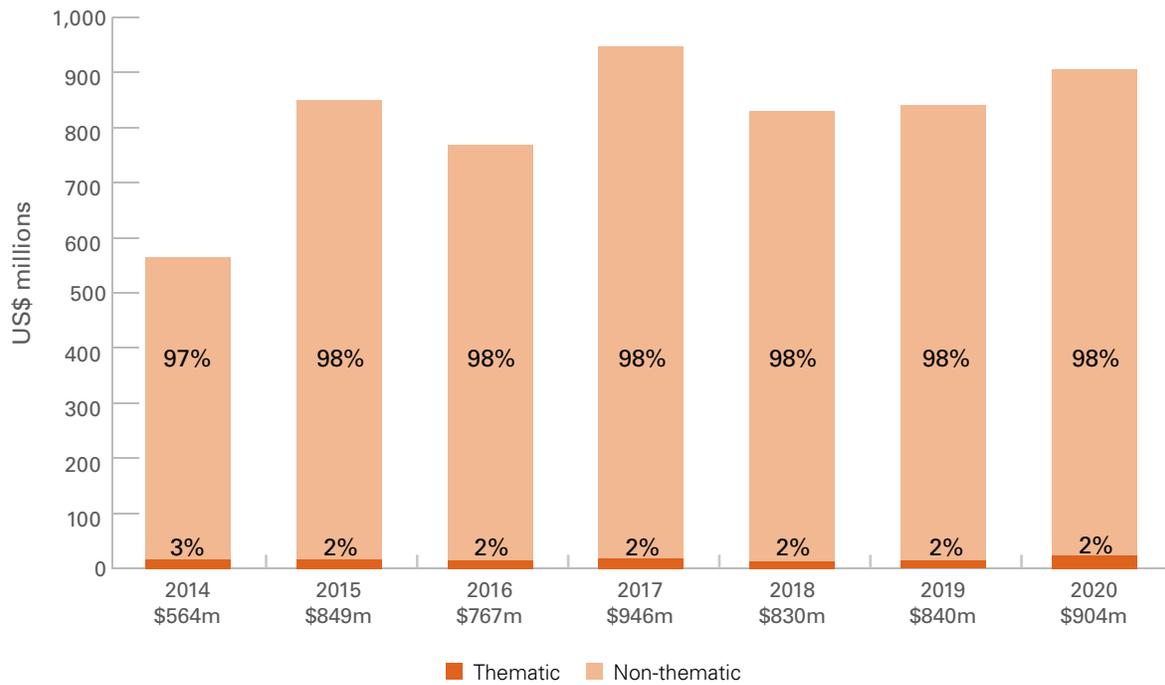
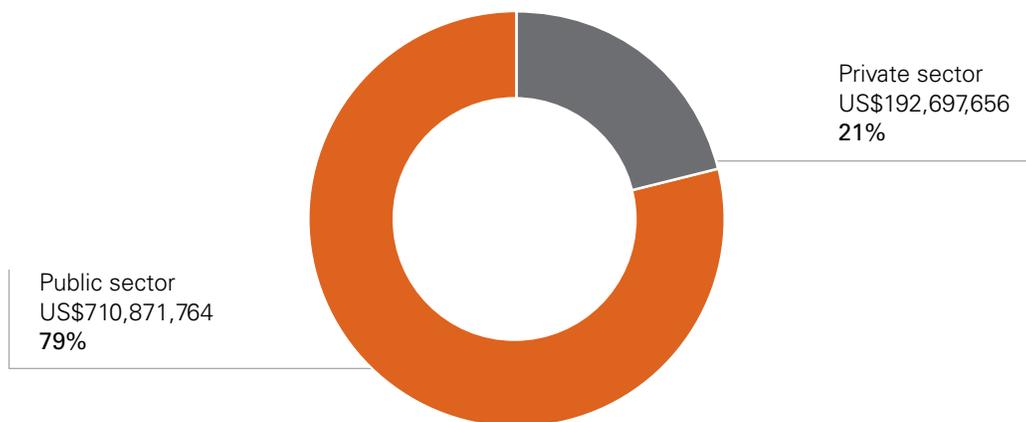


FIGURE 27: Total Health funds received by type of donor, 2020: US\$904 million



Health income in 2020

In 2020, partners contributed US\$904 million 'other resources – regular' for health – an 8 per cent increase over the previous year. Public sector partners contributed the largest share of 'other resources – regular' to health, at 79 per cent. The top five resource partners to UNICEF health in 2020 were Gavi, the US Fund for UNICEF, the Government of Germany, the European Commission, and the World

Bank (see Figure 28). The largest contributions were received from the Government of the United Kingdom for responding to the Yemen crises, the Government of Germany for building resilience in the Sahel, and from the United Nations Joint Programme for support to the health development fund in Zimbabwe (see Figure 29 and the body of the report for results on these programmes).

FIGURE 28: Top 20 resource partners to health by total contributions, 2020

Rank	Resource partners	Total (US\$)
1	Gavi, the Vaccine Alliance	210,713,873
2	U.S. Fund for UNICEF	162,489,879
3	Germany*	149,757,150
4	European Commission*	96,018,698
5	World Bank*	80,359,789
6	United Kingdom	70,980,484
7	Global Fund to Fight AIDS, Tuberculosis and Malaria	50,943,784
8	United Nations Joint Programme	43,561,278
9	United States*	43,038,570
10	Canada	33,303,106
11	Sweden*	24,476,080
12	Norway	17,536,805
13	Japan	13,226,399
14	GAVI Fund	11,016,493
15	UNDP-managed United Nations Partnerships and Joint Programmes*	10,121,141
16	France	8,027,780
17	India	7,808,629
18	Global Financing Facility	6,700,000
19	UNFPA-managed United Nations Partnerships and Joint Programmes*	6,665,471
20	United Kingdom Committee for UNICEF	6,218,701

Note: *Includes cross-sectoral grants SC180970, SC200570 (Health, Nutrition), SC190305 (Health, Nutrition, Social Inclusion) SC200461 (Health, Social Inclusion), SC180824 (Health, Nutrition, Education, WASH), SC210010 (Health, Education, Child Protection), SC190013 (Health, Nutrition, Education, Child Protection), SC190614, SC200822 (Health, Nutrition, Safe and Clean Environment), SC200550 (Health, Education, Social Inclusion), SC190741, SC190728, SC181205 (Health, Nutrition, Education, Child Protection, WASH), SC200746 (Health, Education, Child Protection, WASH, Social Inclusion), SC200642 (Health, Child Protection, WASH), SC190746 (Health, Education, Child Protection, WASH, Safe and Clean Environment), SC200401 (Health, Nutrition, Child Protection, WASH, Social Inclusion), SC200505 (Health, WASH).

FIGURE 29: Top 20 contributions to health, 2020

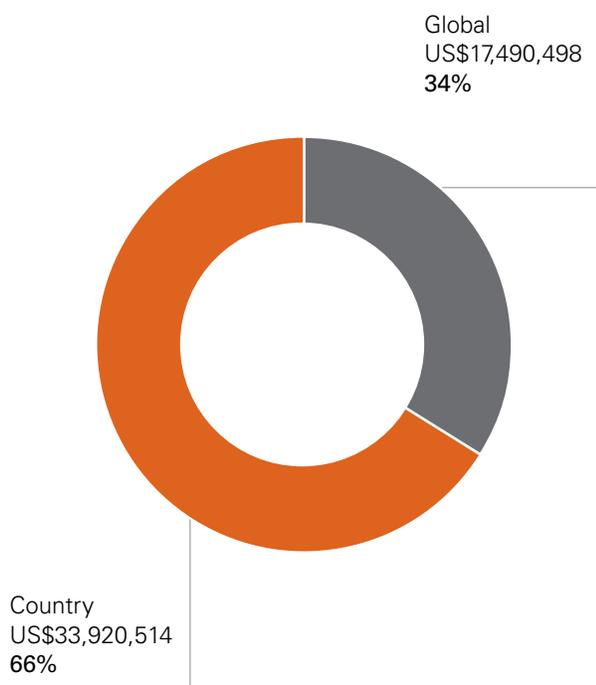
Rank	Grant Description	Resource Partners	Total (US\$)
1	Responding to the Nutrition Crisis, Yemen	United Kingdom	55,245,990
2	Building Resilience in Sahel (Mali, Mauritania, Niger)*	Germany	40,931,359
3	Support to the Health Development Fund, Zimbabwe	United Nations Joint Programme	40,346,896
4	Improving Health Outcomes for the Population of Zimbabwe II	European Commission	40,290,296
5	Gavi Health Systems Strengthening, Myanmar	Gavi, the Vaccine Alliance	36,559,524
6	Strengthening National Systems for Improved Access to Equitable and Integrated Basic Services, Iraq*	Germany	30,755,763
7	Gavi's Partners' Engagement Framework (PEF) 2020–2021 Targeted Country Assistance	Gavi, the Vaccine Alliance	27,466,562
8	Community Based Vaccination (CBV) and Social Mobilization for Polio Eradication	U.S. Fund for UNICEF	25,315,199
9	Fourth Additional Financing for the Yemen Emergency Crisis Response Project*	World Bank	24,738,976
10	Support for Activities to Eradicate Polio	United States	20,476,037
11	Gavi Seed Funding for Country-Level TA Preparation Readiness of Delivery of COVID-19 Vaccine	Gavi, the Vaccine Alliance	19,439,066
12	Strengthening Community Resilience in South Sudan Urban Settings*	Germany	18,839,828
13	Support to Health System Strengthening (HSS-3), DPS and the COVID-19 Response, DRC	Gavi, the Vaccine Alliance	16,972,397
14	South Sudan, Provision of Essential Health Services Project	World Bank	16,929,228
15	UNICEF HQ 'No Regrets' Outbreak Funding	U.S. Fund for UNICEF	16,716,813
16	Pandemic Emergency Financing Facility Support to the COVID-19 Response, Islamic Republic of Pakistan	World Bank	15,000,000
17	Support to UNICEF's 2020–2021 Polio Eradication Activities in Pakistan	U.S. Fund for UNICEF	14,153,400
18	"Contribution to the Implementation of National TB Control Program towards Zero TB in the DPRK and Targeting Investment to Eliminate Malaria in DPRK"	Global Fund to Fight AIDS, Tuberculosis and Malaria	13,845,771
19	Lebanon, Health	European Commission	13,670,021
20	Enhanced Child Health Days in Sub-Saharan Africa	Canada	13,482,280

Note: *Cross-sectoral grants SC180874 (Nutrition crises, through nutrition, health and WASH programmes), SC190614 (Health, Nutrition, Safe and Clean Environment), SC200550 (Health, Education, Social Inclusion), SC190305 (Health, Nutrition, Social Inclusion), SC190741 (Health, Nutrition, Education, Child Protection, WASH).

UNICEF thematic funds maintain a four-year funding period that covers the entire Strategic Plan period (2018–2021). In the first three years of the Strategic Plan, thematic funding contributions for health reached US\$51 million, with US\$24 million received in 2020, of which more than 86 per cent came from government partners. The Government of Norway was the largest thematic resources partner in 2020, providing almost 51 per cent of all thematic health contributions received (see Figure 32).

Of all thematic health contributions that UNICEF received from 2018 to 2020, 34 per cent were global-level contributions. These are the most flexible sources of funding to UNICEF, after regular resources, and can be allocated across regions to individual country programmes, according to priority needs.

FIGURE 30: Health thematic contributions at country and global levels, 2018–2020



Under the current UNICEF Strategic Plan, the Government of Norway has contributed 65 per cent of all global health thematic funds.

UNICEF is seeking to broaden and diversify its funding base (including thematic contributions) and encourages all partners to give as flexibly as possible. In 2020, twenty partners contributed thematic funding to health, compared with 18 partners in 2019. Sizeable thematic contributions were received from the Government of Norway for global health thematic funding, and from the governments of Denmark and Sweden for health activities in Burkina Faso, Mali, the Niger and the Democratic Republic of the Congo.

FIGURE 31: Spotlight on global Health thematic funding, 2018–2020

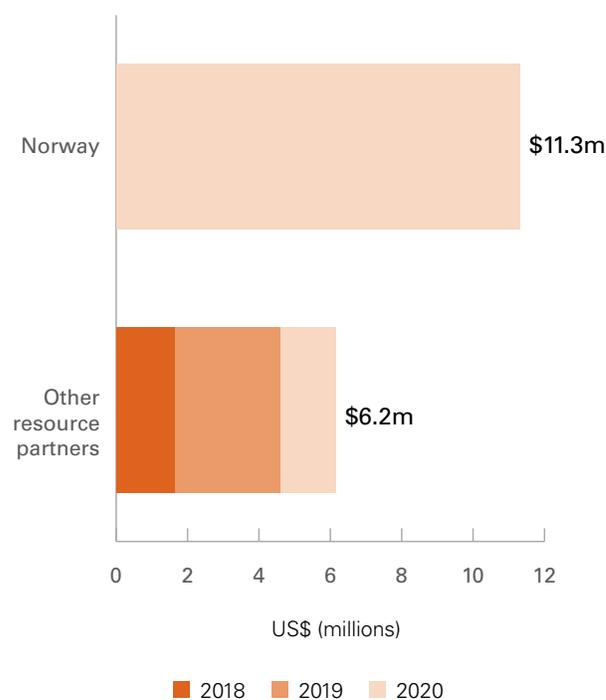


FIGURE 32: Thematic contributions by resource partners to health, 2020

Resource Partner Type	Resource Partners	Total (US\$)	Percentage of Total
Governments	Norway	12,164,762	50.78%
	Sweden	4,089,400	17.07%
	Denmark	3,548,721	14.81%
	Luxembourg	764,192	3.19%
	Iceland	151,943	0.63%
Private sector	German Committee for UNICEF	1,769,644	7.39%
	Danish Committee for UNICEF	267,707	1.12%
	Polish Committee for UNICEF	223,515	0.93%
	Czech Committee for UNICEF	223,192	0.93%
	Spanish Committee for UNICEF	148,655	0.62%
	U.S. Fund for UNICEF	103,724	0.43%
	Belgian Committee for UNICEF	94,948	0.40%
	United Kingdom Committee for UNICEF	79,872	0.33%
	Slovenian Committee for UNICEF	84,949	0.35%
	Norwegian Committee for UNICEF	61,107	0.26%
	Lithuanian Committee for UNICEF	49,589	0.21%
	New Zealand Committee for UNICEF	44,299	0.18%
	Finnish Committee for UNICEF	44,101	0.18%
	Korean Committee for UNICEF	27,644	0.12%
	Canadian Committee for UNICEF	14,358	0.06%
Grand total		23,956,320	100.00%

Note: Grant numbers are provided for IATI compliance: SC1899010079, SC1899010010, SC1899010023, SC1899010080, SC1899010022, SC1899010032, SC1899010039, SC1899010070, SC1899010042, SC1899010021, SC1899010012, SC1899010013, SC1899010040, SC1899010075, SC1899010074, SC1899010051, SC1899010078, SC1899010072, SC1899010030, SC1899010050, SC1899010026, SC1899010015, SC1899010077, SC1899010034, SC1899010073, SC1899010041, SC1899010043, SC1899010005, SC1899010069, SC1899010083, SC1899010011, SC1899010076, SC1899010082, SC1899010048, SC1899010084, SC1899010071.

UNICEF spent US\$44 million for health from thematic funds, an increase of US\$6 million from US\$38 million in 2019. As in previous years, West and Central Africa received most funds, US\$12.7 million, followed by Middle East and North Africa with US\$11.8 million as a result of country-specific thematic funds.

The allocation of global health thematic funds (US\$3.6 million) in 2020 prioritized work to ensure the continuity of essential services in the context of COVID-19 and strengthen PHC in 10 countries in four regions: three countries in the Eastern and Southern Africa region, two countries in the Middle East and North Africa region; two

countries in the South Asia region; and three countries in the West and Central Africa region. The allocation of these funds was developed through consultation with regional and country offices in the programme areas that most need flexible funding. Most funds (78 per cent) were allocated to country offices where the groundwork on PHC strengthening and the thrive agenda can produce the most immediate results for child and adolescent health and well-being. The balance of funds was allocated to regional offices (12 per cent) and headquarters (10 per cent) for dedicated cross-country support, regional and global partnerships and guidance.

FIGURE 33: Allocation of global health thematic funding to offices and programmes, 2020

Office	Focus Area	Allocation (US\$)
WCA – Benin	Expansion and strengthening of quality of maternal and newborn care.	321,000
WCA –Gambia	Implemented integrated Community Case Management strategy in high-burden regions.	321,000
WCA –Togo	Strengthened capacity and improved quality of newborn care.	322,000
ESA – Burundi	Strengthened capacity for maternal and newborn care through training, improved infrastructure, and improved governance, standards and technical guidance.	321,000
ESA – Kenya	Improved equitable access to quality and safe essential health services for underserved counties, through health information management system, applying the National PHC strategy and increased capacity of front-line workers.	321,000
ESA – Zambia	Improved integrated community health at all levels, strengthened child health supply chains, scaling-up of community health information systems.	322,000
MENA – Djibouti	Aligned operational plans at all levels with priorities in national health development plan, strengthened capacity for implementation of quality essential newborn care.	220,000
MENA – Morocco	As part of PHC, increased RCCE access and essential MNCH services for remote rural and at-risk communities, accelerated reforms in governance, financing and community participation of PHC, improved PHC monitoring through integrated HMIS.	220,000
SA – Afghanistan	Accelerated institutional delivery, postnatal care and zero-dose coverage, enhanced CHWs activities, supported antenatal care, institutional delivery and postnatal care.	220,000
SA – Nepal	Strengthened essential health services, including quality MNCAH services and perinatal death surveillance, increased knowledge and demand for MNCAH services, and healthy MNCH behaviours.	220,000
WCA Regional Office	Regional advocacy, partnerships, technical support for strengthening PHC at country level.	136,000
ECA Regional Office	Regional advocacy, partnerships, technical support for strengthening PHC at country level	136,000
MENA Regional Office	Regional advocacy, partnerships, technical support for strengthening PHC at country level.	80,000
SA Regional Office	Regional advocacy, partnerships, technical support for strengthening PHC at country level	80,000
HQ	Global advocacy, partnerships, technical support for strengthening PHC at country level Global thematic reporting resource mobilization and partnership development	360,000
Total		3,600,000

Notes: CHWs, community health workers; ESA, Eastern and Southern Africa; HMIS, health management information system; HQ, New York Headquarters; MENA, Middle East and North Africa; MNCAH, maternal, newborn, child, and adolescent health; PHC, primary health care; RCCE, Risk Communication and Community Engagement; SA, South Asia; WCA, West and Central Africa.

Expenses for health in 2020

Note: expenses are higher than the income received because expenses comprise total allotments from regular resources and other resources (including balances carried over from previous years), while income reflects only earmarked contributions from 2020 to health.

Expenses vs. expenditures

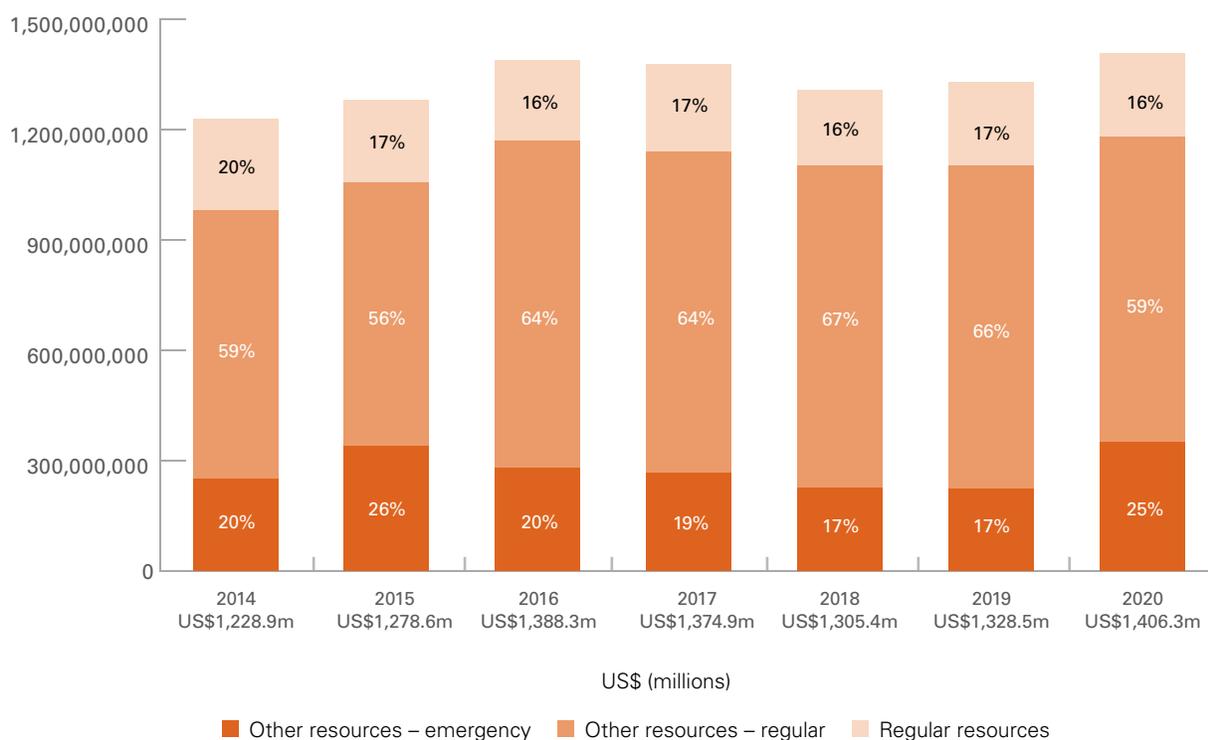
'Expenses' are recorded according to the International Public Sector Accounting Standards (IPSAS) and are accrual based. These are used for official financial reporting. 'Expenditures' are recorded on a modified cash basis. They are used for budget reporting, as they are aligned with cash disbursements and goods receipts (the way budgets are consumed).

Within UNICEF, health remains the sector with the largest financial envelope. To realize children's rights to health, UNICEF spend US\$1.4 billion in 2020, or 25 per cent of all its expenses. Health expenses represented 64 per cent of the almost US\$2.2 billion expenses for Goal Area 1. Health expenditure has seen a steady increase over the years; 2020 saw the largest health expenditure since 2014 – spanning the last two Strategic Plans – with a 6 per cent increase from 2019 and a 14 per cent increase since 2014 (see Figure 34).

In 2020, at least 18 per cent (253 million) of the total health expenses were spent on the COVID-19 response.

Health expenses from regular resources (the most flexible type of resources) were US\$227.7 million, 16 per cent of total expenses, which is proportionately similar to previous years. Implementation of programmes largely continued as planned during 2020, but because of prioritization of the COVID-19 response, 'other resources – regular' (ORR) expenditure decreased by 6 per cent, from 879 million in 2019 to 830 million in 2020, whilst 'other resources – emergency' (ORE) increased by 57 per cent, from 223 million in 2019 to 349 million (25 per cent of total expenses). The ORE expenditure represents a proportionally significant increase of all health expenses compared to the last two years because of the COVID-19 response.

FIGURE 34: Trend of expenses for health, by fund type, 2014–2020



Regionally, UNICEF's goal of reducing maternal, neonatal and child mortality was the main driver behind health expenditure, and acceleration of progress towards the SDG 2030 agenda. In 2020, some 49 per cent of UNICEF health expenses (US\$688 million) were in sub-Saharan Africa, and 18 per cent (US\$255 million) were in South Asia. Together, these regions accounted for more than two thirds of global expenses.

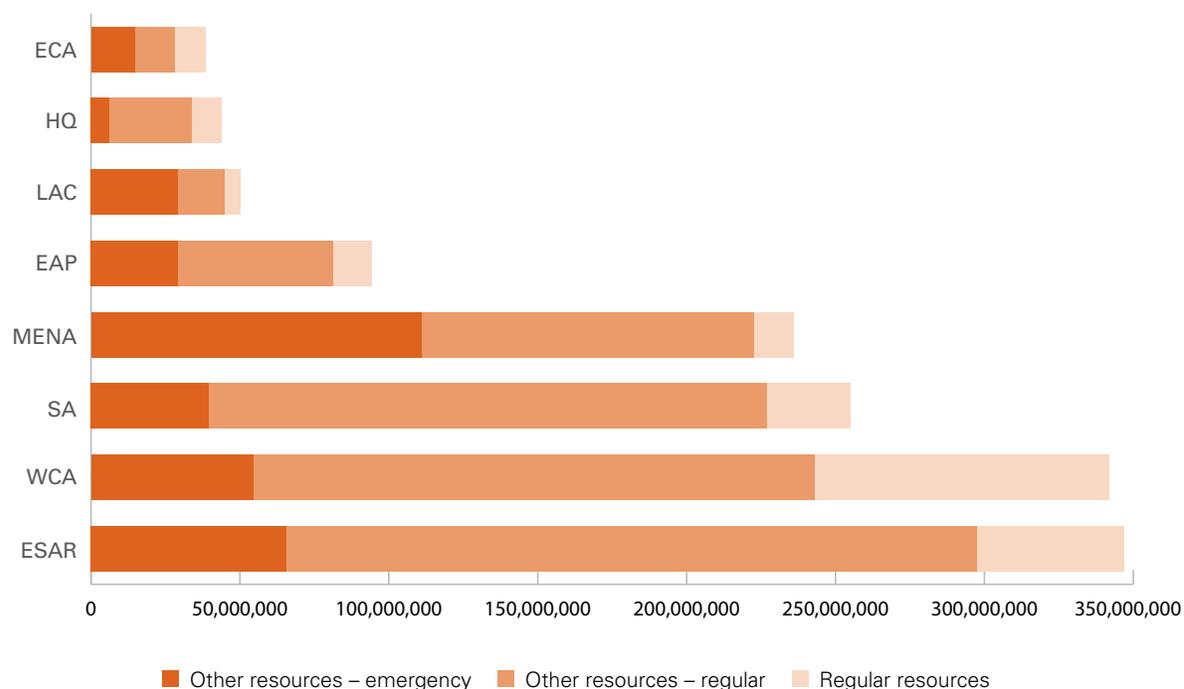
By type of fund, the Middle East and North Africa region continued to dominate the expenses from emergency resources, at US\$110.9 million, comprising 31 per cent of all ORE. This reflects continued UNICEF support for access to essential immunization and other integrated services in the protracted conflicts in the Syrian Arab Republic and Yemen.

The top 20 countries accounted for US\$915 million in health sector expenses, 65 per cent of all health spending in 2020 (see Figure 36). Most of these countries experienced humanitarian crises – natural disasters as well as protracted conflicts. In 2020, Yemen and Pakistan switched places as the largest and second largest country programmes in terms of health expenses; Yemen's programme health

expenses were US\$106.9 million, and Pakistan's were US\$93.2 million. Nigeria and the Democratic Republic of the Congo had the next largest health expenses.

In 2020, ORE expenses increased by 65 per cent to US\$28 million, from US\$17 million in 2019. Meanwhile, ORR expenses decreased by 24 per cent from US\$20 million in 2019 to US\$15 million in 2020. By programme areas, in 2020, child health (US\$161 million: 12 per cent), health systems-strengthening (US\$253 million: 18 per cent) and response to public health emergencies (US\$189 million; 13 per cent) together displaced immunization as the largest portfolio with a total of US\$604 million (43 per cent). Expenses in the immunization programme accounted for 36 per cent of expenses (US\$503 million), a decrease from US\$560 in 2019. Expenses for maternal and newborn health programming accounted for 20 per cent of the total (US\$282 million). Lastly, the adolescent health programme, an emerging area of work, accounted for US\$16 million (1 per cent) of expenditure.

FIGURE 35: Expenses for health by fund type, and per region, 2020 (US\$)



Notes: EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; HQ, Headquarters; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa.

FIGURE 36: Expense for health by top 20 countries and fund type, 2020 (US\$)

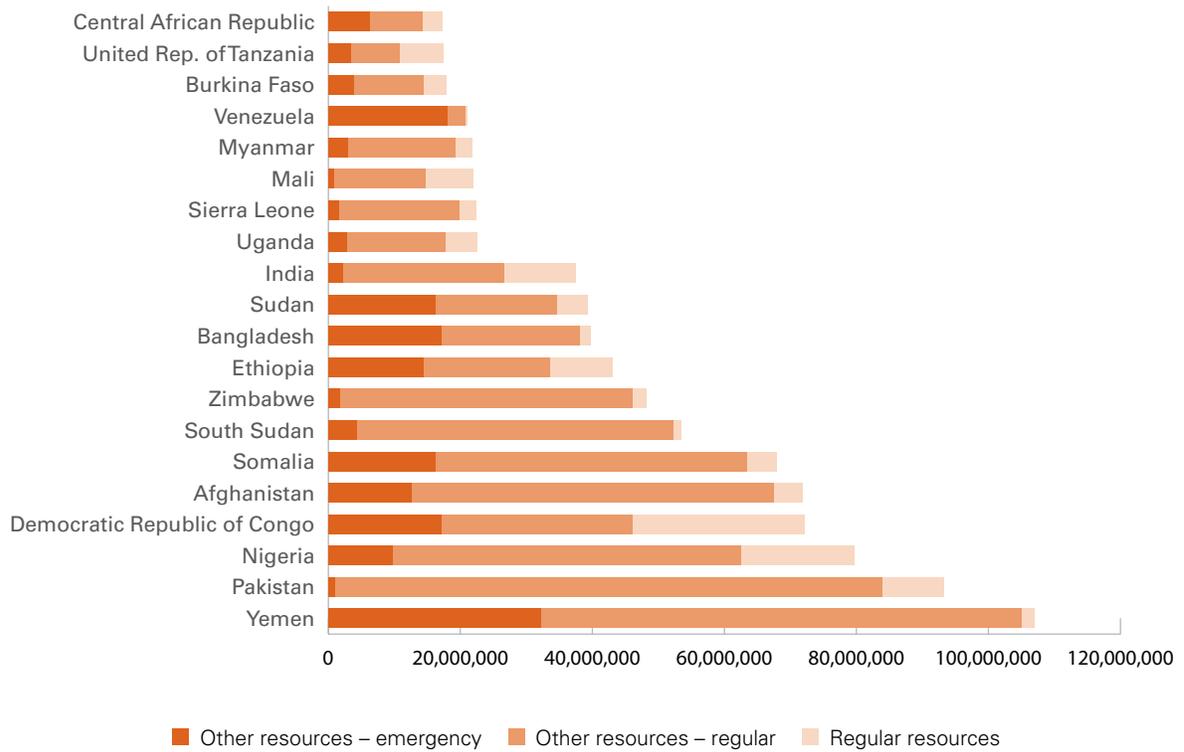
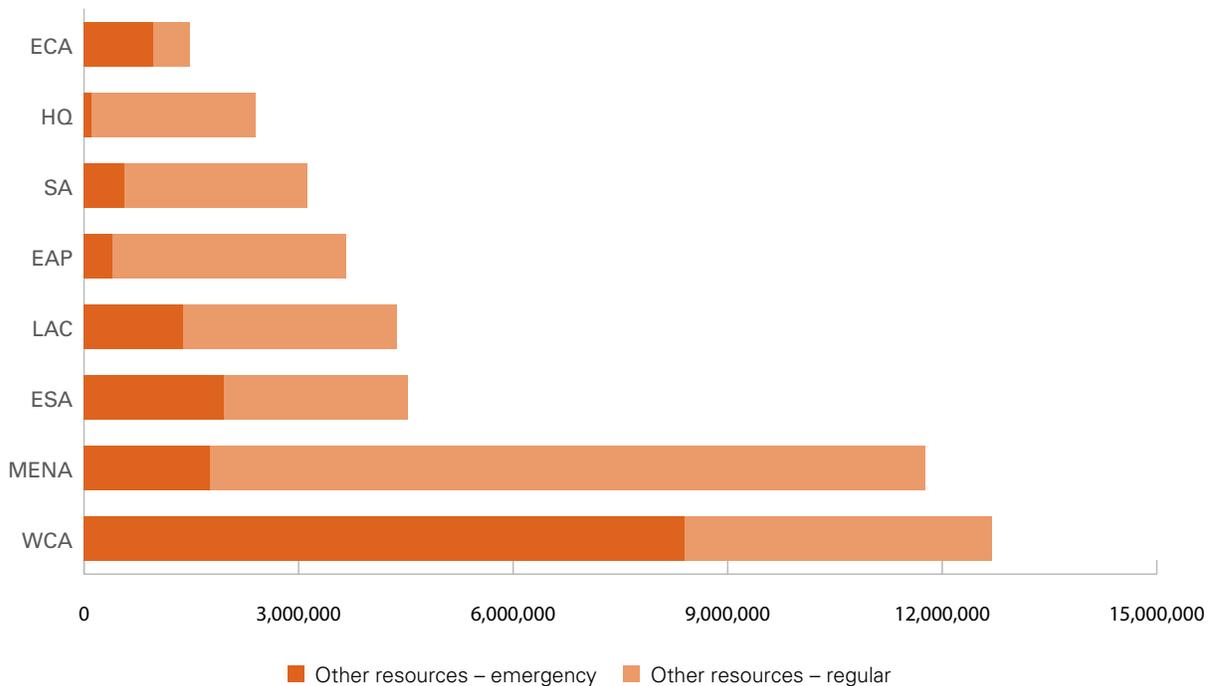


FIGURE 37: Expenses for health from thematic funds by region, 2020 (US\$)



Notes: EAP, East Asia and Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; HQ, Headquarters; LAC, Latin America and Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa.

As in previous years, expenses for health by cost category were concentrated under 'transfers and grants to counterparts' and 'supplies and commodities' (US\$757 million), representing 54 per cent of total health expenses (see Figure 39). These investments allowed UNICEF to support counterparts in implementing high-impact, integrated and multisectoral health interventions and to strengthen PHC to meet the goals of the SDG Agenda. The technical assistance accounted for 31 per cent of total expenses, in the form of staff and consultants to support national programmes and policy development, leveraging domestic and global investments, capacity development, research and evaluation, and programme management.

Funding gaps

The COVID-19 pandemic has highlighted the critical importance of flexible funding. Now, more than ever before, flexible funding is vital for the pandemic response and to enable UNICEF to 'build back better'. With increased global thematic resources for health, UNICEF could better address gaps and ensure integrated programming in support of Goal Area 1 results. UNICEF requires increased flexible funding to meet its strategic targets, the SDGs and to help children realize their rights to health and well-being.

FIGURE 38: Expenses for health by results area and fund type, 2020 (US\$)

Programme area	Other resources – emergency	Other resources – regular	Regular resources	Grand total
Maternal and newborn health	74,824,341	139,629,512	67,691,382	282,145,235
Immunization	70,018,909	390,717,309	42,704,885	503,441,102
Adolescent health	2,275,506	10,978,138	3,452,602	16,706,246
Child health	38,414,167	79,251,956	44,185,792	161,851,915
Health system-strengthening and response to public health emergencies	163,747,741	208,806,535	69,639,797	442,194,074
Grand total	349,280,664	829,383,450	227,674,458	1,406,338,572

FIGURE 39: Expenses by health by cost category, 2020 (US\$)

Programme area	Other resources – emergency	Other resources – regular	Regular resources	Total
Contractual services	27,799,152	150,728,820	23,093,085	201,621,056
Equipment, vehicles and furniture	317,252	344,254	817,859	1,479,365
General operating and other direct costs	14,569,817	27,702,979	18,888,383	61,161,179
Incremental indirect costs	26,351,095	55,421,944	298	81,773,337
Staff and other personnel costs	37,874,939	116,868,104	78,795,914	233,538,957
Supplies and commodities	145,758,936	234,111,548	39,419,550	419,290,034
Transfers and grants to counterparts	78,046,878	210,819,595	48,711,955	337,578,428
Travel	2,989,829	8,862,835	4,938,476	16,791,139
Other	15,572,767	24,523,372	13,008,938	53,105,078
Grand total	349,280,664	829,383,450	227,674,458	1,406,338,572



Results: Nutrition

Erick Samuel, 18 months old, eats a mashed peach with vitamins while being held by his mother in their family home in the village of Tunimá Charchales in Chiantla, Huehuetenango, Guatemala.

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Global efforts to end malnutrition in all its forms reached a critical juncture in 2020. After years of steady improvements, the coronavirus disease 2019 (COVID-19) pandemic threatened to unravel hard-won progress in realizing the right to nutrition for every child. The pandemic dramatically affected families' lives and livelihoods, disrupting access to nutritious, safe and affordable diets; upending the delivery of essential nutrition services; and negatively impacting child feeding practices in many countries. More than 100 countries reported disruptions to nutrition programming in 2020, jeopardizing access to the good diets, essential nutrition services and positive nutrition practices that every child needs to survive and thrive.

The pandemic, and the extraordinary measures to contain it, have also revealed the stark divide between those who have access to nutritious, safe and affordable diets and those who do not. While the crisis of children's diets existed long before 2020, the pandemic exacerbated the enduring inequalities that have kept good nutrition out of reach for the most vulnerable children and families. UNICEF and the heads of other United Nations agencies⁷⁴ led a call to action to confront this crisis, urging global leaders to put children's right to nutrition at the heart of the pandemic response.

While the pandemic presented immense challenges in 2020, it also created unexpected opportunities to accelerate progress in innovative ways. The success in simplifying approaches to the early detection and treatment of child wasting (see *Results Area 3*), for example, would have likely taken much longer to achieve without the crisis, but was bolstered by the need to act urgently to maintain life-saving treatment access for the most vulnerable children.

The prevention and treatment of malnutrition are central to the intended outcome of Goal Area 1: "that all children, especially those who are marginalized and those living in humanitarian crises, have access to high-impact health, nutrition, HIV and early childhood interventions from pregnancy to adolescence."

UNICEF prioritizes interventions to prevent all forms of malnutrition, including stunting, wasting, micronutrient deficiencies, overweight, obesity and diet-related non-communicable diseases. Where prevention falls short, the early detection and treatment of child wasting is critical to save lives and return children to healthy growth and development.

To contribute to the Goal Area 1 outcome, UNICEF nutrition programmes cover three results areas:

1. The prevention of stunting and other forms of malnutrition
2. The prevention of malnutrition in school-age children and adolescents
3. The treatment and care of children with severe wasting⁷⁵

The nutrition results achieved during the Strategic Plan, 2018–2021 are expected to contribute to: reducing the proportion of children suffering from stunting, from 29.6 per cent to 24.1 per cent; reducing the proportion of children suffering from wasting, from 12.4 per cent to less than 8.7 per cent; and ensuring no increase in the proportion of children with overweight from 7.8 per cent. These 2021 impact indicators are aligned with the Sustainable Development Goal (SDG) 2 targets for ending malnutrition and the SDG 3 target of ending preventable deaths in newborns and children under 5 years of age by 2030.

UNICEF implemented nutrition programmes in 133 countries in 2020, with the support of 691 nutrition staff members. UNICEF country-driven programmes improve maternal and child nutrition at key moments throughout the life course, from early childhood, to middle childhood and adolescence, and during pregnancy and breastfeeding. Knowledge generation is at the heart of this work, with evidence guiding advocacy, policies and programmes. While UNICEF implements nutrition programmes in all contexts, in fragile settings, such as the Sahel, the Horn of Africa and the Middle East, this increasingly involves addressing the drivers of malnutrition through long-term programmes rather than short-term humanitarian response.

In 2020, UNICEF launched its new Nutrition Strategy 2020–2030, which sets out the organization's priorities for maternal and child nutrition over the next decade. The Strategy re-commits to rights-based and context-specific nutrition programming and calls for a systems approach to nutrition that strengthens the capacities and accountabilities of national systems to deliver good nutrition for all children, adolescents and women – now and on the path to 2030.

With the support of partners, including its thematic funding partnership with the Government of the Netherlands, UNICEF achieved the following 2020 headline results:

- 244 million children under 5 years of age were reached with services to prevent stunting and other forms of malnutrition in early childhood
- 35 million adolescents were reached with services to prevent anaemia and other forms of malnutrition
- About 5 million children were reached with services for the early detection and treatment of severe wasting, in both humanitarian and development contexts

Despite the setbacks of 2020, UNICEF is on track to achieve most of the Strategic Plan nutrition targets. Where results have fallen short, there is still time to accelerate progress – and in some cases, exceed 2021 targets. Building on the lessons learned during this unparalleled year, UNICEF is leveraging new strategies and innovations, along with the acceleration strategies identified during the 2019 midterm review, to close gaps and drive faster progress towards a world without malnutrition by 2030.



Aminetou attends a counselling and support group session on infant and young child feeding with her 14-month-old daughter, Toutou, in Mauritania.

Results Area 1: Prevention of stunting and other forms of malnutrition

Prevention of malnutrition is the primary objective of all UNICEF nutrition programmes. This commitment is reflected in its Strategic Plan Results Framework, with the vast majority of nutrition programming and expected results falling under Output 1: “Countries have accelerated the delivery of programmes for the prevention of stunting and other forms of malnutrition.”

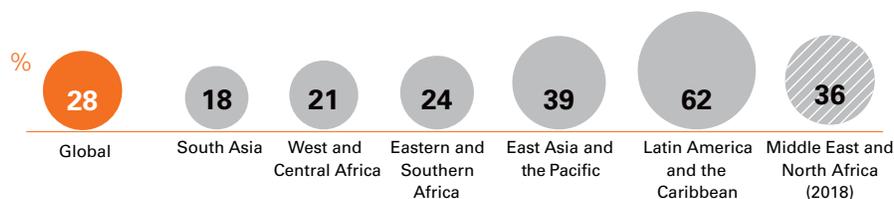
To prevent all forms of malnutrition in children under 5 years of age and their mothers, UNICEF works with governments to improve children’s and women’s access to nutritious, safe and affordable diets; support good-quality nutrition, health, water and sanitation services; and promote optimal feeding, hygiene and care practices.⁷⁶ This foundation of good nutrition fuels children’s growth, development and learning in childhood and keeps them healthy and resilient throughout their lives.

Even before COVID-19, far too many children globally were not receiving the diets they needed to survive and thrive. Only two in five children under 6 months of age were exclusively breastfed, and fewer than one in three children aged 6–23 months in low- and middle-income countries were eating foods with the minimum dietary diversity needed for healthy growth and development (*see Figure 40*).⁷⁷ Women’s diets were also poor during pregnancy and breastfeeding, threatening the survival and development of mothers and babies. With disruptions to food systems, lost livelihoods and other shocks brought forth by COVID-19, families faced even greater barriers to accessing nutritious, safe and affordable diets in 2020.

FIGURE 40: Percentage of children aged 6–23 months eating foods from at least five out of eight food groups (minimum dietary diversity), by UNICEF region, 2019



**Fewer than
1 in 3 children
eats foods from the
minimum number of
food groups**



Note: Regional and global estimates based on the most recent data for each country between 2014–2019 with the exception of China where the latest available estimates are from the year 2013. No data are available for the Middle East and North Africa region for 2019; therefore, 2018 data are shown.

UNICEF addresses the drivers of poor diets with programmes that reach children and mothers, particularly during the critical developmental period from conception to the age of 2 years. Before and during pregnancy, UNICEF supports maternal nutrition counselling, weight gain monitoring, micronutrient supplementation and food fortification programmes to improve women’s nutrition and children’s growth and development, and help ensure a healthy pregnancy and delivery. In early childhood, UNICEF programmes aim to increase rates of breastfeeding, improve the quality of young children’s diets, and support supplementation and food fortification to prevent nutrient deficiencies in settings where nutritious diets are out of reach. UNICEF also advocates for and promotes healthy food environments in early childhood and throughout life.

The UNICEF response to COVID-19 has focused on maintaining the continuity of services through programming adaptations and by leveraging innovations to respond to delivery challenges across all regions. Many essential services to prevent malnutrition – such as vitamin A supplementation, deworming, counselling for caregivers, the provision of micronutrients and interventions to prevent overweight – were disrupted or constrained due to the pandemic. Despite these disruptions in 2020, UNICEF reached 244 million children⁷⁸ with services for the prevention of stunting and other forms of malnutrition, compared with 317 million children in 2019.



A child eats lunch in the inclusive kindergarten in Alaverdi, Lori province, Armenia, where children with disabilities participate in early learning activities.

Outcome and output indicators for the prevention of stunting and other forms of malnutrition

FIGURE 41: Outcome results for prevention of stunting and other forms of malnutrition, 2020

Outcome indicator (+ key United Nations partners)	Baseline	2019 value	2020 value	2021 target
1.12 Percentage of women with anaemia	35.6%	Not available	35.6%	28.9%
1.13 Percentage of infants under 6 months exclusively fed with breastmilk (Goal 2.2.1 and 2.2.2) (WHO, World Bank)	39.2%	44.5%	44.6%	50%
1.14 Percentage of children fed a minimum number of food groups (Goal 2.2.1 and 2.2.2) (FAO, WFP, WHO)	29.4%	28.2%	28.7%	35%
1.15 Percentage of households consuming iodized salt (WHO)	86%	90.2%	90.2%	>90%
1.16. Number of girls and boys aged 0–59 months who received services for the prevention of stunting and other forms of malnutrition	324 million	317.8 million	243.66 million	≥300 million

Notes: FAO, Food and Agriculture Organization of the United Nations; WFP, World Food Programme; WHO, World Health Organization.

FIGURE 42: Output results for prevention of stunting and other forms of malnutrition, 2020

Output indicator	Baseline	2019 value	2020 value	2020 milestone	2021 target
1.d.1. Percentage of pregnant women receiving iron and folic acid supplementation	29%	36.6%	37.3%	38%	41%
1.d.2. Number of countries that have integrated nutrition counselling in their pregnancy care programmes	47	68	71	65	70
1.d.3. Number of countries with:					
(a) a national strategy to prevent stunting in children	(a) 41	(a) 54	(a) 58	(a) 57	(a) 60
(b) programmes to improve the diversity of children's diets ⁷⁹	(b) 30	(b) 47	(b) 58	(b) 55	(b) 60
1.d.4. Number of countries that are implementing policy actions or programmes for the prevention of overweight and obesity in children ⁸⁰	15	23	21	26	30
1.d.5. Number of countries that are implementing salt iodization programmes with an effective coordination body for reducing iodine deficiency ⁸¹	26	35	37	40	46



Nutritionist Dessy Sandra Dewi counsels Iksan Driyana on how to feed her one-year-old son, Hasyim, during a home visit in Paseban Village in Klaten, Central Java, Indonesia.

Improving services and community demand

Counselling to caregivers to improve feeding and care practices

Counselling to caregivers to improve infant and young child feeding (IYCF) practices is the cornerstone of actions to prevent malnutrition in early childhood. IYCF counselling services may be provided within health-care facilities or through community platforms; delivered by skilled health workers alone or with the support of experienced mothers; and provided in individual and group settings. In the context of COVID-19, UNICEF programming priorities were to strengthen the capacities of health workers to provide skilled IYCF counselling and support, either safely face-to-face, by telephone or by using virtual modes.

UNICEF is expanding its support for improved IYCF to more countries, and more mothers than ever before are being reached with counselling. Through UNICEF support,

46.1 million⁸² caregivers of children under 2 received counselling through health-care facilities, community platforms or remote platforms to protect breastfeeding and complementary feeding in 2020. As in previous years, many of those counselled lived in countries facing humanitarian crisis. In partnership with the United States Agency for International Development (USAID) and the Infant Feeding in Emergencies Core Group, UNICEF developed a counselling package of IYCF recommendations when COVID-19 is suspected or confirmed, which includes a set of 10 counselling cards and a recommended practices booklet. This counselling package was translated into more than 10 languages and adapted for training and counselling in over 20 countries across regions. To support counselling on complementary feeding practices, UNICEF collaborated with Global Health Media to produce a series of 17 videos for caregivers and front-line workers on complementary feeding. The videos were made available in 26 languages and can be downloaded through a digital platform and used via a phone application.

Recommendations for breastfeeding in the context of COVID-19 were released early in the pandemic by the World Health Organization (WHO) and supported by UNICEF; however, the extent to which they were adapted at country level was not well understood. To respond to this gap and inform programmatic response, UNICEF conducted an online survey in seven regions. The survey results were used to support governments in aligning their approaches to breastfeeding counselling with evidence-based global standards. Further, very early in the pandemic, UNICEF regional offices in Eastern and Southern Africa and West and Central Africa led the development of a joint United Nations statement on IYCF in the context of COVID-19 – the first guidance released on this topic. With technical and advocacy support from UNICEF, 88 countries across seven regions adopted breastfeeding recommendations in the context of COVID-19.

Throughout 2020, UNICEF supported countries to adapt IYCF counselling in line with global recommendations. Many countries responded to service disruptions by leveraging alternative delivery platforms to reach caregivers with counselling. In Pakistan, social protection service delivery platforms were leveraged to reach 1.3 million people – mostly vulnerable mothers, who were less likely to have access to electronic media – on safe IYCF practices during the pandemic. Continued efforts to build national IYCF counselling capacity in the context of COVID-19 led to 20,531 (224 per cent of target) health workers being trained on the promotion of breastfeeding and complementary feeding in all provinces in 2020. UNICEF also supported provincial governments in creating more than 11,100 mother support groups and more than 7,200 father support groups, reaching more than 1.4 million caregivers in their communities with IYCF messages.

In response to pandemic containment measures, many countries shifted to virtual modalities for counselling delivery, such in the Islamic Republic of Iran, where UNICEF supported the Ministry of Health and Medical Education in establishing a breastfeeding tele-counselling centre. In Indonesia, an online counselling service using a chatbot was established to improve access to counselling services for caregivers during the pandemic. In response to lockdowns and physical distancing measures in India, UNICEF supported front-line community workers across 12 states in delivering IYCF counselling to caregivers through WhatsApp groups via videos, recorded audio messages and text messages, and responding to queries from caregivers. Building on these efforts, the Government of Maharashtra created an authorized channel: 'Waves of well-nourished Maharashtra', a stronger digital platform to deliver essential nutrition messages and updates to service providers and caregivers. By December 2020, more than 1 million families were reached through broadcast calls,

190,000 users accessed messages through a WhatsApp chatbot and more than 271,000 users accessed a dedicated helpline for essential nutrition information.

Despite the challenges of 2020, many countries were able to maintain – and in some cases expand – counselling services with UNICEF support. In the United Republic of Tanzania, more than 522,000 (85 per cent) of caregivers of children under 2 years of age in five UNICEF focus regions were reached with regular nutrition counselling services, a 20 per cent increase from 2019. UNICEF, through the Development Partners' Group for Nutrition and the National Infant and Young Child Nutrition Working Group, advocated for and influenced the scale-up of community-based nutrition counselling services, which contributed to an increase in the nationwide coverage of mothers receiving community-based IYCF counselling services from 54 per cent (2.1 million) in 2018/2019 to 65 per cent (2.5 million) in 2019/2020. In Uganda, more than 2.1 million caregivers benefited from IYCF counselling services in 20 priority districts with UNICEF support in 2020, reaching 96 per cent of those targeted.

In Burkina Faso, UNICEF supported IYCF counselling services for more than 552,300 pregnant and breastfeeding women with children under the age of 2 years (76 per cent of those targeted). With UNICEF funding and technical support, implementing partners trained more than 8,870 community-based health workers in 3,224 villages (80 per cent of annual target) on social and behaviour change communication related to optimal IYCF practices, hygiene and early stimulation. More than 26,230 mother-to-mother support groups were established, reaching nearly 385,800 pregnant women and caregivers. An independent evaluation supported by UNICEF showed that these women had gained a better knowledge of key IYCF and family practices; for example, 40 per cent of breastfeeding mothers knew at least four IYCF practices, compared with 11.9 per cent of other women of childbearing age.

UNICEF also supported the training of health workers in facilities to adapt counselling within the context of COVID-19. In Armenia, the WHO–UNICEF recommendations on IYCF during the pandemic were adapted to the country context and integrated into the overall clinical training package used for building the capacities of more than 3,000 paediatricians, family doctors, paediatric nurses and obstetricians, leaving them better equipped to implement the new standards and support caregivers during the pandemic. In Sri Lanka, UNICEF supported the national Family Health Bureau to develop an online IYCF training package, enabling health workers to provide timely and quality services and ensure early identification of malnourished children.

In many countries, the measures required to contain the spread of COVID-19 created significant challenges in maintaining community IYCF counselling services. Mobility restrictions and lockdowns in Nigeria, for example, meant that community IYCF support groups were suspended in line with global guidance, resulting in a decline in the number of caregivers counselled on IYCF. At the same time, Nigeria was able to expand its IYCF counselling training to reach 4,460 health and nutrition workers, achieving 134 per cent of the 2020 target. While some of these training sessions were held in person during the first quarter of 2020, most were conducted virtually due to pandemic restrictions. Through advocacy in the face of limited resources and competing priorities, UNICEF was also able to move State governments towards mobilizing domestic resources for scale-up of IYCF programmes. In Kebbi State, for example, these efforts culminated in each ward in all 21 Local Government Areas having at least one functional community nutrition support group by the end of 2020.

Leveraging social and behaviour change communication to prevent malnutrition in early childhood

Social and behaviour change (SBC) has always been central to approaches to improve breastfeeding and complementary feeding practices. These strategies were especially significant in 2020, as UNICEF used large-scale communication campaigns to raise awareness about the importance of breastfeeding in the context of COVID-19 and dispel myths and misinformation. Social and behaviour change messages delivered through multimedia communication campaigns, tools and platforms (such as mobile technology, social media, radio, etc.) also allowed UNICEF to shape behaviours and improve demand for IYCF services without direct contact. In some cases, UNICEF leveraged water and sanitation (WASH), social protection or early childhood development (ECD) platforms to reach communities and families with adapted information and messages on early childhood nutrition in the context of COVID-19.



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In Sikasso, Mali, Wassa Sanogo breastfeeds her twins Fousseyni and Danseini as her husband Adama looks on in support.

The West and Central Africa region continued its large-scale Communication for Development (C4D, also referred to as social and behaviour change, SBC) campaign, 'Stronger with Breastmilk Only', intended to discourage the practice of giving water to infants during the first 6 months of life (a key barrier to exclusive breastfeeding in the region). Many countries adapted the campaign to their national context, such as Ghana, which launched its own campaign 'Start Right, Feed Right – from birth to 2 years'.

To adapt to COVID-19 containment measures in 2020, many countries tested innovative platforms for communicating with caregivers. In the Sudan, health and nutrition promotion messages were shared via social media, television, radio, and through loudspeakers at marketplaces and mosques. In Burundi, some 8 million people were reached with messages on optimal IYCF and maternal nutrition via 336 radio spots broadcast by community radio stations and a television programme. With UNICEF support, more than 1.7 million parents and caregivers of children under 5 years of age received messages to improve their knowledge of optimal nutrition and health practices.

As an alternative to interpersonal communication, which was compromised by the pandemic, the use of social media and mass media in Pakistan made it possible to reach millions of caregivers (48.2 million through Facebook and Twitter) with messages on IYCF and caring practices and an audience of 83 million people was reached on maternal and child nutrition through radio and television, even when physical access was constrained. In Indonesia, UNICEF and partners raised awareness about the importance of IYCF, healthy lifestyles and hygiene through online and offline platforms, reaching more than 10 million people nationwide. UNICEF also supported the design and implementation of a national social media campaign to engage fathers in supporting breastfeeding.

While social and gender norms in many countries position childcare and feeding as women's work, UNICEF also works to engage men and fathers in these roles to improve child feeding practices and support gender equality. To address the low participation of fathers in community-based nutrition and health programmes in the United Republic of Tanzania, UNICEF, in partnership with Development Media International, targeted fathers in four UNICEF focus regions with a mass media campaign, via radio and television: this aimed to promote pro-nutrition behaviours and accelerate reduction of childhood stunting. Approximately 1.7 million people (61 per cent of people over the age of 15 years) were reached with messages promoting good early childhood nutrition, early stimulation and responsive care, and good hygiene and sanitation.

Integrated SBC and communication approaches were used as part of the COVID-19 response in many countries. In Afghanistan, television, radio, printed materials and loudspeaker messages were combined with door-to-door visits and training to reach the country's most vulnerable children and women with information on breastfeeding, handwashing and positive parenting. More than 12.6 million Afghans benefited from these messages in 2020; TV and radio spots aired 151,954 times on 180 channels and social media posts received more than 8 million views. Nearly 75,000 members of different formal and informal networks – such as religious leaders, community health workers, child protection workers, school management shuras and community influencers – were mobilized to engage with communities, reaching nearly 4 million individuals nationally, including those in poor and remote areas with little or no access to mass media.

In Cambodia, COVID-19 funding was leveraged to ensure the continuity of high impact nutrition interventions in vulnerable communities of the North-east. UNICEF supported the integration of IYCF messages into COVID-19 risk communication, with TV spots developed on exclusive breastfeeding and complementary feeding and disseminated through mass and social media, reaching more than 5 million people including more than 480,160 caregivers of young children.

UNICEF also leveraged SBC campaigns to support caregivers in responding to pandemic-related constraints on healthy eating and physical activity. In Mexico, UNICEF developed digital health messages and an interactive guide to support families in lockdown with activities that they could do with their children to keep healthy and active during the pandemic. More than 10 million caregivers of young children (as well as school-age children and adolescents) were reached with messages on healthy diets, physical activity and hygiene.

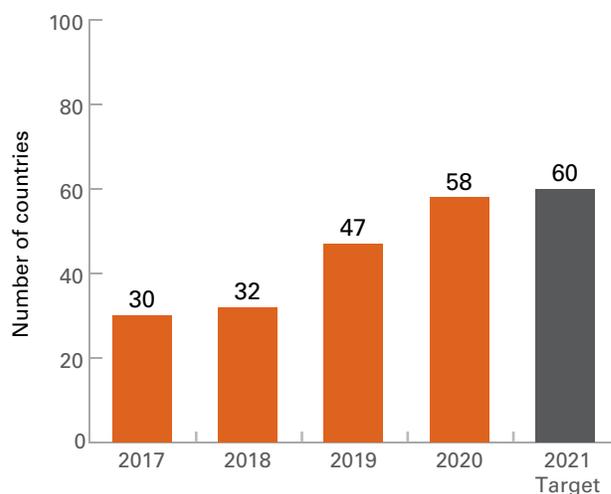
Improving the quality and diversity of foods for young children

The UNICEF Strategic Plan, 2018–2021 recognizes that improving young children's access to a range of nutritious foods, including animal-source foods, vegetables and fruit, is central to the prevention of stunting and other forms of malnutrition. With the scale-up of programmes to improve dietary diversity in early childhood, UNICEF is aiming to contribute to increasing the proportion of children consuming foods from at least five out of eight food groups to at least 35 per cent by 2021 (outcome indicator SP1.14; see '*Outcome and output indicators for the prevention of stunting and other forms of malnutrition*', above).

In 2020, UNICEF supported the scale-up of programmes to improve dietary diversity in 58 countries, a substantial increase from 47 countries in 2019 (see Figure 43) and surpassing the 2020 milestone of 55 countries (SP1.d.3(b)).

A key achievement of 2020 was the launch of the UNICEF Programming Guidance on Improving Young Children's Diets during the Complementary Feeding Period. The guidance calls for a systems approach to deliver better diets for young children during this critical developmental window. Based on the guidance, and through technical assistance to government and partners, UNICEF supported the adoption of regional action frameworks to accelerate progress in improving children's diets in East Asia and the Pacific, Eastern and Southern Africa, South Asia and West and Central Africa. For example, in West and Central Africa, UNICEF convened a regional consultation on children's diets with governments and partners from 16 countries. The consultation resulted in adapting the action framework to each regional context.

FIGURE 43: Number of countries with comprehensive programmes to improve the diversity of children's diets



Source: UNICEF Strategic Monitoring Questions, 2020.



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Twelve-month-old Sardor explores new food tastes and textures with his mother while eating together in Dushanbe, Tajikistan.

More than 12 countries adopted the new programming guidance to design their policies, plans and programmes on young children's diets in 2020. By the end of the year, 58 countries across all regions were implementing programmes to improve young children's diets. In Ethiopia (see Case Study 5), UNICEF supported the development of a federal level action framework through a national consultation. In Indonesia, UNICEF translated the recommendations of the regional action framework on children's diets into specific time-bound action plans, linked with the national stunting reduction movement.

In 2020, UNICEF contributed to bridging the evidence gap on context-specific drivers of children's diets through landscape analyses in seven regions. In East Asia and the Pacific, for example, six countries completed analyses, leading to prioritized national actions. Similarly, in South Asia, a regional landscape review of the status of policy and programme action on complementary feeding was conducted to inform programme scale-up. UNICEF also published lessons learned on improving young children's diets in a series of formats, including five peer-reviewed papers and a report called 'Feeding my Child', which documented the voices of over 600 young mothers across 18 countries on their experiences and challenges in feeding their young children.

Case Study 5: Ethiopia: Strengthening national frameworks to improve children's diets

UNICEF collaborated with the Ethiopia Federal Ministry of Health to improve children's diets and feeding practices during the first 2 years of life through five key initiatives in 2020: (1) developing and launching a complementary feeding framework at the federal level and roll-out at the regional level; (2) generating evidence and testing innovative solutions for boosting dietary quality; (3) finalizing a directive and monitoring tools to ban the promotion of breastmilk substitutes; (4) integrating nutrition-specific interventions within the new social protection programme; and (5) supporting the development of the new operational guideline for IYCF in emergencies.

Guided by the new global action framework for improving the quality of young children's diets, UNICEF supported the Government of Ethiopia to conduct a multi-partner situation analysis to inform the development of a federal level action framework on children's diets. The framework was developed through a consultative process, the findings of which will be used to support the design and implementation of eight region-specific frameworks for Ethiopia in 2021.

The action framework acknowledges the need for a systems approach to improving the quality of children's diets. While the Federal Ministry of Health is the main partner providing access to nutrition services, a shift has been made towards sensitizing and engaging religious leaders and influential community members on IYCF to address the context-specific drivers of poor diets and improve access to affordable, nutritious foods in the market. UNICEF also worked with the Government to apply a nutrition lens to the development of the new Productive Safety Net Programme in Ethiopia.

Without provision of affordable, nutritious food solutions, it will be challenging to improve dietary diversity for women and children in Ethiopia. This was emphasized in the findings of an analysis of the barriers to children's diets conducted by UNICEF and the Global Alliance for Improved Nutrition (GAIN) in 2020. Low dietary diversity, particularly the low consumption of animal-source foods, has consistently been linked to child stunting in Ethiopia and is a significant issue, partly because of more than 230 days of strict fasting per year. UNICEF engaged the University of Addis Ababa and several local private sector companies to develop egg powder as an innovative, nutritious and affordable food to increase good quality protein in children's diets. This innovation shows that drying of local eggs can yield good quality whole egg powders, extending the shelf-life, reducing transportation cost and storage space, and contributing to nutrient intake. With 2.5g of powder daily, a child can meet 42 per cent of his or her protein requirement, for less than US\$0.05.⁸³

To complement this innovation, SBC interventions were leveraged to emphasize recommended IYCF practices in the context of the pandemic in Ethiopia. National and regional television and radio spots delivered messages on nutrition in the context of COVID-19, reaching more than 20 million people. The first round of monitoring showed that more than half of respondents had seen or heard the campaign and nearly 82 per cent of those respondents had learned new information.

In 2020, UNICEF continued to pilot new and innovative approaches to boosting the diversity of young children's diets (see Box 'Spotlight on innovations'). In Kano State, northern Nigeria, a proof-of-concept was developed with global thematic funds to tackle poor feeding practices and low consumption of animal-source foods. With support from UNICEF, the Society for Women Development and Empowerment Nigeria and the Kano State Government, groups of mothers and caregivers of children aged 6–23 months were provided with vegetable seeds, poultry and goats to improve access to animal-source foods and diverse, nutritious foods. Further, interventions to promote year-round availability and accessibility of the critical food groups missing in the diets of young children were intensified through interpersonal counselling, mass media communication and the delivery of key messages tailored to behaviours for improved feeding practices. Preliminary reports indicate that consumption of animal-source foods has improved among children aged 6–23 months and communities have begun 'buying-in' to sustain homestead

food production. In addition, SBC on dietary diversity has been institutionalized through community, traditional and religious structures.

Household access to nutritious and affordable foods is critical to influence sustainable improvements in children's diets. In Rwanda, UNICEF supported the establishment of 50,000 kitchen gardens benefiting households with children under 5 years of age, provision of small livestock to the most vulnerable households and setting up community-based savings and loan groups through the district plans to eliminate malnutrition. Further results from nutrition-responsive social protection programmes – such as those providing food, vouchers or cash transfers, that aim to improve the affordability of nutritious foods – are explored in the section 'Leveraging a systems approach to maternal and child nutrition'.



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The vegetable farm at Sadiya's home is a source of nutritious food for her family. Under the dietary diversity project in Sumaila and Bichi local government areas of Kano State, Nigeria, a variety of vegetable seeds are provided to mothers of young children for home gardening. "We are excited that the project has been such a success so far," said Elhadji Diop, UNICEF Nutrition Manager at the Kano Field Office. "We will use the evidence ... to advocate for replicating the intervention across all local government areas in Kano State."

To improve the quality of young children's diets in Cameroon, UNICEF is partnering with the World Vegetable Center to promote hands-on training in vegetable production in Mokolo health district for more than 3,120 people. A follow-up survey revealed that the proportion of children eating the minimum acceptable diet had increased from 25 per cent to 31 per cent in the district. UNICEF provided technical support to the Ministry of Health to establish the Cameroon road map for improving food diversity among young children, which tackles barriers such as inadequate food systems, harmful traditional beliefs and practices and low maternal education, which prevent caregivers from adopting appropriate IYCF practices.

With thematic funding to improve dietary diversity in the Democratic Republic of the Congo, UNICEF worked to identify traditional recipes commonly used as complementary foods in different regions of the country; evaluated their nutritional value; offered at least five improved traditional complementary food recipes in each cultural region; and promoted these foods to improve the nutrient quality of young children's diets. Systematic and routine monitoring of improved diets for children under 2 years of age has been strengthened and conducted in 314 health zones, with a focus on complementary feeding through the preschool consultation platform. The 2020 targets for improving dietary diversity in the country were exceeded by 5 per cent, contributing to a reduced risk of malnutrition.

Point-of-use fortification and supplementation to enhance the quality of children's diets

UNICEF supports point-of-use fortification with micronutrient powders (MNPs), integrated within IYCF programmes, as a critical strategy for enhancing the quality of children's diets in settings where nutrient-poor diets prevail. MNPs can boost the nutrient quality of children's diets and help prevent anaemia, micronutrient deficiencies and stunting.

Globally, 47 countries implemented MNP programmes with UNICEF support in 2020 (according to preliminary estimates). Some countries also strengthened national frameworks to support these interventions; for example, Cabo Verde launched a point-of-use fortification strategy and a national protocol for micronutrient supplementation and fortification. More than three quarters of all MNP interventions globally were delivered as part of integrated IYCF programmes. Overall, point-of-use fortification with MNPs reached 10 million children with UNICEF support in 2020.

Many countries made strides in expanding coverage of integrated point-of-use fortification programmes in 2020, including as part of humanitarian responses. In Somalia, MNPs were provided to 186,000 children aged 6–23 months, nearly tripling the 2020 target of 64,000. Similarly, in Cameroon, the number of children aged 6–23 months reached with MNPs rose from about 103,880 in 2019 to

Spotlight on innovations: Complementary feeding bowl and spoon to help caregivers put knowledge on good diets into action⁸⁴

UNICEF's *Infant and Young Child Feeding* counselling packages are widely used to train communities to improve children's diets and feeding practices. However, sessions are often conducted without utensils such as bowls, plates or spoons to illustrate quantity and quality.

To make these counselling sessions more practical, UNICEF developed a complementary feeding bowl and spoon as a practical innovation for ensuring that good feeding practices continue in the home. The tool is simple to use, low cost, and can be scaled up and adopted by people who do not need special expertise or equipment.

Building on research performed at Emory University, UNICEF is developing a new tool kit for programming, including: (1) a bowl with nutritional diversity messages included in the design to address food quality, and demarcations by age group to address food quantity; and (2) a slotted spoon to promote food that is energy-dense, the right consistency and not watered down.

Prototypes of the bowl were tested in Ethiopia, India, Kenya, Malawi and the United Republic of Tanzania, with positive results. The concept was also well-received by community members and parents, with reported increases in meal frequency, quantity and thickness of food for children. In 2020, eight countries – Burundi, Liberia, Malawi, the Niger, Nigeria, the State of Palestine, the Sudan and the Syrian Arab Republic – agreed to document lessons learned from integrating the tool into their existing programmes. Once fully scaled, this innovation has the potential to reach 23 million caregivers in more than 40 countries.

more than 212,230 (105 per cent of the target) in 2020. This achievement was made possible through an increase in the number of health districts covered, from 25 in 2019 to 35 in 2020, along with strategic partnerships with health delegations and various non-governmental organizations (NGOs). In the Niger, UNICEF continued to support the scale-up of MNPs as part of an integrated IYCF strategy for improving the quality of children’s diets. The number of health districts implementing point-of-use fortification with UNICEF support rose from 14 in 2019 to 20 in 2020, reaching more than 109,430 children aged 6–23 months.

With investments in training health workers and through integration within the ICYF programme, Bhutan’s point-of-use fortification programme reached nearly all children aged 6–23 months with MNPs (97 per cent) in 2020. To support this achievement, the number of districts implementing the programme expanded substantially, from three in 2019 to all 20 districts by 2020. UNICEF supported training for health staff in all districts on integrated IYCF counselling and MNP supplementation; overall, 450 health workers were trained through virtual sessions, and 2.5 million MNP sachets were procured and delivered to facilities despite COVID-19 transport restrictions. District health officers and community health programme units were also engaged to facilitate the scale-up, and UNICEF supported the development and dissemination of health worker guidelines, counselling cards and flip charts to support their interactions with caregivers.

Vitamin A supplementation for life-saving protection

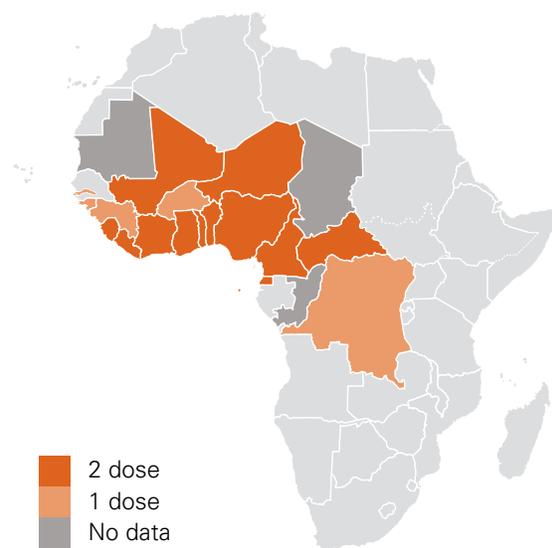
UNICEF has implemented vitamin A supplementation (VAS) programmes for more than two decades as a life-saving intervention in early childhood. Two high doses of vitamin A provided every year to children aged 6–59 months can protect against blindness, enhance immunity against diseases, such as measles and diarrhoea, and reduce preventable deaths in children under 5 years of age.

In 2020, the large campaign-based events typically used to deliver VAS and deworming in many priority countries were suspended as a measure to reduce transmission of COVID-19. UNICEF supported governments to adapt delivery platforms, including delivering VAS via routine health system contacts and child health days, to minimize the potential for virus transmission. UNICEF also leveraged existing opportunities – such as the response to a vaccine-preventable disease outbreak or bed net distribution – to distribute VAS during the pandemic, and supported plans to re-establish population-based VAS events once conditions warranted.

Most countries adapted their programmes in the context of COVID-19 and were still able to implement two rounds of supplementation in 2020, despite significant challenges. In West and Central Africa, for example, most countries delivered both VAS rounds in 2020 (see Figure 44). In Burkina Faso, UNICEF partnered with Helen Keller International to support two rounds of VAS, deworming and screening for acute malnutrition, which benefited more than 3.45 million children (full coverage). Similarly, in Togo, UNICEF supported VAS through Child Health Days, reaching 1.39 million children (92 per cent) during the first round and 1.45 million (96 per cent) during the second round, as well as providing deworming, with similarly high coverage.

UNICEF is the main supplier of VAS globally. Some 441 million vitamin A capsules were provided to 56 countries in 2020 through a contribution in-kind financed by the Government of Canada and implemented through Nutrition International. In addition, 53.6 million capsules were procured by 160 countries in 2020.

FIGURE 44: Countries that delivered one or two doses of VAS in West and Central Africa, 2020



Source: UNICEF NutriDash 2020, preliminary estimates.

Working with partners in the Global Alliance for Vitamin A (GAVA), UNICEF developed recommendations and operational guidance for the safe delivery of VAS programmes in response to the COVID-19 pandemic. VAS delivery systems were also strengthened through the development of methodology for coverage estimation and country guidance for validation of administrative data. In parallel, systems for delivering and recording VAS were strengthened through technical assistance, implementation research, documentation, sharing of experiences and effective forecasting of country needs. Subsequently, the reach of VAS in 2020 exceeded expectations, despite the challenges faced: an estimated 141.3 million children under 5 years of age received two doses, compared with 245.4 million in 2019. Deworming prophylaxis was provided to 97 million children.

The GAVA recommendations allowed a number of countries to adapt their VAS campaigns in response to COVID-19. Nepal achieved 85 per cent coverage of VAS among children aged 6–59 months (out of a total of 2.7 million children) living in 753 rural/urban municipalities during its biannual distribution rounds in 2020. Nepal also achieved 83 per cent deworming coverage among children aged 12–59 months (out of 2.4 million children). This was made possible because of technical assistance from UNICEF to develop an interim guideline on vitamin A, MNP and deworming tablet distribution to preschool children in the context of COVID 19, which was adapted from the GAVA guidance. In Bangladesh, the first VAS campaign of 2020 was postponed; however, with careful planning and additional safety measures put in place (including the use of personal protective equipment (PPE), physical distancing, the installation of additional hand-washing facilities and holding the campaign over a longer period of time to avoid large crowds gathering), 20.8 million children (97 per cent of the target) were reached by the VAS campaign in October 2020.

UNICEF is working with countries to transition to delivering VAS through routine health systems contacts to promote sustainability of this critical nutrition service. To shift from campaign-style distribution to routine distribution, UNICEF and Helen Keller International provided technical assistance to the Government of Cameroon to develop a transitional plan, taking advantage of existing health and nutrition service platforms. Similarly, in South Sudan, UNICEF supported the Ministry of Health to develop guidelines, training materials and reporting tools as part of national efforts to integrate VAS and deworming services into routine health services for children.

Comprehensive interventions for improving maternal nutrition

UNICEF advocates for and supports gender-responsive policies, strategies and programmes to prevent malnutrition in women during pregnancy and breastfeeding. This includes supporting countries to deliver a package of maternal nutrition interventions, including supplementation with iron and folic acid (IFA) or multiple micronutrient supplements (MMS); deworming; counselling on nutritious and safe diets, physical activity and rest; and weight-gain monitoring, with specific support for adolescent mothers and other nutritionally at-risk women.



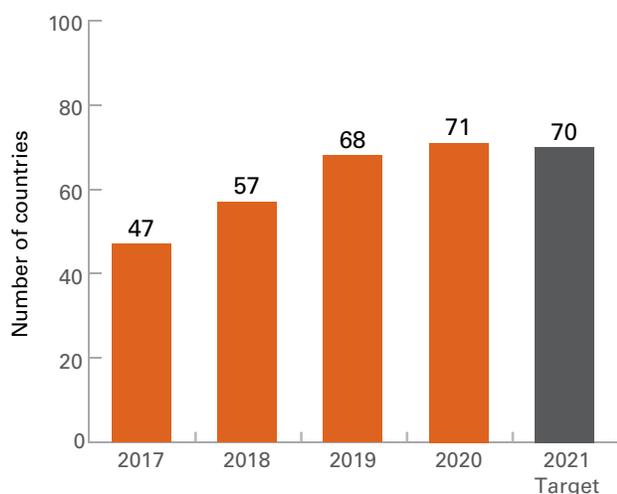
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Aruna Dodiya, who is pregnant with her second child, has her weight gain monitored by health worker Heena Joshi during a routine health and nutrition visit in Ghughara Village, Bichiwara Tehsil, Dungarpur District, Rajasthan, India.

In 2020, UNICEF continued its support to countries to update and implement national antenatal care (ANC) policies, guidelines and programmes to align with the WHO recommendations on ANC for a positive pregnancy experience. Specifically, UNICEF provided 73 countries with a combination of technical and/or financial support to scale up preventive iron supplementation programmes for pregnant women, thereby contributing to an increase in the percentage of pregnant women receiving IFA supplements from previous years. According to 2020 estimates, 37.3 per cent of pregnant women received IFA supplementation (compared with 36.6 per cent in 2019) (SP1.d.1), nearly reaching the milestone of 38 per cent. Achievements under this indicator contribute to the World Health Assembly global nutrition targets of reducing anaemia among women of reproductive age by 50 per cent and low birthweight among newborns by 30 per cent.

Countries are working to strengthen the routine provision of nutrition counselling within ANC programmes. In 2020, UNICEF supported 71 countries with the implementation of nutrition counselling services for pregnant and breastfeeding women (see Figure 45), an increase from 68 countries in 2019 and surpassing the 2021 target of 70 countries (SP1.d.2). UNICEF also conducted a review of evidence on nutrition counselling with the aim of developing country-specific guidance to improve the quality of maternal nutrition counselling and timely and quality care of nutritionally at-risk women.

FIGURE 45: Number of countries that have integrated nutrition counselling in their pregnancy care programmes



Source: UNICEF Strategic Monitoring Questions, 2020.

A landscape analysis of maternal nutrition policies and programmes was undertaken in high-burden countries of sub-Saharan Africa and Asia, revealing good country-level progress to adopt nutrition-related recommendations in the WHO ANC guidelines. The review showed that, while policies to support preventive iron supplementation and nutrition counselling are ubiquitous across countries in these two high-burden regions, programme implementation is lagging due to system-level barriers such as poor access to commodities (stock-outs), limited financing for maternal nutrition and lack of access to services. Such analyses are instrumental in shaping the direction of global, regional and country-level advocacy and systems-strengthening approaches for maternal nutrition programming.

As part of efforts to strengthen systems, UNICEF supported the Armenian Ministry of Health in developing a National Plan of Action on Improving Maternal Nutrition to support comprehensive interventions to improve women’s nutrition. In line with WHO–UNICEF recommendations, national standards on prevention of anaemia among pregnant women and breastfeeding mothers were developed with UNICEF support. These were used to enhance the capacities of gynaecologists, obstetricians and family doctors working in primary health-care facilities and maternity wards in providing counselling and services to prevent anaemia to 7,000 pregnant women and breastfeeding mothers annually. In the United Republic of Tanzania, advocacy for domestic financing of nutrition commodities by UNICEF and other nutrition partners resulted in the Government’s decision to procure IFA supplements, thereby addressing the issue of IFA stock-outs. UNICEF also supported the Government to maintain continuous essential services for all women in the context of the pandemic: more than 1.2 million pregnant women (59 per cent) received IFA supplementation – a 9 per cent increase from 2019.

In 2020, UNICEF supported adaptations to antenatal and postnatal care services to ensure the continuity of nutrition services for women during and after pregnancy. During the mitigation phase of the pandemic, UNICEF developed programmatic guidance to support governments in protecting diets, nutrition services and practices for pregnant women and breastfeeding mothers: 118 implemented programme adaptations, such as ensuring physical distancing at clinics, providing services through community platforms where feasible and repositioning supplies closer to communities and facilities.

UNICEF continued to shape the strategic direction of its programming on women's nutrition in 2020, advocating for implementation research to introduce and scale up multiple micronutrient supplements (MMS) and other new and innovative interventions to improve the quality of women's diets and prevent anaemia and low birthweight among women in low- and middle-income countries. Increased access to and uptake of MMS will allow women in these countries to enjoy the same quality of care as women in industrialized countries and affluent women in low- and middle-income countries. Early lessons learned from policy advocacy for MMS in four countries (Bangladesh, Burkina Faso, Madagascar and the United Republic of Tanzania) were used to inform advocacy for introducing MMS in additional countries. Moreover, these findings informed the development of operational guidance to facilitate country efforts to introduce MMS. Finally, UNICEF-supported formative research on women's preferences for MMS influenced the development of consumer-facing packaging, with the goal of increasing women's uptake of the product.

Food fortification to make nutritious diets accessible for all

Large-scale food fortification is a proven intervention for sustainably controlling micronutrient deficiencies in children and women. UNICEF advocates for strengthening related national policies and strategies (*see 'Leveraging collective action'*), while supporting governments and industry to develop technical standards and monitor quality and compliance with legislative standards.

Salt iodization – the most common form of large-scale food fortification worldwide – is a critical strategy for eliminating iodine deficiency disorders and protecting children's brain development. In 2020, there were mandatory standards for salt iodization in 124 countries, compared with 120 in 2019. Aided by the long-standing support from USAID to UNICEF, the proportion of households consuming iodized salt remained steady at 90 per cent, meeting the 2021 target (SP1.15).



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In Madagascar, UNICEF and partners are supporting the salt production sector to meet iodization quality standards.

For salt iodization legislation to be most effective, an active coordination body convening all stakeholders – including government, industry and civil society – is critical. Thirty-seven reporting countries have established an effective national coordination body, an increase from 35 in 2019 (SP1.d.5).

Progress was made in strengthening the enabling environment for salt iodization at country level in 2020. Based on a national micronutrient survey in Morocco, which showed suboptimal iodine nutrition and inadequate salt iodization levels, UNICEF supported the government in conducting a salt supply chain assessment, a review of salt inspection regulations and legislation, a feasibility study on iodine supplementation for animal feed, and a modelling of the contribution of processed foods to salt and iodine intake. Support was provided by USAID and the Iodine Global Network, while the agri-business and private sector (salt producers and traders) provided sector data and actively engaged in discussions related to use of iodized salt in the food industry as a solution for combatting iodine deficiency. The findings of these various pieces of work will inform the development of a national strategy for the elimination of iodine deficiency disorders. Morocco also made the important policy decision to shift into a genuine universal salt iodization programme, whereby all salt for human and animal consumption would be iodized, including that used for processed food, while taking into account the government's commitment to reducing sodium consumption and the related risks of non-communicable diseases.

In the Democratic People's Republic of Korea, the limited capacity to produce, package and distribute iodized salt to reach all households affects the control of iodine deficiency disorders in the country. To help guide universal salt iodization and ensure good quality raw salt production, UNICEF provided technical support to finalize the National Strategy for Controlling Iodine Deficiency and Disorders and a set of standard operating procedures and technical guidelines, aligned with global standards and enriched by local evidence. The first-ever iodization of raw salt and soya bean sauce and paste were carried out in 2020. The State Planning Commission and the Salt Industry Management Bureau, with technical support from the Academy of Medical Science and UNICEF, succeeded in producing 9,000 tons of iodized raw salt (90 per cent of the national target for 2020) and 2,000 tons of iodized soya bean paste at two pilot locations. While significant progress has been made, important challenges remain in sustaining regular production of iodized raw salt because of difficulties in importing potassium iodate and related equipment into the country.

UNICEF also provided guidance to industry to strengthen food fortification standards and practices in 2020. In Mozambique, UNICEF and the Global Alliance for Improved Nutrition (GAIN) developed a set of business models tailored to salt producers in the country, providing an implementation road map that included distribution and demand generation for iodized salt. In Tajikistan, UNICEF supported the Government in strengthening the capacities of inspection agencies and salt producers on internal quality control and assurance systems, resulting in a 35 per cent increase in the quality of iodized salt in markets in 2020 compared with 2018.

In various countries, UNICEF advocated for and supported the development of stronger legislation and monitoring of mandatory food fortification policies and laws. These results are described further in 'Leveraging collective action'.

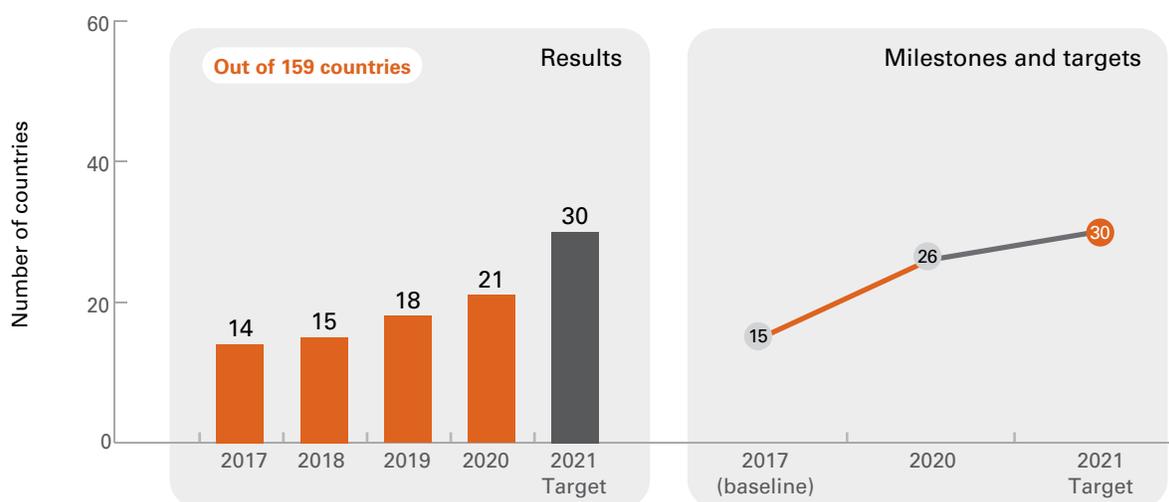
Expanding services for the prevention of overweight

The prevalence of overweight is increasing in almost all age groups, regions and country-income groups. UNICEF has been working to strengthen and scale-up nutrition programming in this area, including through a compact launched with regional and country offices at the start of the current Strategic Plan.

Interventions to promote breastfeeding and improve the quality and diversity of children's diets in early childhood are critical to preventing all forms of malnutrition, including overweight and obesity. In addition, UNICEF advocates for healthy food environments (see Case Study 6) and supports governments to adopt policies that improve the availability and affordability of nutritious foods and safeguard children from consuming unhealthy foods and beverages. Some of the results achieved with this upstream policy and legislative support are described under 'Leveraging collective action'.

UNICEF tracks the number of countries implementing policy actions or programmes for the prevention of overweight and obesity in children (SP1.d.4).⁸⁵ Twenty-one countries had such programmes in 2020; this is slightly fewer than the milestone of 26, due to COVID 19-related disruptions in services and programmes, as well as government delays in progressing relevant UNICEF-supported policies and legislation. However, close monitoring of the indicator shows potential to catch up and exceed milestones in 2021.

FIGURE 46: Number of countries that are implementing policy actions or programmes for the prevention of overweight and obesity in children



Source: UNICEF Strategic Monitoring Questions, 2020.

In 2020, UNICEF developed an advocacy and communications strategy to complement the programme guidance already in place on the prevention of overweight and obesity in childhood, and an expert committee was established to guide work in this area. The UNICEF–WHO Global Breastfeeding Collective also produced an advocacy brief on breastfeeding and the prevention of overweight.

An important achievement in 2020 was the launch of a landscape analysis tool on overweight and obesity in children. The tool was developed by UNICEF and WHO, and pilot testing was initiated in four regions in at least nine countries: Argentina, China, Costa Rica, India, Mongolia, Peru, the Philippines, the United Republic of Tanzania and Viet Nam. The landscape analyses will form the basis for future partnerships, policies and programmes for the prevention of overweight.

UNICEF collaborated with its National Committees in the Netherlands and the United Kingdom on the domestic overweight prevention agenda. This included the release of a report on food retail, which analysed more than 2,000 food products for children in the Netherlands against nutritional standards⁹⁶ and two consultations in the

United Kingdom: one on levels of sugar in commercial complementary foods and one on proposals to ban online food marketing to children.

Under the constraints of COVID-19, many families faced challenges in accessing nutritious fresh foods and physical activity in 2020. In Ecuador, UNICEF adapted its approaches to address the barriers to practising physical activity and accessing healthy foods in the country. UNICEF developed a healthy habits toolkit, initially intended to be implemented in primary schools, into an edu-communicational strategy, which was tailored for educational TV and radio platforms from the Ministry of Education, as well as social media and online platforms, reaching over 2 million children and their caretakers. The strategy covered topics such as the importance of physical activity, sleep and rest, healthy eating and COVID-19 prevention measures, through animated short stories; a mini-series of 22 episodes; infographics; audio short stories; podcasts; blogs; an interactive online game; and a pedagogical guide.

Case Study 6: China: Guidance to improve the food environment and prevent overweight

In 2020, UNICEF supported the Government of China to prevent childhood overweight through policy development, high-level advocacy, evidence generation and technical assistance. UNICEF contributed to developing various guidance documents, including the National IYCF Core Messages; the updated Chinese Dietary Guideline for Children aged 0–5 months and 6–23 months; and the National Action Plan on Childhood Obesity Control (2020–2030). The National Action Plan provides the policy basis for developing an implementation plan, which will pave the way for public awareness and regulatory actions to create a healthy food environment in China.

UNICEF is uniquely positioned to act as a facilitator with government agencies, sharing international good practices and the latest developments in global evidence. To support the Government of China in its efforts to strengthen the food environment, UNICEF:

- Used international guidelines, reference documents and technical resources to keep government officials updated with the global evidence and best practices;
- Informed the drafting of the National Action Plan on Childhood Obesity Control (2020–2030) with international expertise; and facilitated technical support from regional and international specialists to support Chinese research institutes and universities in the examination of factors contributing to childhood obesity in China;
- Advocated for food labelling and advertising regulations, as well as promotion of healthy behaviours to tackle childhood overweight; and supported the Government of Chengdu to develop a landscape analysis and multisectoral workplan on prevention of childhood obesity.

To contribute to the prevention of all forms of malnutrition, UNICEF continued to support the Chinese Government in improving IYCF practices by making counselling services more accessible to caregivers. The IYCF counselling package was finalized and adapted to the Chinese context in 2020, with the aim of increasing the capacities of front-line health workers. The package will be launched with the National Health Commission and used to guide IYCF counselling training for health workers across China, especially in poverty-stricken counties. Multiple rounds of pretesting of the package are being undertaken at national, provincial and county levels to enhance its relevance in different contexts.

To promote the counselling package and highlight the importance of nutritious diets during the COVID-19 pandemic, UNICEF and the Chinese Nutrition Society held an IYCF live-streaming session simultaneously through four digital platforms hosted by ByteDance (the parent company of TikTok). More than 700,000 viewers watched the session online. With support from UNICEF and the National Health Commission, the Chinese Nutrition Society also hosted the first Nutrition 30 Forum with a focus on addressing childhood obesity in May 2020.

To lay the foundations for effective programming, UNICEF developed case studies on its work on childhood overweight prevention in Argentina, Ecuador and Mexico. A further case study was developed based on the Amsterdam Healthy Weight Programme as well as a technical note on the legal/regulatory frameworks for overweight and obesity prevention.

Evidence generation also took place in a number of countries to improve programming, such as in the Philippines, where UNICEF provided technical assistance

to analyse the policy and programming landscape on overweight and obesity, tested innovative methods for quantifying the nature and extent of digital marketing for unhealthy food, and used mixed methods approaches to capture children's lived experience of their personal and external food environments to understand how these factors influence the diets of children. Recommendations from the studies will help refine national policies and programmes addressing the triple burden of malnutrition.

Building stronger institutions

Strengthening health systems to support early childhood nutrition

Primary health care (PHC) is a key platform for delivering high-impact, integrated nutrition services to prevent all forms of malnutrition in children and women. To this end, UNICEF also supports government and partners in integrating the Nurturing Care Framework within routine nutrition and health-care services.

UNICEF works to strengthen the capacity of national health systems by improving training for health workers on maternal and child nutrition and providing supportive supervision and monitoring. UNICEF also supports governments in integrating preventive nutrition interventions within routine health visits, developing guidance to support institutions in providing the best care for mothers and their children, and strengthening nutrition and health information systems.

The UNICEF–WHO Baby-friendly Hospital Initiative (BFHI) aims to integrate the provision of timely and skilled breastfeeding support as a vital component of quality maternity care. In 2020, UNICEF and WHO released BFHI capacity-building resources, including guidance on breastfeeding for small, sick and preterm newborns, a competency verification toolkit and a training course for maternity staff. The number of countries implementing the BFHI Ten Steps to Successful Breastfeeding in maternity facilities continued to increase, rising from 92 in 2018 to 103 in 2019 (the latest estimates).

UNICEF supported a number of countries to adopt or strengthen the BFHI in 2020. In Zimbabwe, the BFHI was integrated within the emergency management of obstetric and neonatal care through leveraging of resources, joint programme planning and mentorship. In addition, through capacity-building training in six hospitals, the proportion of facilities with at least one health worker trained in IYCF increased from 86 per cent in 2019 to 88 per cent in 2020. Jamaica also made important strides in meeting BFHI standards and expanding the number of designated BFHI facilities by an additional two community hospitals. Maternity facilities maintained their adherence to standards, even in the face of redeployment of staff and the accompanying pressures of COVID-19. UNICEF helped establish IYFC rooms at two regional facilities and supported breastfeeding education and outreach at 350 public health centres and hospitals, providing maternity care for 46,800 women.

More countries are strengthening the capacities of health workers to provide IYCF counselling. Between 2018 and 2019 (latest estimates) the number of countries offering training on this topic within pre-service curricula for medical doctors increased from 68 to 84, and from 79 to 98 for nurses and other health-care professionals. Many countries also adapted training and capacity-building in innovative ways in response to the pandemic. For example, with

technical support from UNICEF in Uruguay, the Ministry of Health developed an interactive digital course on breastfeeding and COVID-19 for health workers and a guide and accompanying video for parents and caregivers.

The integration of nutrition services into routine PHC can play a critical role in ensuring sustainable coverage. In South Asia, the COVID-19 pandemic revealed both the fragility and resilience of primary health-care platforms. Essential nutrition interventions were some of the first services to be deprioritized following lockdown measures, but also some of the first to leverage programmatic adaptations that allowed services to be reintroduced and continued. Some of these adaptations – such as remote nutrition counselling by telephone and social media – offer long-term post-pandemic solutions for increasing access to services.

In Pakistan, UNICEF provided technical support to the Ministry of National Health Services, Regulation and Coordination, leading to the inclusion of essential nutrition services within the Universal Health Care benefit package, which includes identification and treatment of severe wasting; promotion of optimal breastfeeding and complementary feeding; and vitamin A, iron and folic acid supplementation. This integration created the conditions for increased and sustained availability of essential nutrition services at the primary care and community levels. In addition, the scale-up of training on BFHI guidelines for 1,220 service providers contributed to supporting the early initiation of breastfeeding for 300,000 newborns in 2020.

The integration of nutritional objectives within health services was also evident in the health system response to COVID-19. In Ghana, for example, UNICEF supported the Government to develop food, nutrition and social welfare guidelines for coronavirus isolation centres. These guidelines ensured quality management of COVID-19 patients to improve their health and immunity to fight off the infection. Additionally, UNICEF supported the development of key messages on food and nutrition targeting the general public, which helped operationalize the President's call for the public to have healthy diets and lifestyles during COVID-19.

Routine health system contacts, such as for immunization and growth monitoring, are providing important alternative opportunities to deliver VAS and other key preventive nutrition interventions. An increasing number and proportion of VAS doses are now delivered through routine systems. In 2020, UNICEF developed case studies on countries that had transitioned successfully from VAS campaigns to routine delivery; and completed implementation research in several countries. In addition, UNICEF published a report detailing the methods for deriving global, regional and global VAS coverage estimates, strengthening the credibility of VAS coverage estimates and enabling their use in health planning and system-strengthening.

Leveraging a systems approach to maternal and child nutrition

The UNICEF Nutrition Strategy 2020–2030 sets out the organization’s strategic intent to leverage a systems approach to nutrition that aims to strengthen the capacity and accountability of five systems – food, health, water and sanitation, education, and social protection – to deliver diets, services and practices that support adequate maternal and child nutrition. For example, improving the quality of children’s diets requires a food system that produces a range of nutritious foods that are available and affordable to families; a health system with well-trained staff to counsel caregivers on the benefits of a nutritious diet for children; a water and sanitation system that provides free, safe and palatable drinking water for a healthy diet and the safe preparation of foods; and a social protection system that reduces inequalities by ensuring that nutritious foods are affordable to vulnerable children and families.

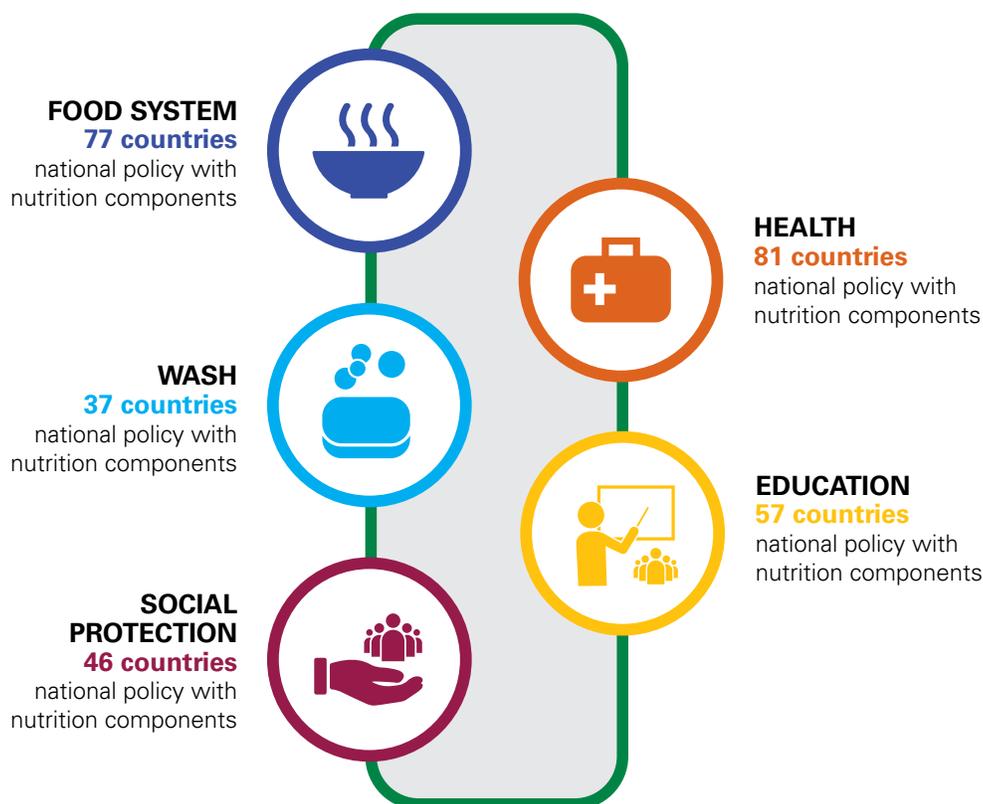
As part of its systems approach to nutrition, UNICEF is working with governments to integrate nutrition objectives within the policies of key related sectors. For example, 46 countries have social protection policies with nutrition components and 57 countries have education policies

with nutrition components included (see Figure 47). In 80 countries, the government implemented measures to advance integrated multisectoral coordination of agriculture and other sectors to improve children’s nutrition; 62 of these were supported by UNICEF.

Efforts by UNICEF to shape food systems to deliver better diets for children are described in ‘Shaping food systems for child survival, growth and development’ (see page 199). Interventions delivered through the education system to improve the nutrition of school-age children and adolescents are detailed in Results Area 2.

The pandemic accelerated the implementation of the systems approach to nutrition. For example, 102 countries (out of 143) reported better integration of WASH in services delivered to children during the pandemic. In the first three months of 2020, 10 countries (out of 24) reported implementing or scaling up social protection actions to mitigate the impact of COVID-19 on the nutritional status of children. The systems approach is also increasingly being mainstreamed in all UNICEF guidance documents, including those on improving children’s diets, preventing overweight, and the forthcoming guidance on maternal nutrition and the nutrition of school-age children and adolescents.

FIGURE 47: Countries with sector policies that include nutrition components



Source: NutriDash, 2019.

Nutrition-responsive social protection programmes can mitigate the effects of poverty on the nutrition of vulnerable children and families. There are 50 countries implementing social protection programmes specifically aiming to improve nutrition; the most common of these are cash transfers and school feeding programmes. In 2020, UNICEF published a meta-analysis of the effect of cash transfers on child nutrition outcomes.⁸⁷ This research provides evidence that cash transfer programmes targeted to households with young children improved linear growth and contributed to reduced stunting. UNICEF will use this evidence to improve the design and implementation of nutrition-responsive social protection programmes.

In 2020, UNICEF continued its evidence-based advocacy to make social protection more nutrition responsive. In Botswana, the Government endorsed several policy recommendations emerging from the 2019 evaluation of the Vulnerable Group Feeding Programme during its midterm review. This included prioritizing a phased approach to replacing the food rations for pregnant women, nursing mothers and preschool children with a child support grant. UNICEF is supporting the Government in designing a plan to operationalize the programme and link it with a range of complementary services (a cash plus model) to help families with children meet the costs of nutrition, health and education. In Rwanda, the integrated social protection and nutrition programme, developed in partnership with the Ministry of Local Government,

the National Early Childhood Development Programme and World Relief, has shown promising results in improving nutrition-sensitive interventions, strengthening decentralized coordination mechanisms and developing a system of community case management and referral through involving public service providers and users.

In the Sudan, the capacities of national and state ministries were strengthened with the roll-out of a new programme that aims to support pregnant women and children in the first 1,000 days with cash assistance and strengthened essential services. The programme uses a novel cash plus approach that aims to break the intergenerational cycle of poor nutrition through combining regular payments with SBC and complementary support and services for the first 1,000 days of life. UNICEF helped to mobilize €20 million for an initial roll-out in Kassala and Red Sea states. The programme will be leveraged to strengthen the shock-responsiveness of the Sudan's social protection system and bridge the humanitarian–development divide more generally.

The water and sanitation system comprises the policies, programmes, services and actors needed to ensure a population's access to safe drinking-water and safe sanitation and hygiene services. There are 37 countries implementing joint programming to promote improved access and safe use of complementary foods, water and clean household environments for children. In Cameroon,



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In Rwanda, Marianne Kankundiye feeds her two-year-old son Igisubizo a nutritious meal.

for example, UNICEF supported the implementation of a WASH and Nutrition Strategy, which helped reach 20,000 families affected by acute malnutrition to improve hygiene and sanitation practices. Similarly, in Mauritania, UNICEF improved WASH access in 60 health centres providing care for children with acute malnutrition, thereby improving their quality of care.

Many countries are moving towards greater convergence of WASH and nutrition programming. In Ethiopia, UNICEF provided support to launch a 'Baby WASH' pilot, focusing on baby and infant hygiene and the safe disposal of children's faeces. The approach was adopted by the Ministry of Health as part of its approach to stunting reduction and national training was integrated into the Health Extension Workers' programme and cascaded to all regions. In three provinces of the Philippines, UNICEF supported 19 municipalities/cities to develop costed Local Nutrition Action Plans and 15 municipalities to develop or review costed WASH plans to be included in their annual investment plans. This included capacity-building of Governors and Mayors to deepen their understanding of nutrition and WASH, advocating for budget allocation and facilitating multisectoral programming at the local level. Resolutions were passed to facilitate investment and implementation of nutrition and WASH activities benefiting women and children in the three provinces.

Strengthening capacity for emergency preparedness and response

Strong national systems help countries prepare for, withstand and bounce back from humanitarian crises. To strengthen systems, UNICEF supports countries in developing emergency preparedness and response plans that prioritize the prevention of stunting, wasting and other forms of malnutrition, while ensuring the provision of life-saving interventions to detect and treat severe wasting where prevention fails (*see Results Area 3*). UNICEF leverages its role as Cluster Lead Agency for Nutrition to promote these system-wide actions during humanitarian crises.

COVID-19 added a greater burden to countries already in crisis, exacerbating malnutrition, food insecurity and weak national systems. This was especially evident in the Sahel, where the humanitarian crisis further deteriorated with the impact of COVID-19 and a food security crisis that left many countries teetering on the brink of famine.

In 2020, UNICEF supported global, regional and country-level efforts to prepare for and respond to nutritional crises exacerbated by the pandemic. In Fiji, Indonesia and Kiribati, for example, UNICEF helped to adapt global guidance on preparedness and response for nutrition in emergencies into the local context and to develop national and subnational response plans. Overall, UNICEF supported nutrition responses in 63 countries facing humanitarian crisis and strengthened its role as Cluster Lead Agency for

Nutrition through the launch of the Global Nutrition Cluster (GNC) Technical Alliance (previously the Global Technical Assistance Mechanism).

Following a strategic review consultation process, the GNC Technical Alliance was launched in December 2020 with the support of global thematic funds. The Alliance aims to improve the quality preparedness, response and recovery for nutrition, by delivering three main services for practitioners: easy access to the most up-to-date technical resources and tools; answers to technical questions and access to more comprehensive technical support (in person or remotely); and expert consensus on how to tackle new and difficult problems for which there is no global guidance. UNICEF co-leads the Alliance with World Vision International and works in partnership with International Medical Corps, Emergency Nutrition Network and the GNC Coordination Team on the Alliance Leadership Team. This collaboration resulted in a new strategic intent for the Alliance and a strong position for delivering on its objectives in 2021.

During a year of increased need, UNICEF strengthened the capacities of front-line staff in emergency preparedness and response, and adapted to the challenges and opportunities presented by the COVID-19 pandemic. UNICEF and the GNC developed a Competency Framework on Nutrition in Emergencies, which provides a standardized, inter-agency set of competencies required by people working for nutrition in humanitarian contexts. It can be used by individuals and organizations to support and improve recruitment, talent management, learning, development and career progression. UNICEF also developed 21 online training modules that cover a breadth of technical topics on nutrition in emergencies and are designed to strengthen the capacity of UNICEF staff, government and other partners.

Given its experience in nutrition emergencies, UNICEF anticipated emerging issues in the COVID-19 response related to food donations from the private sector. To support countries in managing such situations, UNICEF developed a technical guidance note on financial contributions and contributions-in-kind from food and beverage companies in the context of the pandemic. UNICEF also continued to support governments in identifying and addressing inappropriate promotion and distribution of breastmilk substitutes during the emergency response. In Armenia, for example, UNICEF developed standard operating procedures for regulating the distribution of breastmilk substitutes, which guided the conduct of all agencies engaged in food and nutrition response.

In 2020, UNICEF reviewed 50 country and regional preparedness and response plans, ensuring that nutrition was adequately represented and that context-specific adaptations were made to ensure the continuity of nutrition services in the context of COVID-19. UNICEF also finalized the updated Core Commitments for Children in Humanitarian Action, which reaffirmed the organization's commitments to the prevention, detection and treatment of malnutrition for children in humanitarian contexts.

Improving nutrition monitoring for action

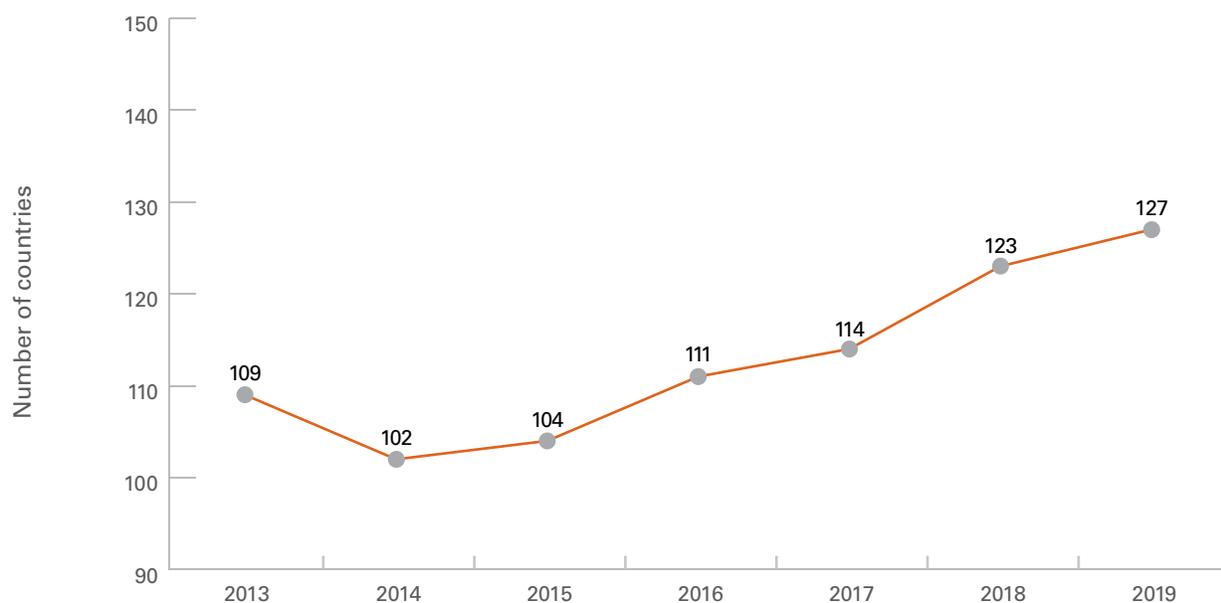
UNICEF provides technical support and guidance to strengthen data, monitoring and evaluation systems for nutrition and to build the capacities of governments and partners. Strengthening data and knowledge management was particularly critical in the response to COVID-19. UNICEF was able to build on, and leverage, existing data systems to respond to urgent needs for data on the impact of COVID-19 on diets, services and practices by developing a nutrition dashboard to better communicate the impacts of the pandemic on nutrition to support advocacy, programming and policies. UNICEF also developed guidance on nutrition information management, surveillance and monitoring in the context of COVID-19.

To provide timely data for key interventions delivered in 2020, despite pandemic-related disruptions, UNICEF launched another round of data collection through NutriDash (the organization's global nutrition monitoring platform). UNICEF also collected data through surveys on

disruptions in the provision of essential nutrition services, which were conducted across regions at various time points from the start of the pandemic. These data were used to launch a Call to Action with other United Nations agencies on child malnutrition and COVID-19. UNICEF is also testing some digital innovations for data collection during the pandemic, such as text-based service delivery reporting, Facebook surveys and U-Reports (where adolescents receive text-based survey questions related to food consumption).

Globally, in 2020, UNICEF continued to serve as the custodian of nutrition data and information systems to track progress towards the SDGs and other global targets. The UNICEF NutriDash platform supports this work, capturing, storing, analysing and visualizing information on essential nutrition interventions at country, regional and global levels. With UNICEF support, the number of countries reporting to NutriDash has risen steadily in recent years, and the quality of data collected has improved (*see Figure 48*).

FIGURE 48: Countries reporting in NutriDash 2013–2019



Source: NutriDash, 2013–2019.

Engaging business to prevent all forms of malnutrition

Harnessing the power of business and markets for children is one of the UNICEF core 'how' strategies for achieving programme outcomes for children, including for nutrition.

UNICEF leveraged the communication potential of business as part of the response to COVID-19 in Mexico. Working with the National Welfare Agency, Chedraui Foundation and Calimax Supermarkets, UNICEF distributed nutritious food baskets and food vouchers to 37,000 families, directly benefiting 65,000 children in the five states most impacted by the pandemic. Technical guidance was also provided to the National Welfare Agency for improving the longer-term food assistance programme of the Government of Mexico. These initiatives were also an opportunity to reach vulnerable families through a hygiene and COVID-19-prevention information campaign with communication on adequate IYCF practices.

UNICEF advocates for governments and businesses to support family-friendly workplaces, including better support for breastfeeding mothers through paid leave and key workplace provisions. In 2020, UNICEF adapted a global guide for employers on breastfeeding support in the workplace, providing recommendations for establishing breastfeeding rooms and supportive workplace environments for breastfeeding women and their families, advancing women's fundamental rights to breastfeed in the workplace.⁸⁸

In Bangladesh, UNICEF expanded its work on breastfeeding support in the workplace by contributing to the conceptualization of family-friendly leave policies to include ANC for women in the formal work sector. In Myanmar, UNICEF and Alive & Thrive established a workplace breastfeeding support programme, including toolkits, guidelines and training in collaboration with business stakeholders. In Kenya, a partnership with the Kenya Private Sector Alliance was successful in engaging more than 60 private sector members (against a target of 70) to follow better business practices for children, including measures to support breastfeeding in the workplace.

UNICEF advocated for family-friendly workplaces to provide a supportive environment for breastfeeding and good quality childcare in China. An animation video supporting five key recommendations for businesses received more than 110,000 views through social media. To promote family-friendly policies, UNICEF organized an event during World Breastfeeding Week, together with the All-China Federation of Trade Unions and the National Health Commission, which reached 589,000 employers of companies and health workers. UNICEF also provided support to include children's rights principles – including maternity protection, paternity leave and support for breastfeeding – within the Guidance on Chinese Outbound Investment by the Chinese Academy of International Trade and Economic Cooperation. As a result of advocacy with the China Association of Communications Enterprises and

China National Textile and Apparel Council, family-friendly policies focused on breastfeeding, childcare, parental leave and flexible working hours were incorporated in the industry's corporate social responsibility guidelines, establishing a blueprint for member companies to follow.

In some countries, UNICEF engaged business to help capture the attention of stakeholders and mobilize action on child malnutrition. In an effort to reshape the national narrative around child overweight and obesity in Colombia, UNICEF and Novo Nordisk co-designed training workshops for local journalists on how to accurately and ethically report on the issue. Six training workshops were held with 99 journalists from six territories, with all participating journalists reporting the sessions to be highly relevant for their professional practice.

Leveraging collective action

Generating evidence and knowledge for nutrition

In 2020, UNICEF generated evidence to guide the global response to the COVID-19 pandemic, shaping advocacy, mobilizing global partnerships and providing strategic and technical leadership. As part of its evidence generation agenda, UNICEF published widely in 2020, authoring or co-authoring 107 peer-reviewed publications, compared with 89 in 2019.

Following a year-long consultative process engaging more than 40 partner organizations, UNICEF launched the UNICEF Nutrition Strategy 2020–2030, delineating the organization's 10 year vision for maternal and child nutrition in support of the 2030 Agenda for Sustainable Development. As part of the launch, UNICEF hosted a series of global webinars to share the key messages and ideas from the Strategy; in 2021, the Strategy will be rolled out, with capacity-building training for staff to deliver on this vision.

To respond to the urgent need for technical guidance for programming in the context of COVID 19, UNICEF increased and adapted its knowledge management capacities with the support of global thematic funds. This included releasing 24 special editions of 'Nutrition | COVID-19' (a new series aimed at providing interim guidance and sharing lessons related to the pandemic response), and 22 issues of the newsletter 'Working to Improve Nutrition at Scale' (UNICEF WINS). UNICEF also facilitated knowledge exchange by developing a Nutrition-COVID-19 Knowledge Hub to serve as a document repository, and by coordinating webinars facilitating discussions on adaptations to country programming. To further support countries, UNICEF identified programming priorities for responding to the socioeconomic impacts of the pandemic and issued interim guidance on Nutrition Information Systems.

To meet the high demand for evidence as the pandemic unfolded, UNICEF held a consultative process with regional nutrition teams to develop a COVID-19 Nutrition Evidence Generation Agenda that outlined priorities in advocacy, programme delivery, monitoring and innovation. UNICEF convened heads of United Nations agencies in advocating for the child's right to nutrition in the face of COVID-19, issuing a call to action in *The Lancet* to increase commitments and investments in child nutrition.⁸⁹ Through the participation of the Executive Director, UNICEF engaged in high-level advocacy for nutrition, with more than 20 virtual events, such as the United Nations General Assembly Standing Together for Nutrition event and the kick-off event for the Nutrition For Growth Year of Action.

National strategies and coordination for the prevention of all forms of malnutrition

UNICEF supports countries in developing strong national strategies and action plans for the prevention of malnutrition. The adoption of a national strategy signals government commitment and its effectiveness is measured by having key elements in place, such as government budgets allocated to maternal and child nutrition, a focus on evidence-based nutrition interventions, and an emphasis on coverage and service delivery provided at scale. Globally, 58 countries had a comprehensive nutrition policy for the prevention of stunting and other forms of malnutrition in 2020, compared with 54 in 2019, surpassing the milestone of 57 countries (SP1.d.3a).

Many countries adopted new national strategies and plans to reduce all forms of malnutrition in 2020, with comprehensive action plans to achieve national and global SDG targets. In the Lao People's Democratic Republic, UNICEF provided technical support to draft the new National Plan of Action on Nutrition, informed by a review of global evidence and recommendations for the national context, and strengthened multisectoral planning and coordination for nutrition at all levels. As part of these efforts, UNICEF provided technical and financial support for a budget analysis of the current National Plan, including recommendations for improving public financial management for nutrition, while also taking initial steps to enhance routine data collection in the national monitoring framework. Further, UNICEF provided crucial support in mainstreaming nutrition across the national 5-year action plan for reproductive, maternal, newborn, child and adolescent health.

Harnessing political support and financial resources are critical to strengthening the enabling environment for nutrition. In Pakistan, advocacy and technical support by UNICEF in 2020 influenced the Pakistan National Nutrition Coordination Council to commit to a US\$2.4 billion development project on nutrition to scale up nutrition-specific interventions to reach 11 million children and 5

million women in 67 high-burden districts. In the State of Palestine, UNICEF, World Food Programme (WFP) and NGO partners supported the Ministry of Health in the West Bank and Gaza Strip to develop the National Nutrition Protocol for women, adolescents, and children. The Protocol will become the first of its kind to be agreed upon by all partners operating in the State of Palestine.

Strengthening legislative action to improve maternal and child nutrition

UNICEF supports governments in adopting new laws and improving existing legislation to prevent all forms of malnutrition. This may include legislation to restrict the marketing of breastmilk substitutes, enforce maternity leave and mandate food fortification. It also includes supporting governments to establish taxes on sugar-sweetened beverages and other unhealthy foods, as well as comprehensive restrictions on the marketing of foods to children (*see Results Area 2, 'Leveraging collective action'*).

The International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly (WHA) resolutions (known together as 'the Code') aims to protect and promote breastfeeding by prohibiting the promotion of breastmilk substitutes, such as infant formula, feeding bottles and teats. UNICEF provides technical support to governments to implement the Code through the adoption, monitoring and enforcement of national legislation. In 2020, based on UNICEF compliance monitoring, Code violations were reported in 47 countries.

To support strengthening the legislative environment, UNICEF produced a series of key legal guidance documents in 2020, including on the Code and International Trade. Across the Europe and Central Asia region, UNICEF worked to address the harmful impact of increased aggressive marketing of breastmilk substitutes and other commercial baby foods during the COVID-19 pandemic through the launching of the Baby Feeding Code Reporter project. As a result of UNICEF advocacy in Kazakhstan, the President signed a new Health Code for 2020–2025, a key component of which was prohibiting the advertising of breastmilk substitutes. The Code also ensures suitable conditions for breastfeeding mothers in the workplace and adequate maternity leave.

In Madagascar, UNICEF supported the IYCF national task force in preparing the revision of the National Code of Marketing of Breastmilk Substitutes to better align with the latest WHA resolutions on ending the inappropriate promotion of foods for infants and young children. In the Lao People's Democratic Republic, the national decree on breastmilk substitutes and designated products came into effect in February 2020, with UNICEF supporting its enforcement through the development of an implementation guideline with details on prohibitions,

roles and responsibilities. In 2020, UNICEF and other development partners successfully advocated for monitoring of breastmilk substitutes code violations in Nepal. As a result, the Government prohibited distribution of breastmilk substitutes in COVID-19 quarantine camps and health services. The Nepal Breastmilk Substitutes Act 1993 was also revised and strengthened as the result of UNICEF guidance and technical assistance.

Mandatory food fortification legislation helps governments ensure equitable access to nutritious foods. In 2020, the Albanian Parliament approved the revised Universal Salt Iodization law to strengthen the monitoring and inspection of iodized salt. Similarly, in Kyrgyzstan, UNICEF advocated for and supported legislative and regulatory reform to prevent the introduction of unfortified flour into the national market during the pandemic. In Myanmar, the first-ever standards on iodized salt and labelling were incorporated in the draft order on universal salt iodization and submitted to the Ministry of Health and Sports for approval.

Leveraging partnerships to transform the nutrition landscape

Partnerships are critical for accelerating progress on the prevention of malnutrition in all its forms. In 2020, as in previous years, UNICEF occupied a leadership position (as Chair, coordination committee member or board member) in 18 global nutrition initiatives,⁹⁰ reflecting its position as a trusted partner in maternal and child nutrition.

In keeping with the United Nations Reform agenda, UNICEF supported efforts to harmonize the collective work of United Nations agencies working on nutrition. In 2020, the United Nations Secretary-General announced the establishment of UN-Nutrition, following an extensive consultation and evaluation process led by the Food and Agriculture Organization of the United Nations (FAO), International Fund for Agricultural Development (IFAD), UNICEF, WFP and WHO. This new entity was born out of the merger of the United Nations Standing Committee on Nutrition and the United Nations Network for Scaling Up Nutrition.

In 2020, UNICEF provided leadership and technical support to the Scaling Up Nutrition (SUN) Movement to develop and finalize the SUN Strategy 2021–2025. This was a critical achievement, which will guide the SUN Movement in its

third phase. As part of these efforts, UNICEF provided strategic and technical support to the Executive Director in her role as Chair of the SUN Lead Group. Advancements to strengthen national SUN structures were also made in 2020, such as in the Central African Republic, where the SUN civil society network was established with the support of UNICEF and Action Against Hunger.

Through its global leadership on breastfeeding, the UNICEF–WHO-led Global Breastfeeding Collective responded to the increased need for evidence-based guidance during the pandemic with a series of guidance documents and strategies. The Collective comprises more than 25 partners, and UNICEF continues to leverage its advocacy and technical expertise to support regions, countries, and partners in scaling up interventions to protect, promote and support breastfeeding. Through advocacy webinars and social media engagement in 2020, the Collective reached more than 2,000 individuals from more than 136 countries. In 2020, the Collective launched a dedicated website to anchor breastfeeding resources and tools and make them accessible to a large network of partners across the globe. During the first week of its launch, over 2,500 unique visitors accessed the site's resources. This highlights the importance of a common online platform to increase reach and facilitate access to key resources, especially during crises such as the COVID-19 pandemic.

Strategic partnerships with the Infant Feeding Core Group and the COVID-19 and Infant Feeding Group continue to support UNICEF in advancing its technical and advocacy goals on breastfeeding. In 2020, communication and advocacy tools and materials adapted to programming in the context of COVID-19 (such as key messages, technical guidance and frequently asked questions on breastfeeding) were jointly developed and disseminated across UNICEF regions and countries based on specific needs.

The UNICEF and Bill & Melinda Gates Foundation RISING partnership continued to provide critical support for advancing work led by UNICEF on improving young children's diets in 2020. UNICEF finalized a new monitoring and learning plan, which was endorsed by all regions. Through the partnership, UNICEF strengthened governance and technical leadership for nutrition and fostered a paradigm shift towards systems thinking to strengthen regional governance.



Seven-year-old Najib and his friend smile for the camera in Maiwand district, Kandahar province, Afghanistan, where UNICEF-supported mobile teams provide health and nutrition services to marginalized, hard-to-reach populations.

Results Area 2: Adolescent nutrition⁹¹

Middle childhood and adolescence are a second window of opportunity to reap the benefits of good nutrition. Investments in the nutrition of school-age children and adolescents can have a positive impact on current and future nutrition status, improve learning, help establish positive dietary practices that extend into adulthood, and contribute to breaking the intergenerational cycle of malnutrition.

UNICEF programming to prevent all forms of malnutrition in school-age children and adolescents is covered under Output 2, “Countries have developed programmes to deliver gender-responsive adolescent health and nutrition.” Work in this programme area is aligned with the UNICEF Gender Action Plan, 2018–2021; it also supports the first objective of the UNICEF strategic framework for the second decade: to maximize adolescents’ physical, mental and social well-being.

Even before the COVID-19 pandemic, far too many adolescents were not consuming the nutritious foods they needed to provide the foundation for healthy growth and development. In low- and middle-income countries, especially in poorer households and rural areas, children and adolescents eat diets that consist mainly of staples such as cereals, roots or tubers, with few nutrient-rich animal-source foods.⁹² Far too many children and adolescents miss breakfast,⁹³ rarely eat fruits and vegetables, and consume too many snacks high in sugar, salt and saturated fat. Adolescent girls may be especially vulnerable to malnutrition, as gendered cultural norms mean they often lack access to nutritious food, education and opportunities.

Limited access to diverse and nutritious foods can result in deficiencies in essential micronutrients, such as iron. Iron deficiency and anaemia can increase the risk of disease and disability, and limit opportunities for children and adolescents to develop, learn and participate to their full potential. In many settings, including in schools, children’s food environments promote the consumption of foods that contribute to overweight and obesity. Ultra-processed foods and sugar-sweetened beverages are often sold to children in school cafeterias or through vendors near schools.

To prevent malnutrition during middle childhood and adolescence, UNICEF aims to improve access to nutritious, safe, affordable and sustainable diets, including fortified foods; improve children’s food environments in and around schools; promote the use of micronutrient supplementation and deworming prophylaxis where nutrient-poor diets are common; improve knowledge and skills about good nutrition and physical activity; and promote good diets and active lifestyles through large-scale communication programmes.

In 2020, the COVID-19 pandemic and its containment measures interrupted the provision of essential services to prevent malnutrition in school-age children and adolescents. School closures – affecting 1.6 billion school-age children – disrupted the delivery of nutrition services in schools, with an estimated 370 million children missing out on safe and nutritious school meals.⁹⁴ In response, 61 countries reported adapting their approaches and delivery platforms to ensure as much continuity as possible in nutrition services for school-aged children.

UNICEF partnered with FAO, WFP, WHO, World Bank, UNESCO and UN Nutrition to launch a global call to action to ensure the overall well-being of school-age children and adolescents through an integrated package of school health and nutrition programmes. The call to action underscored the need to promote healthy diets, improve nutrition practices and ensure nutrition services for school-age children and adolescents. Such programmes are critical to upholding children’s right to nutrition, while incentivizing school enrolment, delaying marriage, increasing educational attainment, promoting the consumption of nutritious foods and targeting nutrition services to the poorest households.

Outcome and output indicators for adolescent nutrition and health

FIGURE 49: Outcome results for adolescent nutrition, 2020

Outcome indicator (+ key United Nations partners)	Baseline	2019 value	2020 value	2021 target
1.21 Percentage of girls aged 15–19 years with anaemia	46%	48.1%	48.3%	38.1%

FIGURE 50: Output results for adolescent nutrition, 2020

Output indicator	Baseline	2019 value	2020 value	2020 milestone	2021 target
1.i.1 Number of adolescent girls and boys provided with services to prevent anaemia and other forms of malnutrition through UNICEF-supported programmes	40 million	59.9 million	35.3 million	85 million	100 million

Improving services and community demand

Scaling up essential nutrition services for adolescents

To protect and promote diets, practices and services that support optimal nutrition in middle childhood and adolescence, UNICEF uses a coordinated approach, underpinned by responsive actions across multiple systems – particularly the education, food, health, water and sanitation and child protection systems. UNICEF supports the delivery of nutrition services for school-age children and adolescents that aim to improve nutrition knowledge and skills; promote nutritious, safe, affordable and sustainable diets; and provide micronutrient supplementation and deworming prophylaxis where nutrient-poor diets prevail. These interventions may be delivered through schools, the health system or community platforms.

According to the latest 2019 estimates, 58 countries have integrated nutrition education within the school curriculum, compared with 50 the previous year; 62 have safe drinking-water provided free of charge in schools, compared with 48 the previous year; and 75 countries are integrating physical education within the school curriculum, compared with 70 the previous year. UNICEF also supported an increasing number of countries to implement policy and programme actions to improve children's school food environments.

Since the launch of the current Strategic Plan, UNICEF has made significant strides in scaling up programmes to prevent overweight and obesity as part of wider efforts to tackle the triple burden of malnutrition. However, many of these services, especially those delivered through schools, were disrupted due to efforts to contain COVID-19. Despite these constraints, 9.6 million adolescents were reached with services to prevent overweight and obesity in 2020 – a significant increase from 5.7 million in 2019. Overall, 41 countries implemented UNICEF-supported programmes to prevent overweight in adolescents, compared with 33 the previous year.

UNICEF supports micronutrient supplementation programmes for school-age children and adolescents where diets are poor and micronutrient deficiencies are common. These programmes may also include deworming prophylaxis in settings with high burdens of soil-transmitted helminths. The number of countries implementing UNICEF-supported programmes on the prevention of anaemia in adolescents increased from 29 in 2019 to 43 in 2020.

IFA supplementation is the leading intervention for tackling anaemia in adolescent girls and boys globally. However, supplementation programmes faced significant delivery obstacles in 2020 due to school closures: with UNICEF support, 35 million girls and boys were reached with services to prevent anaemia and other forms of malnutrition – 60 per cent of the total reached in 2019 and less than half of the planned 85 million milestone (SP1.i.1).



An adolescent girl receives her iron and folic acid tablet during a village health and nutrition day session held in Ahiran Purwa Barkat village, Uttar Pradesh, India.

To respond to these challenges, UNICEF supported governments to establish innovative service delivery mechanisms to promote healthy diets and physical activity and ensure the continuity of micronutrient supplementation services as much as possible during school closures. UNICEF supported the Ghana Health Service in reaching more than 350,000 adolescent girls across the country (both in-school and out-of-school) with anaemia control programmes using the health facility platform. Some regions of the country used other innovative approaches to maintain services, such as in Greater Accra, where annual Child Health Promotion Week celebrations were leveraged to deliver IFA supplements to adolescent girls. Health workers visited marketplaces, lorry stations, artisan shops and households to distribute IFA to eligible adolescent girls. Through these alternative strategies, 3,150 adolescent girls were reached with IFA and education on anaemia prevention.

School closures in Afghanistan significantly impacted the weekly IFA supplementation programme for adolescent girls, with more than 1 million girls missed in 2020. UNICEF responded by piloting alternative, innovative delivery modes, such as working with volunteer community health workers to reach approximately 76,100 adolescent girls with supplementation in their homes. With funding secured from the European Union, UNICEF is collaborating with the Ministry of Public Health and the Ministry of Education to scale up this approach as a strategy for reaching some of the most vulnerable, out-of-school girls, with plans to expand to five additional provinces in 2021. UNICEF also conducted a perceptions study on the IFA programme to examine experiences, challenges and lessons learned, which will be used to develop a C4D (or SBC) plan to encourage the uptake of the weekly IFA supplements.

Recognizing the threats posed by COVID-19 to child nutrition in India, UNICEF collaborated with United Nations agencies and partners to develop guidance for maintaining service continuity. With the closures of schools and community-based Anganwadi Centres – key delivery platforms for a range of maternal and child nutrition interventions – IFA coverage for adolescent girls dropped from 22 per cent in 2019 to 8 per cent in mid-2020. In response, UNICEF worked with the Ministry of Health and Family Welfare to develop and implement a COVID-19-sensitive systems approach to restore nutrition services for adolescent girls and pregnant women disrupted by the pandemic. This included switching to e-information systems (e-reporting, e-monitoring and e-reviews) and e-training of front-line workers. UNICEF supported the development of an online repository of government circulars, e-toolkits and a dashboard for tracking progress, as well as online awareness generation materials that can be disseminated through WhatsApp groups.

The adolescent nutrition programme in Nigeria is the first of its kind in the country; it was developed as part of the Government's anaemia reduction strategy, with UNICEF support. In 2020, UNICEF supported the training of 300 health workers, 295 teachers and 65 supply chain managers to improve their capacities to deliver weekly IFA supplementation and interpersonal counselling for nutrition, as well as conduct data and supply chain management for IFA stocks. Movement restrictions and school closures in 2020 significantly hampered the delivery of nutrition services to adolescents and resulted in declines in coverage from the previous year. Despite the delays in programme scale-up as a result of COVID-19, the programme will be expanded with UNICEF support to two additional states in 2021.

In Indonesia, UNICEF completed a pilot project of the multisectoral gender-responsive adolescent nutrition programme in two districts and handed over the programme to local governments. Following successful policy advocacy by UNICEF, the Government committed to scaling up the adolescent nutrition intervention package nationwide in 2021, to include weekly IFA supplementation, nutrition education and a gender-responsive nationwide SBC strategy to improve eating habits and physical activity using the National School Health Programme as the delivery platform. UNICEF also collaborated with WFP and the National Nutritionist Association to adapt the adolescent nutrition education materials to meet the learning needs of primary school children.

Enhancing knowledge and generating demand for healthy diets

SBC can increase awareness about the benefits of good diets, healthy eating practices, and physical activity among school-age children and adolescents. To be effective, these approaches must use gender-sensitive, context-appropriate messages and messengers, and effective delivery channels.

SBC campaigns were a critical strategy for maintaining communication with adolescents in the context of COVID-19, when the typical delivery platforms – schools and community institutions – were unavailable. To promote physical movement and nutrition education for students in Jamaica, UNICEF helped adapt the Jamaica Moves in Schools Programme during school closures. The Ministry of Education, Youth and Information recorded lessons promoting movement and healthy nutrition, which were shared with teachers online. Exercise sessions were also recorded and broadcast on television, reaching an estimated 3,000 students, with UNICEF support. Throughout the pandemic response, UNICEF provided the Ministry of Health and Wellness with technical guidance in developing plans to meet the needs of adolescents quarantined in government facilities and in severely affected communities. This involved the staging of Instagram Live sessions, Zoom sessions and other online platforms, which reached 3,550 young people through UNICEF-supported programmes in 2020.

Through a range of communication approaches, UNICEF aims to provide children and adolescents with nutrition knowledge, leadership and resources, and improve the desirability of healthy diets. In Malaysia, UNICEF developed an SBC strategy for promoting healthy eating habits among children. The strategy was designed based on formative research to understand the motivations of adolescents and the barriers they faced in adopting desired behaviours and social norms. With the support of UNICEF and other ministries, the Ministry of Health has formed a multisectoral working group to roll out the SBC strategy in 2021.

In 2020, UNICEF provided technical assistance to the Government of South Africa to develop a communication strategy supporting the multisectoral interventions prioritized in the National Food and Nutrition Security Plan (2018–2023). The objectives of the Plan include establishing a multisectoral food and nutrition security council; establishing inclusive, local food value chains to support access to nutritious food; scaling up high-impact nutrition interventions; influencing children to make informed nutrition decisions; and developing a monitoring and evaluation system. During the National Nutrition and National Obesity Week campaign, UNICEF supported the Government in raising awareness among adolescents about the importance of healthy eating as a modifiable risk factor for non-communicable diseases. Through social media, a video featuring a South African celebrity was shared to promote healthy eating and physical activity among young people. UNICEF also developed the Blueprint for Improving the South African School Food Environment, which provides guidance about healthy eating, drinking clean, safe water and participating in physical activity to learners and other stakeholders.

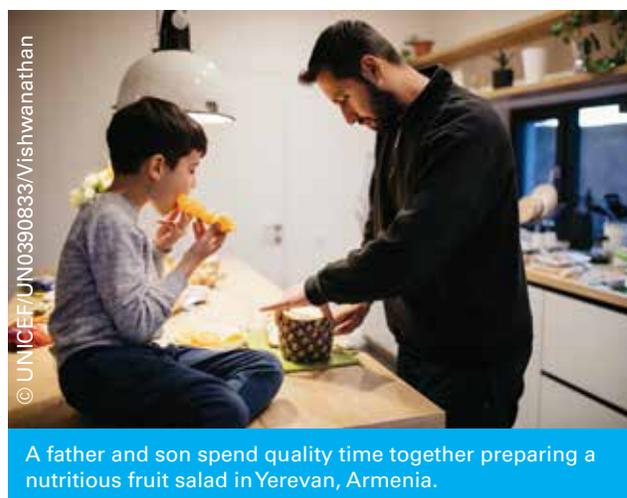
Fostering adolescent participation in nutrition programmes

Meaningful engagement and participation are key pillars of UNICEF adolescent nutrition programmes. UNICEF fosters opportunities for adolescents to share their perspectives related to food, diets and physical activity, and engages young people in the design of nutrition programmes. In 2020, UNICEF published guidelines on adolescent participation and civic engagement in nutrition. The guidelines emphasize the empowerment of children and adolescents to improve self-efficacy, perceptions about healthy food choices and eating habits, and attitudes towards physical activity.

In 2020, UNICEF regional and country offices used innovative models to disseminate key messages and information among adolescents on healthy diets and physical activity. The Eastern and South Africa Regional

office partnered with the World Organization of the Scout Movement to organize an interactive online jamboree with scouts across the region and beyond through the 'Joti Virtual Campsite'. The event engaged adolescents from the region and worldwide, empowering young people with knowledge on the potential impacts of COVID-19 on nutrition, providing tips on healthy eating while preventing the spread of COVID-19, and enhancing the engagement of youth advocates. Similarly, in the Middle East and North Africa region, UNICEF used digital platforms, such as TikTok, to reach 250,000 young people from the Gulf States through an online interactive session on the importance of healthy diets and exercise during the pandemic.

UNICEF engages young people to increase their nutrition literacy and foster decision-making on healthy diets and lifestyles. In Rwanda, UNICEF set up innovative groups for young people to increase their financial access and entrepreneurial activities paired with training on smart spending to promote nutrition. The groups helped adolescents learn food preparation skills, such as preserving fruits and vegetables to allow for continued consumption during dry seasons. UNICEF also partnered with the Zimbabwe Civil Society Organization Scaling Up Nutrition Alliance to build the capacities of 50 junior parliamentarians as nutrition advocates. To support young people in maintaining healthy lifestyles during the pandemic, UNICEF worked with youth mobilizers and influencers to create awareness on hygiene, social distancing, healthy diets and active lifestyles. With schools closed, UNICEF shifted from school nutrition to a mass media campaign, including 26 radio episodes and the launch of an adolescent nutrition theme song performed by a youth artist.



A father and son spend quality time together preparing a nutritious fruit salad in Yerevan, Armenia.

Building stronger institutions

Strengthening guidelines for nutritious food in schools and beyond

UNICEF seeks opportunities to improve access to nutritious foods in and around schools. Schools should promote healthy food environments, with access to nutritious foods, safe and palatable drinking-water, and zero tolerance for junk food and beverages. UNICEF supports the design and implementation of guidance for nutritious and safe school meals and advocates for the use of fortified foods in settings where nutrient-poor diets and micronutrient deficiencies are common.

To improve the quality of children's diets, UNICEF advocates for and supports the development of food-based dietary guidelines in the context of education, social protection and public sector programmes. In the Republic of Moldova, UNICEF provided technical support to develop national food-based dietary guidelines for preschools and schools to prevent malnutrition in children and adolescents. School nutrition and food standards, including menus, were also adjusted to comply with the latest WHO and FAO recommendations. In Albania, UNICEF engaged with key national stakeholders to review food standards in school settings and draft standards to make healthy food available and restrict the marketing and availability of unhealthy food.

UNICEF conducted advocacy and provided technical assistance to governments to adopt or improve guidelines to promote nutritious and safe school meals in a number of countries in 2020. In Mongolia, UNICEF supported the Ministry of Education and Science to assess school meal recipes and define lab standards for analysing fortified flour, premixes and iodized salts; these were related to the Law on School Food Production and Services, which came into effect in 2020. The school food environment was also improved through the development of standardized recipes for 66 school lunch sets, improved capacity of school chefs and the establishment of model school canteens benefiting 342,000 children.

Strengthening systems to deliver essential nutrition interventions

UNICEF strengthens the capacities of multiple systems to deliver essential nutrition services to school-age children and adolescents. To strengthen health systems in 2020, UNICEF supported the capacity development of health workers, strengthened nutrition and health information systems, and improved supply chains to ensure the delivery of IFA and other nutrition commodities.

In 2020, UNICEF collaborated with United Nations partners to develop joint guidance on mitigating the impact of COVID-19 on the nutrition of school-age children. The guidance provided the evidence and rationale to maintain

continuity of nutrition services such as school meals, IFA supplements and deworming to ensure learning and well-being. The guidance was further adapted by regional and country offices to establish alternate models of service delivery by leveraging health system and community networks to prevent all forms of malnutrition among school-age children and adolescents.

At global and national levels, there are important gaps in data on the nutrition of school-age children and adolescents. UNICEF supported a number of countries to strengthen data collection and reporting on adolescents through the routine health and nutrition information system in 2020. An important part of these efforts involves supporting governments to integrate indicators for adolescent nutrition within national health management information systems – a key step in tracking and ensuring accountability for these services.

During 2020, in Ghana, UNICEF increased its focus on systems and structures for improved quality and availability of nutrition services for school-age children and adolescents. With consideration of the existing structures and longer-term sustainability, UNICEF provided technical support to the Ghana Health Service, which led to the successful inclusion of indicators for adolescent nutrition within the national District Health Information System. To assess the impact of COVID-19 on food and nutrition, UNICEF partnered with the Ghana Health Service, the Ministry of Food and Agriculture and WFP to consolidate nutrition data from routine information systems into a quarterly food and nutrition monitoring bulletin.

Leveraging collective action

Generating evidence to improve the nutrition of school-age children and adolescents

UNICEF generated evidence and strengthened its thought leadership in 2020 through its collaborations with a range of academic institutions and partners.⁹⁵ Within UNICEF, evidence generation is a key component in designing and strengthening nutrition programmes for school-age children and adolescents; it also drives advocacy and helps win support from governments for greater investments in nutrition during this critical period.

In 2020, UNICEF launched *Food and Me* – a landmark follow-up to the *State of World's Children* report, capturing the voices of young people and highlighting their perspectives on food and nutrition.⁹⁶ UNICEF partnered with Western Sydney University, using innovative qualitative techniques to engage with young people from diverse income groups across seven regions and 18 countries. UNICEF also contributed to a Lancet publication on promoting healthy movement behaviours among children during the COVID-19 pandemic.⁹⁷

Evidence generation for adolescent nutrition programmes was prioritized by a number of countries in 2020, and helped lay the foundation for advocacy, policies and programmes. In the United Republic of Tanzania, UNICEF, the Ministry of Health and the United Republic of Tanzania Food and Nutrition Center successfully advocated for the inclusion of nutrition indicators within the national malaria school survey. The findings will inform the development of a package of interventions and model approaches for addressing the triple burden of malnutrition in school-age children and adolescents in the country. In Mali, UNICEF undertook several studies to understand the gender dimensions of malnutrition, to evaluate the nutritional status of adolescents, and to assess the link between adolescents' age, health, nutrition, hygiene, and protection status and outcomes. The findings will be used to build the capacities of front-line workers and provide more adolescent-friendly services.

UNICEF contributed to the growing body of evidence on increasing child overweight in North Macedonia. Four inter-linked studies supported by UNICEF helped to close critical data gaps. The first study, on micronutrient deficiencies in schoolchildren, led to the adoption of a new rulebook to define the nutrient content of school meals. A second study calculated the overall cost of obesity-related diseases in childhood for North Macedonia's GDP, revealing the importance of prevention. A third behavioural study identified and categorized nine country-specific barriers inhibiting children's ability, opportunity and motivation to eat healthy foods. Based on the third study, UNICEF will contribute to generating empirical data on the public's

perception of food labels in North Macedonia and to estimating the impact of alternative food label designs on food choices to inform policy decisions.

Together with Argentina's National Coalition to Prevent Obesity in Children and Adolescents, UNICEF engaged in advocacy and evidence generation to support research into conflict of interest, the interference of the food industry in the design of public policies, and the myths and realities of food labelling. With UNICEF support, the Foundation for Sustainable Policies analysed the nutritional composition of school menus in four provinces and carried out a national survey of the measures taken to adapt the school canteen operations during the pandemic. Together with CISPAN (Centro de Investigación sobre Problemáticas Alimentarias Nutricionales), a qualitative survey was also carried out on factors affecting access to and consumption of food by families during COVID-19-related isolation. With UNICEF support, evidence was generated to understand adolescents' exposure to food and beverage marketing through digital media and the practices used by food manufactures to target them. This study closed an evidence gap on the incidence of food marketing through digital channels and informed advocacy for regulating these practices in Argentina (*see page 111*).

Based on a landscape analysis on childhood overweight in Mongolia, UNICEF provided technical assistance to the Agency for Fair Competition and Consumer Protection to draft the Advertisement Law amendment, which restricts the advertisement of unhealthy food and beverages to children and upholds child rights business principles and gender equality.



Children play together at the playground of their school in Fada, in the east of Burkina Faso.

Strengthening policies, strategies and plans to protect adolescent nutrition

UNICEF supports governments in fostering an enabling environment for adolescent nutrition through the adoption of national strategies, policies and plans that uphold the right to nutrition. More countries are adopting these frameworks to protect the nutrition of school-age children and adolescents: 93 countries had a policy, strategy or plan of action in place for this age group in 2019 (the latest estimate), compared with 87 in 2018.

In 2020, UNICEF provided technical support to Nigeria's Federal Ministry of Health to integrate adolescent and maternal nutrition within key national frameworks, such as the National Maternal, Infant and Young Child Policy 2020–2030; the Maternal, Infant and Young Child Strategy 2020–2025; and the National Strategic Plan of Action for Nutrition 2020–2030. This was critical to strengthening the national response in preventing malnutrition across the life cycle. In Pakistan, UNICEF supported the Government to develop and disseminate the Pakistan Adolescent Nutrition Strategy and provincial action plans, which will benefit 47 million adolescent girls and boys.

National strategies for school-age children and adolescents are increasingly including actions for addressing overweight and obesity: 19 countries implemented relevant policy actions for this age group in 2020. With UNICEF support in Kazakhstan, the National Public Health Centre under the Ministry of Health developed a gender-responsive national nutrition strategy to address child obesity and overweight in the country. In Zimbabwe, UNICEF drew on the results of the adolescent landscape analysis to support the development of the Adolescent Nutrition Strategy (2021–2026), which will guide programming in the area.

Adopting national legislation to protect the nutrition rights of children and adolescents

The marketing of unhealthy foods and beverages impacts children's food preferences and dietary intake; it is also linked to childhood overweight and obesity. Children are increasingly exposed to marketing across multiple channels, including online. In addition to being a public health concern, there is growing consensus that food marketing undermines children's rights.⁹⁸

UNICEF advocates for policies and legislation to combat the aggressive marketing of unhealthy foods. Marketing regulations may be part of a wider package of policies to promote healthier diets, including legislation on front-of-pack labelling mandating companies to provide information about the nutritional composition (such fat, sugar and

salt content) of food products. Front-of-pack labelling legislation is intended to help consumers identify whether foods are healthy at the point of purchase. Twenty-three countries where UNICEF supports work on overweight prevention reported having front-of-pack food labelling policies or measures to improve consumer choices in 2019 (the latest estimates), compared with 20 in 2018. Some countries, such as Mexico and Uruguay (see below) have been particularly adept in using SBC approaches to simultaneously build public support for these measures, pressure governments to enact them and encourage the public (including caregivers and children themselves) to actively use the labels in their daily lives.

The Latin America and Caribbean region has been at the forefront of UNICEF work in this area, with some of the most advanced advocacy, leadership and partnerships (see *Case Study 7*). In Argentina, UNICEF partnered with the Pan American Health Organization (PAHO) and FAO to advocate for food labelling as part of efforts to regulate the obesogenic food environment in the country. This resulted in a sanction of the Food Labelling Bill being approved by the Senate, prior to discussion by the House of Representatives in early 2021. An innovative, UNICEF-supported study was also developed on the food and beverage industry's digital marketing strategies; the findings will serve as an important advocacy tool for future discussions on the new law. To raise awareness about the law's role in tackling the growing epidemic of overweight in Argentina, UNICEF supported a social media campaign *#LeydeEtiquetadoYa* (*#LabellingLawNow*), which achieved more than 250,000 views and interactions online.



Sisters Chloe, 6 years old, and Sol, 16 years old, cut tomatoes while preparing lunch at their home in Montevideo, Uruguay.

The Uruguayan front-of-pack nutrition labelling entered into force in March 2020. UNICEF partnered with PAHO and Universidad de la República to conduct a series of studies to assess the immediate effect of its implementation in terms of awareness, understanding and use. Ten days after the regulation came into force, however, the Uruguayan Government decided to delay the implementation of the decree and to revisit the regulation. Based on the results of its earlier studies, UNICEF partnered with PAHO and FAO to employ an evidence-based advocacy strategy urging the new Government to uphold front-of-pack nutrition labelling as a measure for tackling overweight and obesity. A report describing the immediate effects of the regulation was prepared and disseminated through media interviews and sent to key governmental stakeholders. UNICEF, PAHO and FAO also issued a joint statement and met with the Ministers of Public Health, Industry, Agriculture and members of the Parliament to present the benefits of

labelling for children's health. The statement and the report provided the Minister of Public Health with arguments to defend the regulation. The three agencies launched a social media campaign and called on high-profile influencers to speak out in favour of food labelling using the hashtag #ElEtiquetadoMeAyuda (#LabellingHelpsMe). This placed the issue on the public agenda and put pressure on the Government to uphold the decree despite food industry lobbying. This advocacy was successful and the decree was ultimately enacted; however, it was made somewhat weaker through modifications to the nutrient profile model underlying the regulation. UNICEF is currently planning new studies to evaluate the perception of families, children and adolescents of nutrition labelling and will design a new advocacy strategy to convey the impact of the policy on children's health and nutrition.

Case Study 7: Brazil: A legislative milestone to protect children's right to nutrition

In 2020, Brazil experienced a landmark success after years of strategic advocacy by UNICEF and partners: The national health regulator (ANVISA) approved a new regulation establishing front-of-pack labelling in the country to alert consumers to products high in sugar, salt and sodium.

UNICEF has been collaborating with the Brazilian Institute for Consumer Rights (IDEC) since 2019 to build the evidence base for tighter restrictions on food marketing to children and adolescents. IDEC ran focus group discussions with children and their parents to assess how labelling influenced their purchasing decisions. The study confirmed that cartoon figures and health messages influence food choices. Based on these findings, UNICEF, IDEC and the Alliance for Healthy Nutrition launched an advocacy campaign using billboards, media advertisements and social media posts to call for the introduction of front-of-pack nutrition labels. The campaign reached 1.1 million people. UNICEF participated in an international conference on the topic and worked to win support for the regulations through meetings with the Director of ANVISA.

Front-of-pack labelling has been a topic of heated debate in Brazil for some time. The food industry had been pushing for traffic light labels (which are often misinterpreted by consumers), while UNICEF had advocated for a triangle alert on the front of packaging – a variation of the highly successful label used in Chile. In the end, ANVISA approved use of an image of a magnifying glass to indicate high levels of sugar, fat and sodium in a clear way. This model is closer to UNICEF's proposal than the model proposed by the food industry and will make an important contribution to the prevention of overweight in the country.

The decision by ANVISA is expected to have important midterm effects on the quality of food and beverage consumption in the country. The timing of the regulation in 2020 is especially critical given that UNICEF data on the impact of the pandemic show an increase in the intake of ultra-processed food among households with children and adolescents. A study commissioned by UNICEF from the Brazilian Institute of Public Opinion and Statistics on the impact of COVID-19 on children showed decreasing family income and increasing poverty had already had a significant impact on nutrition habits, particularly among families with children from lower income groups. In extreme cases, families did not even have enough money to buy food at certain times during the pandemic. At the same time, the consumption of ultra-processed food had increased substantially. The introduction of informative and easily understandable front labels has the potential to contribute to reversing this trend in the long-term.

Brazil's experiences highlight important lessons for effective advocacy, such as the importance of combining public awareness campaigns with behind-the-scenes policy dialogue to spur decision makers to action.



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Souad plays at home with her nine-month-old baby, Nour Fatini, who is recovering from severe wasting through a UNICEF-supported treatment programme in Sana'a, Yemen.

Results Area 3: Treatment and care of children with severe wasting

Wasting⁹⁹ is the most visible and life-threatening form of malnutrition, affecting 47 million children under 5 years of age globally. Children with wasting have weak immune systems and face an increased risk of infection and death. Those who survive are more susceptible to stunted growth and developmental delays.

Prevention is vital in reducing the number of children suffering from wasting. When efforts to prevent malnutrition fall short, early detection, feeding, treatment and care can save the lives of children with wasting and put them back on the path to healthy development. While the number of children accessing effective treatment has continued to rise in recent years, fewer than one in three children with wasting are being reached globally, in part due to insufficient national investments and limited availability of services.

The UNICEF Strategic Plan, 2018–2021 commits to prioritizing the early detection and care of children with wasting in all contexts through Output 3: “Countries have accelerated the delivery of services for the treatment of severe wasting and other forms of severe acute malnutrition.” Under this results area, UNICEF aims to ensure that, by 2021, at least 6 million children with wasting access life-saving treatment and care.

The COVID-19 pandemic triggered an even greater urgency to maintain services for children with wasting who were particularly vulnerable. This urgency sparked unexpected policy and programme opportunities and catalysed a radical shift in approaches to early detection and treatment at community level, such as empowering caregivers to detect child wasting at home, engaging communities to treat children with wasting via community health workers, and introducing new simplified approaches to expedite and sustain treatment (*see Figure 53*). These changes were adopted rapidly across more than 70 countries in 2020 to maintain life-saving care for children in need. As a result, UNICEF and partners were able to sustain treatment for nearly 5 million children with wasting in 2020 – the same reach as in the previous year.

UNICEF worked closely with partners at the global level to ensure that programmes for the early detection and treatment of child wasting had the necessary technical guidance, financial resources and programmatic coordination to ensure the continuity of services in the context of COVID-19 and maintain previous levels of coverage against a background of severe service disruptions.

Outcome and output indicators for treatment and care of children with severe wasting

FIGURE 51: Outcome results for treatment and care of children with severe wasting, 2020

Outcome indicator (+ key United Nations partners)	Baseline	2019 value	2020 value	2021 target
1.17. Percentage of children with severe acute malnutrition:				
(a) who are admitted for treatment and default ¹⁰⁰	(a) 6.7%	(a) 7.4%	(a) 6.6%	(a) <15%
(b) who are admitted for treatment and recover, through UNICEF-supported programmes (FAO, WFP, WHO) ¹⁰¹	(b) 81.3%	(b) 88.2%	(b) 88.8%	(b) >75%

Notes: FAO, Food and Agriculture Organization of the United Nations; WFP, World Food Programme; WHO, World Health Organization.

FIGURE 52: Output results for treatment and care of children with severe wasting, 2020

Output indicator	Baseline	2019 value	2020 value	2020 milestone	2021 target
1.e.1. Number of children with severe acute malnutrition (SAM) who are admitted for treatment ¹⁰²	4.2 million	4.91 million	4.96 million	5.5 million	6 million
1.e.2. Number of countries that provide care for children with SAM as part of an essential package of regular health and nutrition services for children	24	27	29	30	≥30

Improving services and community demand

Delivering life-saving treatment and care

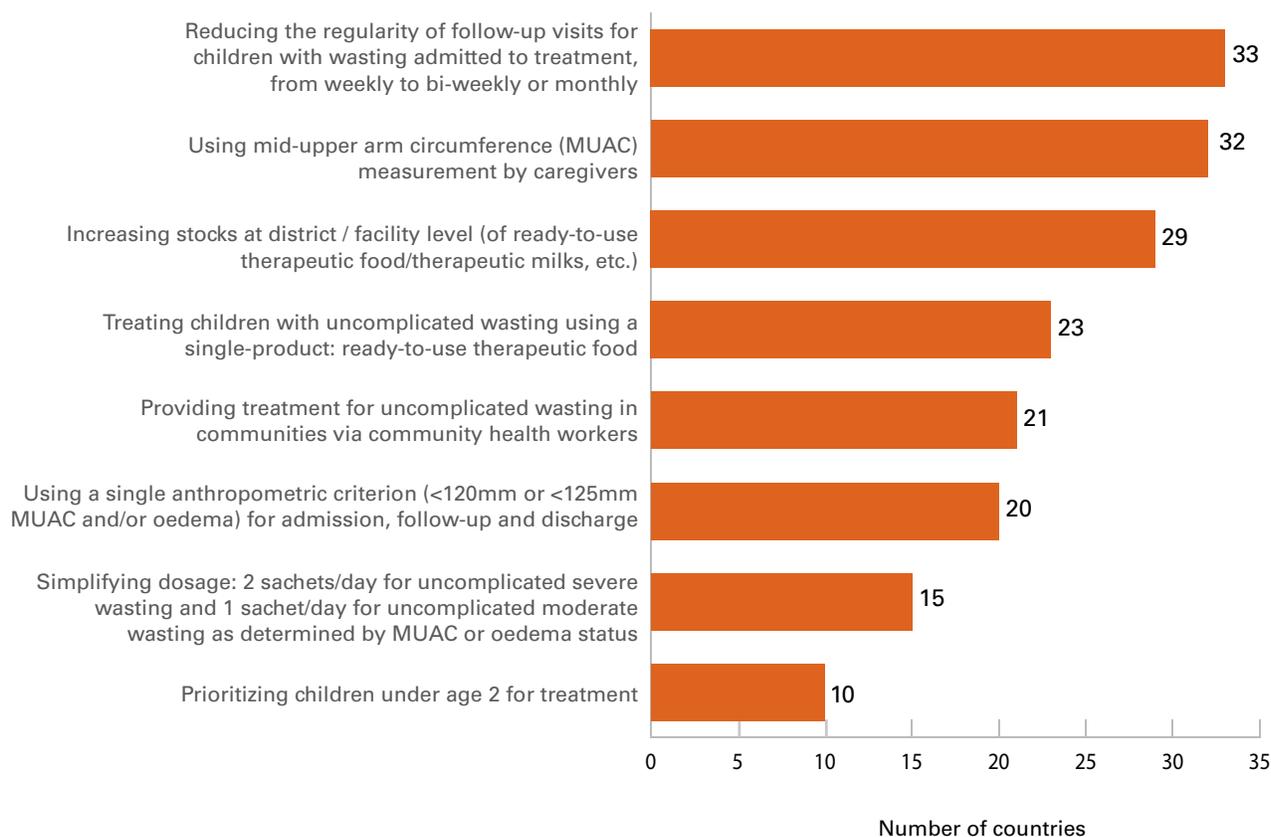
UNICEF prioritizes the early detection and treatment of child wasting as an essential intervention to help severely undernourished children survive and thrive, in both development and humanitarian contexts. In 2020, UNICEF supported the scale-up of services to treat children with wasting in 74 countries across all seven regions, compared with 69 countries in 2019.

In 2020, the COVID-19 pandemic put an additional 6.7 million children at risk of developing wasting and other forms of acute malnutrition. Existing services to detect and treat these children were also severely affected, reducing the number of children accessing treatment at different points in the year. UNICEF responded by launching a coordinated effort to adapt services using programmatic innovations to maintain service continuity. This included

guidance and tools for adaptations to service delivery modalities,¹⁰³ such as reducing the regularity of follow-up visits, supporting screening for wasting by caregivers and increasing stocks at district/facility levels (see Figure 53). More than 70 countries around the world adopted these programmatic solutions.

Despite the disruptions due to COVID-19, an estimated 137 million¹⁰⁴ children were screened for early detection of wasting in 2020 – about 87 per cent of the total number of children screened in the previous year. Where possible, UNICEF leveraged existing platforms to deliver services, such as in Burkina Faso, where screening was integrated within three rounds of the seasonal malaria chemoprophylaxis campaign. An average of 3,684,050 children between 6 and 59 months old were screened for wasting at each round (112 per cent coverage) and referred for treatment as needed. Similarly, in Venezuela, 148,390 children (including 114 children of African descent, 10,780 indigenous children and 589 children with disabilities) were screened for wasting; of these, 5,656 children were diagnosed with wasting and received treatment.

FIGURE 53: Programme adaptations for the treatment of child wasting, 2020



Source: UNICEF COVID-19 quarterly monitoring questionnaire, 2020.

Globally, 4.96 million children accessed treatment for wasting in 2020 – an increase of 300,000 children from 2019 (SP1.e.1). The indicators of programme performance and quality in the detection and treatment of children with wasting (at the aggregate global level) have improved steadily in recent years. In 2020, UNICEF programmes maintained high-quality care, with 88 per cent of children recovering – the same proportion as in 2019. This result exceeds the quality targets set in the Strategic Plan (SP1.17(b)).

COVID-19 has deepened existing humanitarian crises in many parts of the world and triggered a second crisis of hunger and malnutrition. In the face of multiple pandemic-related constraints, UNICEF and its implementing partners ensured the delivery of nutrition services to detect and treat children with wasting during complex, protracted humanitarian crises in 2020. In these humanitarian contexts, 4.03 million children with wasting were treated in 2020, compared with 4.05 million in 2019, achieving the milestone of 3.5 million. Of these children, 93 per cent fully recovered.

The COVID-19 pandemic has further strained Yemen's fragile health system, reversing progress made in previous years and leaving 325,000 children suffering from severe wasting in 2020. UNICEF continued to focus on community prevention and scaling up the integrated community management of acute malnutrition programmes through the Ministry of Public Health and Population and nine partnerships with local and international NGOs. UNICEF and Nutrition Cluster partners supported treatment for more than 265,000 children with wasting, representing 81 per cent of children in need and 90 per cent of the UNICEF target for 2020. Of these children, 86 percent recovered, representing improvements in programme quality in recent years; however, 68 districts had lower coverage due to pandemic constraints, including the suspension of some mobile teams.

Over a decade of armed conflict in north-east Nigeria has resulted in massive humanitarian needs. The COVID-19 pandemic only exacerbated this situation, with containment measures disrupting the food system and overburdening weak basic service infrastructure. As a result, more than 800,000 children are expected to suffer from wasting in Nigeria in 2021, including nearly 300,000 with severe wasting who are at imminent risk of death.¹⁰⁵ Nationwide, about 361,400 children were admitted for treatment in 2020, including more than 204,080 in the north east. While this was a slight decline from 2019, these figures are an achievement given the immense implementation challenges of 2020, including the collapse of treatment facilities due to COVID-19 restrictions. Ninety-two per cent of children admitted for treatment in the country recovered – an indication of the high quality of treatment that was maintained from the previous year. This performance is linked to the training and supportive supervision provided to front-line service providers. UNICEF also engaged community nutrition volunteers to improve active case finding of children with wasting. The limited availability of supplies, including ready-to-use therapeutic food (RUTF), has been a major constraint of the programme, due to reductions in donor funding combined with limited federal and state investments.

Many countries are expanding and strengthening the number of services provided through their programmes to detect and treat children with wasting (see *Case Study 8*). In Somalia, UNICEF and its implementing partners reached more than 245,290 children with treatment for severe wasting and implemented programme modifications to ensure COVID-19 infection prevention and control. To reduce the number of people visiting nutrition clinics per day, families were given larger rations of RUTF and supplies to treat their children at home. UNICEF improved the monitoring of nutrition supplies in 2020, resulting in more than 90 per cent of treatment sites reporting zero stock-outs of RUTF. In Sierra Leone, intensified community nutrition screening and improved referral led to an increase in the proportion of children admitted for treatment of wasting from 61 per cent in 2019 to 73 per cent in 2020. Out of the 26,298 children admitted, 97.5 per cent fully recovered. In the Niger, UNICEF continued to support the Government in scaling up treatment for severe wasting, including by increasing the number of UNICEF-supported centres providing services from 1,060 in 2019 to 1,162 in 2020. As a result, the number of children with severe wasting admitted for treatment across the country surged from 414,239 in 2019 to 424,477 in 2020.



A mother feeds her young daughter ready-to-use therapeutic food as part of outpatient treatment at a Health Centre in Bauchi State, Nigeria.

Through collaborative partnerships with more than 38 implementing partners and government authorities in South Sudan, the number of nutrition sites providing high-quality care for children with severe wasting increased from 1,141 in 2019 to 1,171 in 2020. There were a number of challenges to maintaining high treatment coverage in 2020, including constraints in service provision due to COVID-19, lower attendance, reduced access, insecurity and flooding, which resulted in coverage declines from 91 per cent in 2019 to 68 per cent in 2020; however, the quality of care remained high, with 94.9 per cent of children recovering. To address these coverage challenges, UNICEF supported increased MUAC screening, sensitization through community nutrition volunteers, use of mobile nutrition services and integration of nutrition services within the health system.

Case Study 8: Sudan: Expanding access to treatment for child wasting

In the Sudan, the extraordinary challenges of coronavirus disease 2019 (COVID-19), socioeconomic deterioration and multiple human-made and natural disasters pushed the health system to the verge of collapse in 2020. High malnutrition rates continued among children, with many unable to access enough nutritious and diverse foods for healthy growth and development. In addition to a range of preventive interventions (see 'Results Area 1'), UNICEF responded to these challenges by expanding access to life-saving nutrition services, including to areas that had not been reached in more than a decade.

Through the support of UNICEF and partners in scaling up the community management of acute malnutrition (CMAM) programme, the number of outpatient therapeutic sites for the treatment of child wasting increased from 1,478 in 2019 to 1,614 in 2020. A total of 3.5 million children under 5 years of age were screened for malnutrition and 216,323 children with severe wasting (72.1 per cent) received treatment; 92 per cent of them fully recovered. UNICEF also provided technical and operational support to 11 stabilization centres in the Darfur region to ensure that children with complications had access to specialized care. To mitigate the risk of COVID-19 where medicines and other medical supplies were critically limited, UNICEF delivered 30 per cent more medicines and supplies than in 2019, including RUTF.

In line with global guidance in the context of COVID-19, UNICEF adopted innovative approaches – including increasing the number of service days to stagger caseloads, using single-use mid-upper arm circumference (MUAC) tapes and reducing visits (from weekly to bi-weekly) – to support the continued provision of integrated services for both children and their caregivers and promoted an integrated, multisectoral approach to ensure access to essential services at the targeted health-care facilities. This approach included psychosocial support and gender-based violence interventions.

UNICEF invested in enhancing the capacities of government counterparts at national and subnational levels. Technical and financial support were provided to the Ministry of Health for systems-strengthening, including the development of: operational guidance for the continuity of nutrition services in the context of COVID-19; CMAM operational manuals; guidelines on infant and young child feeding in emergencies; guidelines on the management of cholera in children with wasting; an action plan for supply management; and a concept note on early childhood development at nutrition service and delivery sites.

As the result of efforts to strengthen the supply chain for RUTF, therapeutic milks, essential drugs and stabilization centre kits, 98.5 per cent of outpatient therapeutic programme facilities nationwide reported zero stock-outs of RUTF in 2020.

The development of composite indicators for the performance of outpatient treatment sites and a star rating system were significant innovations supported by UNICEF in South Sudan that motivated nutrition actors towards continuous quality improvement for nutrition services. UNICEF supported the training of more than 4,240 health and nutrition workers and employed a team of 18 nutrition monitors across the 10 states to conduct programme monitoring, on-the-job mentorship and supportive supervision, which significantly improved the quality of treatment and adaptations to nutrition programming in the COVID-19 context. In partnership with WFP, FAO, civil society partners and communities, UNICEF also conducted 11 integrated rapid response missions in South Sudan with the aim of providing nutrition services to children and women located in hard-to-reach areas and supporting implementing partners to re-establish nutrition services when the security situation improves.

Empowering caregivers to detect and treat child wasting

Ongoing efforts by UNICEF to empower mothers and other caregivers in the use of MUAC tapes to diagnose children with wasting at home became critical in the context of the COVID-19 pandemic. Often referred to as 'Family MUAC', these efforts were scaled up in 32 countries, from the Dominican Republic to Chad, and will continue to expand in 2021 as they become a strategic priority for UNICEF in improving the uptake of treatment services. To support these efforts, UNICEF partnered with Nutriset – one of the leading producers of RUTF – to include 1.2 million MUAC tapes in RUTF boxes, thereby boosting access to this key tool around the world.



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A child is screened for wasting using a mid-upper arm circumference tape in Ha Tinh's commune health centre, Viet Nam.

In Nepal, a year of advocacy by UNICEF resulted in the Government's decision to adopt Family MUAC and launch a pilot programme during 2021. With technical and financial assistance from UNICEF, the Ministry of Health and Population revised the National Integrated Management of Acute Malnutrition guidelines to reflect: the use of Family MUAC for community-based screening for malnutrition; changes to the frequency of follow-up contacts; and additional RUTF provisions to minimize physical contacts at health-care facilities. The decision to shift to Family MUAC was critical given the decline in children being admitted for wasting in 2020. UNICEF also successfully advocated for the Government to reinstate treatment services for child wasting in outpatient treatment centres and nutrition rehabilitation homes, which had been paused when facilities were repurposed as COVID-19 treatment centres. Thanks to these efforts, 5,698 children under 5 years of age with severe wasting were admitted for treatment in 2020 (exceeding the annual target of 5,000) and 82 per cent recovered.

With social distancing and mobility restrictions in the Philippines, UNICEF supported the use of MUAC measuring tapes to allow parents to assess their children for wasting. Working with local government units supported by the Department of Health, family

MUAC training was rolled out in three UNICEF-supported provinces, with training materials and monitoring tools developed in partnership with World Vision International. More than 1,330 health-care providers were trained using online platforms, in some cases combined with face-to-face training, while observing social distancing rules. Community health workers trained more than 2,480 mothers and caregivers using blended virtual and small group face-to-face approaches.

Similarly, in Haiti, UNICEF and other partners supported the Ministry of Public Health and Population to implement community-based treatment for severe wasting, including the use of family MUAC. The number of children admitted for treatment across health-care facilities, stabilization centres and outpatient therapeutic programmes increased from 22,470 in 2019 to 33,372 in 2020. In Mauritania, 6,000 packs of MUAC tapes were purchased to scale up MUAC measurement by more than 200,000 caregivers in 2020. To support training for caregivers in this approach, 3,068 community health workers were trained to provide essential nutrition services at community level. UNICEF facilitated these achievements by providing technical support to the Ministry of Health to adapt global and regional guidelines to ensure the continuity of services during the COVID-19 response.

Building stronger institutions

Strengthening systems and integrating treatment into routine primary health care

As with other common childhood illnesses, the early detection and treatment of child wasting should be integrated as part of routine PHC services – delivered through health-care facilities and community-based programmes – to ensure that life-saving services are available to all children in need. Integration is a sign of government ownership: it is an indication that treatment services are at least partially financed through domestic budgets, managed primarily by the government (rather than humanitarian actors) and accessible as part of routine health services for children.

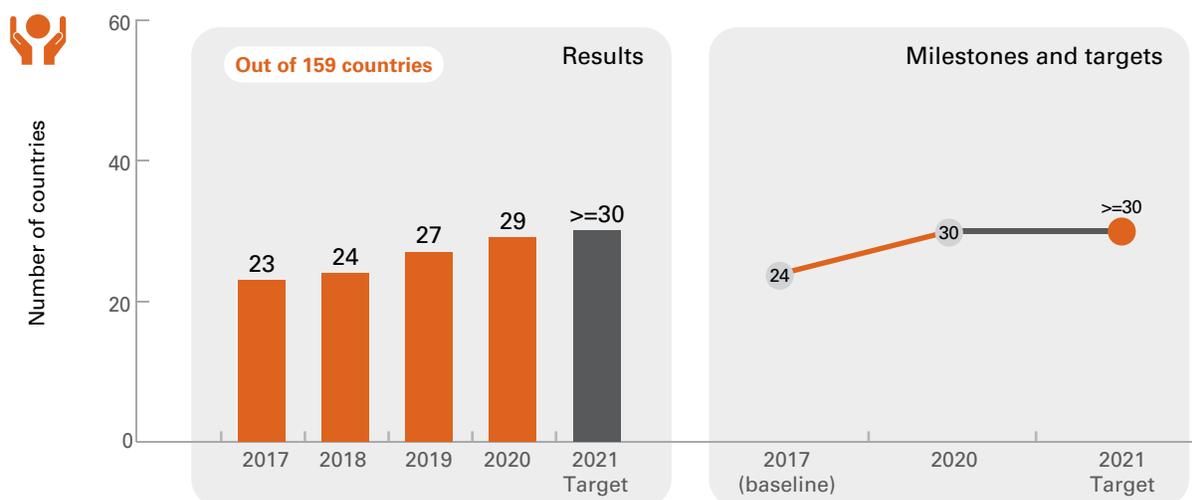
UNICEF is tracking the number of countries that provide care for children with wasting as part of an essential package of regular health and nutrition services for children (see Figure 54). Twenty-nine countries provided these integrated services in 2020, compared with 27 in 2019, nearly reaching the 2021 target of 30 countries (SP1.e.2). Such integration requires coordinated support to strengthen service delivery, workforce capacity, supply and other factors.

Many countries made progress in strengthening systems and expanding the number of health-care facilities integrating care for children with wasting in 2020. In Tajikistan, UNICEF provided technical support to develop a three-year plan for reducing child wasting. This enabled

the scale-up of treatment services, which increased from 68 to 109 health-care facilities, providing treatment access for more than 3,500 children. To strengthen national frameworks, UNICEF supported the adaptation of national treatment protocols to ensure the continuity of services during the pandemic. In addition to training more than 3,000 caregivers in MUAC measurement, UNICEF also supported capacity-building training for health staff to improve active case finding, resulting in a 94 per cent increase in admissions of children with wasting compared with 2016.

In the United Republic of Tanzania, UNICEF provided support to strengthen health system capacity to provide integrated care for children with wasting. In the five UNICEF-supported regions of Mbeya, Iringa, Njombe, Songwe and Zanzibar, the proportion of children admitted for treatment increased from 42 per cent in 2018/2019 to 61 per cent in 2019/2020. Key bottlenecks of the programme included inadequate financing for commodities, low capacity for supply chain management, inadequate health worker capacity and weak data management. To address these challenges, UNICEF advocated for procurement of treatment supplies by the local government authorities (LGAs) with domestic funds using the national Direct Health-care Facility Financing mechanism. As result, 6 per cent of LGAs' budgets were allocated for the procurement of nutrition supplies and commodities in 2019/2020. To strengthen the overall supply chain system, UNICEF supported the Government to develop a road map for integration of nutrition supplies into the national supply chain, fostering government ownership and sustainability.

FIGURE 54: Number of countries that provide care for children with severe wasting as part of an essential package of regular health and nutrition services for children (SP1.e.2)



Source: UNICEF Strategic Monitoring Questions, 2020.

Strong national supply chains are critical to delivering life-saving therapeutic supplies in a timely manner to the children who need them. UNICEF helps governments strengthen their supply systems to reach more children with severe wasting, even in the most remote and fragile settings. In Uganda, UNICEF supported the Ministry of Health to integrate therapeutic nutrition supplies into the national health supply system. For the first time, RUTF procured by UNICEF was distributed to health-care facilities in the West Nile region by the Uganda National Medical Stores, alongside other medicines and health supplies. Lessons learned will inform the nationwide scale-up and integration of therapeutic supplies within the health system.

Strategic investments in institutional capacity can be effective in reaching more children with wasting. In East Asia and the Pacific, policy support and capacity development led to the adoption of updated protocols for the treatment of wasting in Timor Leste and the Democratic People's Republic of Korea. In the latter, the national guideline for the management of children with wasting was completed, providing guidance for the delivery of treatment services while enhancing

front-line health worker capacity. Reporting tools were printed and distributed to all treatment sites to support efficient reporting on progress.

Strengthening health worker capacities to treat more children with wasting

UNICEF invests in strengthening the skills and capacities of health workers, in facilities and communities, to improve care for children with wasting. This includes developing curricula, providing training and supervision, and strengthening protocols for managing child wasting as part of a continuum of care to support growth and development. Pre-service and refresher training for health workers should include the detection and treatment of wasting as part of integrated approaches to the management of common childhood illnesses.

The reliance on health-care facilities for the provision of treatment limits service coverage, especially in the context of COVID-19. For example, in 2020 pressure on health staff, population mobility restrictions and fear of infection all contributed to reductions in the number of



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Mothers and children wait to be seen at a UNICEF-supported health and nutrition clinic in Al-Juhman village, southern rural Idlib, Syrian Arab Republic. The clinic, operated in partnership with the World Food Programme and a local NGO, provides essential health and nutrition services to children and women.

caregivers seeking care at health-care facilities for children suffering from wasting. UNICEF works with governments to decentralize care to the community level to reach more children with wasting and allow them to be treated and recover in their own homes and communities. In 2020, efforts by UNICEF to empower community health workers to identify and treat children with uncomplicated wasting became more relevant than ever before, as countries including Mali, Mauritania and Senegal formalized the role of community health workers in the provision of treatment. This approach will be expanded in 2021, to ensure continuity of services and optimal coverage in hard-to-reach areas.

When community health workers are trained to screen and identify children with wasting, they contribute to early detection and treatment, which can prevent deterioration and further medical complications. To strengthen the capacities of these front-line workers, UNICEF, the International Rescue Committee, Action Against Hunger and other partners produced a joint Toolkit for the Treatment of Child Wasting via Community Health Workers, a key adaptation to ensure access to treatment in the context of COVID-19.

In Indonesia, children under 5 years of age with severe wasting can now receive treatment and care at home with their families as a result of successful policy advocacy and technical support from UNICEF.¹⁰⁶ This is part of the Integrated Management of Acute Malnutrition (IMAM) program which includes both facility-based and community-based treatment services for wasted children. In 2020, more than 129,000 children were treated for severe wasting, an increase from 20,000 in 2018, and the IMAM programme is currently being expanded to a national scale. As part of this effort, UNICEF supported the Ministry of Health in developing the national training curriculum on treatment for child wasting, which is now accredited by the Government as the standard capacity-building programme for management of child wasting and has been used in cascade training across all 34 provinces. In addition, significant efforts were made to support the national government and subnational governments in providing intensive coaching and technical support at the province and district levels to plan and budget for the programme and introduce screening services for child wasting at community outposts. In order to minimize disruption of IMAM services during the COVID-19 pandemic, an online counselling service using a chatbot was developed to improve access to and quality of counselling services during the pandemic and facilitate the engagement of mothers and caregivers of malnourished children, while minimizing the risk of COVID-19 infection for front-line workers. The online counselling tool includes audio description and educational videos on how to care for children with severe wasting at home.

Leveraging collective action

Partnerships and coordination to put child wasting on the global agenda

The year 2020 marked the launch of the Global Action Plan (GAP) on Child Wasting, a broad coordination effort between all United Nations agencies to drive progress on the prevention, early detection and treatment of child wasting. UNICEF will lead the roll-out of the GAP, working closely with governments and partners in 23 countries to develop and implement 'road maps for action'.

The GAP aims to respond to the slow progress in achieving the SDG target on reducing childhood wasting, and to growing calls for a more coordinated and streamlined United Nations approach. One of the GAP's guiding principles is to commit to gender equality, women's empowerment, community participation and ownership, and inclusion of excluded groups and responsiveness to special needs, including populations on the move.

In 2020, UNICEF established strategic partnerships to advance its institutional vision for the early detection and treatment of child wasting and other forms of acute malnutrition. These included new multi-year partnerships with institutional donors, private foundations and technical partners. In 2020, UNICEF and WFP finalized a Partnership Framework on Child Wasting to spur progress in implementing the GAP in 2021.

A new partnership programme between UNICEF and the Government of the United Kingdom – Progressing Action on Resilient Systems for Nutrition through Innovation and Partnership – will contribute to ending preventable deaths among children by 2030 by strengthening the resilience of national systems and services to prevent, detect and treat child wasting in the face of climate change. To do so, the partnership will make targeted investments to: (1) strengthen engagement between UNICEF and global stakeholders to promote reform and improvements in the management of wasting; (2) update global guidelines and strengthen policies and programmes to prevent and treat wasting in target countries; (3) foster innovation along the RUTF supply chain; and (4) support innovative RUTF financing and regional pre-positioning. The intended result is for these investments to improve the capacity of government services to prevent and treat wasting; improve predictability, efficiency and value for money for domestic and global investments to prevent and treat child wasting; and improve coordination and collaboration between the United Nations and other external actors.

Lessons learned

In the face of immense challenges in 2020, UNICEF mobilized partners around a common premise: that children's right to food and nutrition must be at the heart of the pandemic response. Through strong partnerships and convening power with governments, United Nations agencies, civil society partners, academia and the private sector, UNICEF helped to translate this shared commitment into nutrition results for children.

COVID-19 provided an opportunity to test innovations and, in some cases, fast-track advances that would have taken much longer in pre-pandemic times. It pushed UNICEF to adapt, to identify creative solutions and to look for opportunities to put new learnings into action.

UNICEF takes a systems approach to nutrition, which had gained momentum in 2019, meaning that many country programmes were already experimenting with new delivery

platforms and strengthening systems to make them more nutrition-responsive. UNICEF prioritized interventions that strengthened national systems and built technical capacity at the national and subnational levels. This contributed to sustainable results at scale and helped strengthen the resilience of service delivery systems to address the socioeconomic impacts of COVID-19.

Efforts to leverage technology to enhance programme delivery and monitoring were largely successful during the pandemic. Virtual tools were used to provide counselling and other services, build the capacities of front-line workers, exchange experiences and share technical support. Working with communities was critical to maintain services during the COVID-19 response. Providing direct support to community-based workers and empowering caregivers helped to sustain, and in some cases expand, the reach of nutrition services.



UNICEF/UNI327642/Abdul

Jonathan Okia, 5 years of age, poses with the ball after a soccer game with his friend. The soccer games happen during the break between homework and house chores during the COVID-19 pandemic lockdown.

Nutrition financial report*

**All funding data as of 5 April 2021, pending audit and certification.*

Financial resources to lead and support the design and implementation of nutrition policies, strategies and programmes have grown steadily over the last decade. In 2020, UNICEF spent US\$656 million to support nutrition programmes across seven regions and 130 countries (see 'Expenses for nutrition in 2020').

This section presents a financial picture of revenue and expenditures in 2020, including: total revenue for UNICEF in all sectors; resources for nutrition; expenditures for nutrition; future funding gap; and a description of the value for money offered by UNICEF nutrition programmes.

Nutrition income in 2020

In 2020, partners contributed US\$161 million 'other resources – regular' for nutrition – a 12 per cent increase over the previous year. Public sector partners contributed the largest share of 'other resources – regular' to nutrition, at 83 per cent.

FIGURE 55: Nutrition 'other resources – regular' contributions, 2014–2020

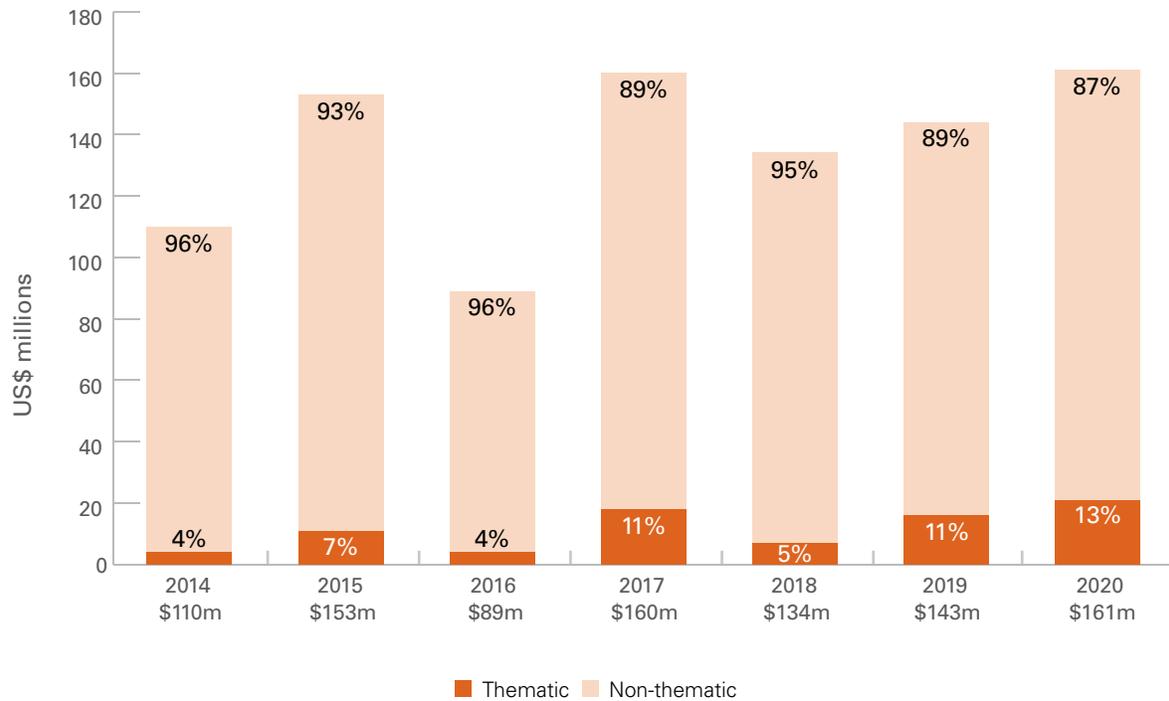
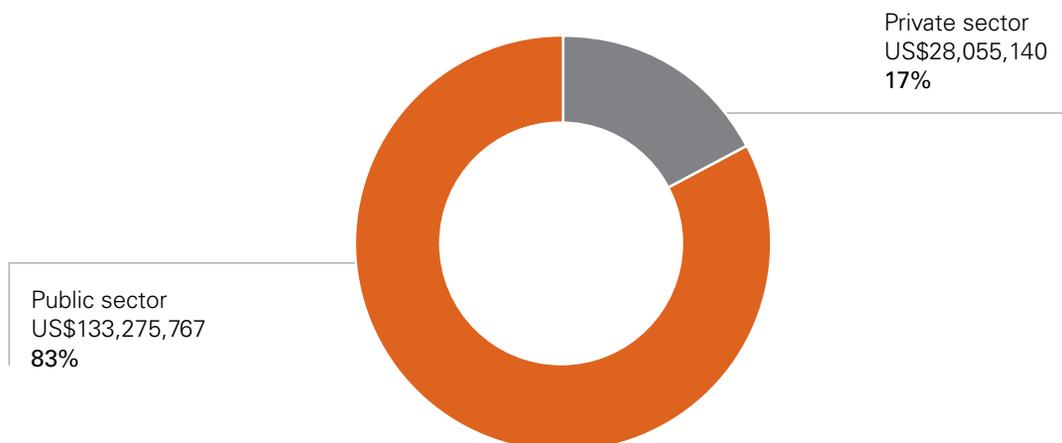


FIGURE 56: Total Nutrition funds received by type of resource partner, 2020: US\$161 million



The top five resource partners to UNICEF nutrition in 2020 were the Government of Germany, the European Commission, the World Bank and the governments of the United Kingdom and the Netherlands (see Figure 57). The largest contributions were received from the Government

of Germany for building resilience in the Sahel and strengthening community resilience in South Sudan's urban settings, and from the World Bank for the emergency crisis response project in Yemen.

FIGURE 57: Top 20 resource partners to Nutrition by total contributions, 2020

Rank	Resource partners	Total (US\$)
1	Germany*	122,707,713
2	European Commission*	51,936,473
3	World Bank*	29,416,883
4	United Kingdom	18,202,893
5	Netherlands	16,109,605
6	Nutrition International	9,466,683
7	U.S. Fund for UNICEF	9,196,462
8	United Kingdom Committee for UNICEF	8,961,529
9	German Committee for UNICEF*	7,548,877
10	United States*	7,303,781
11	Sweden*	7,099,322
12	UNFPA-managed United Nations Partnerships and Joint Programmes*	6,665,471
13	UNDP-managed United Nations Partnerships and Joint Programmes*	4,482,625
14	Norway	3,047,493
15	Luxembourg	2,417,996
16	Ireland*	2,109,586
17	Nigeria	2,078,359
18	Swiss Committee for UNICEF	1,904,508
19	France	1,774,100
20	Italy	1,180,389

Note: *Includes cross-sectoral grants SC200571 (Nutrition, Education, WASH), SC180824 (Health, Nutrition, Education, WASH), SC190011 (Nutrition, Education, Child Protection, WASH, Safe and Clean Environment), SC190013 (Health, Nutrition, Education, Child Protection), SC190578, SC190576, SC200389, SC180970, SC200570 (Health, Nutrition), SC190614, SC200822 (Health, Nutrition, Safe and Clean Environment), SC190741, SC190728, SC181205 (Health, Nutrition, Education, Child Protection, WASH), SC200401 (Health, Nutrition, Child Protection, WASH, Social Inclusion), SC190305 (Health, Nutrition, Social Inclusion). UNDP, United Nations Development Programme; UNFPA, United Nations Population Fund.

FIGURE 58: Top 20 contributions to Nutrition, 2020

Rank	Grant description	Resource partners	Total (US\$)
1	Building Resilience in Sahel (Mali, Mauritania, Niger)*	Germany	40,931,359
2	Fourth Additional Financing for the Yemen Emergency Crisis Response Project*	World Bank	24,738,976
3	Strengthening Community Resilience in South Sudan Urban Settings*	Germany	18,839,828
4	Global Thematic Nutrition Programme	Netherlands	14,000,000
5	Joint Integrated Resilience WFP-FAO-UNICEF in the Democratic Republic of the Congo	Germany	13,168,772
6	Improving the Well-being of Conflict-affected Children and Families in Sudan's Blue Nile and South Kordofan States*	Germany	11,439,676
7	Joint Action for Building Resilience in Somalia*	Germany	11,394,863
8	Building Rohingya Refugee and Host Community Resilience in Cox's Bazar, Phase 2*	European Commission	10,892,724
9	Progressing Action on Resilient Systems for Nutrition through Innovation and Partnership	United Kingdom	9,341,071
10	Multisectoral Nutrition Programme Supporting the Implementation of the Scaling-up Nutrition Initiative, Malawi	Germany	9,175,632
11	Scaling Up Nutrition Phase II, Zambia	European Commission	6,695,212
12	Joint Programme on Saving Lives in Sierra Leone*	UNFPA-managed United Nations Partnerships and Joint Programmes	6,665,471
13	Recovery, Stability and Socio-economic Development in Libya*	European Commission	6,421,468
14	Nutrition, Mozambique	European Commission	6,212,000
15	Improving Newborn and Child Nutrition in Northern Nigeria	United Kingdom	6,047,905
16	Cash Transfers to Improve Nutrition and Mitigate the Impact of COVID-19, Zimbabwe	Germany	5,790,053
17	Nutrition, Cameroon	Germany	5,518,764
18	UNICEF Vitamin A Supplementation Project 2019–2023	Nutrition International	4,557,986
19	Provision of Technical Assistance for the Implementation of Investment Project Financing (IPF) for Nutrition Component, Ethiopia	World Bank	4,410,908
20	Support to Female Refugees and Malnourished Children from Central African Republic, Nigeria and Cameroon	Germany	4,181,601

Note: *Cross-sectoral grants SC190614, SC200822 (Health, Nutrition, Safe and Clean Environment), SC190305 (Health, Nutrition, Social Inclusion), SC190741, SC190728 (Health, Nutrition, Education, Child Protection, WASH), SC200571 (Nutrition, Education, WASH), SC180970 (Health, Nutrition), SC180824 (Health, Nutrition, Education, WASH). FAO, Food and Agriculture Organization of the United Nations; WFP, World Food Programme.

UNICEF thematic funds maintain a four-year funding period that covers the entire Strategic Plan period (2018–2021). In the first three years of the Strategic Plan, thematic funding contributions for nutrition reached US\$44 million, with US\$21 million received in 2020, of which more than 82 per

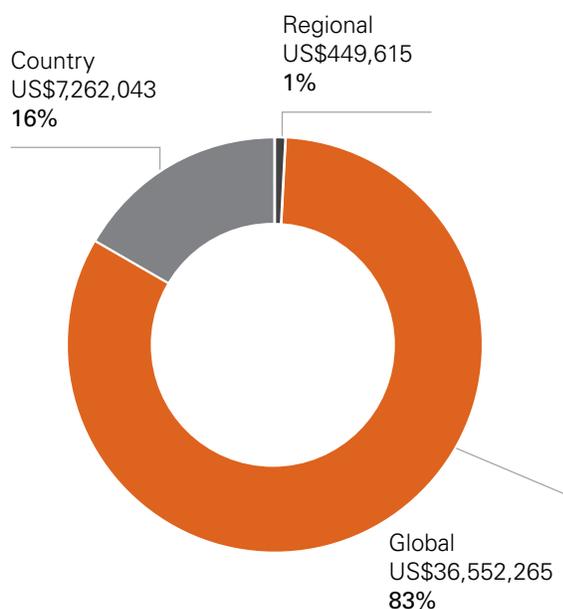
cent came from government partners. The Government of the Netherlands was the largest thematic resources partner in 2020, providing almost 66 per cent of all thematic nutrition contributions received (see Figure 61).

FIGURE 59: Thematic contributions by resource partners to nutrition, 2020

Resource partner type	Resource partner	Total (US\$)	Percentage of total
Governments 82.59%	Netherlands	14,000,000	65.89%
	Norway	2,263,212	10.65%
	Luxembourg	764,192	3.60%
	Sweden	521,003	2.45%
Private Sector 17.41%	German Committee for UNICEF	1,815,703	8.55%
	Polish Committee for UNICEF	705,432	3.32%
	U.S. Fund for UNICEF	462,641	2.18%
	Dutch Committee for UNICEF	211,061	0.99%
	Italian Committee for UNICEF	179,211	0.84%
	United Kingdom Committee for UNICEF	170,120	0.80%
	Norwegian Committee for UNICEF	65,908	0.31%
	Korean Committee for UNICEF	36,263	0.17%
	Turkish Committee for UNICEF	35,842	0.17%
	New Zealand Committee for UNICEF	9,508	0.04%
Slovenian Committee for UNICEF	8,434	0.04%	
Grand total		21,248,529	100.00%

Notes: Grant numbers are provided for IATI compliance: SC1899030001, SC1899030054, SC1899030014, SC1899030050, SC1899030027, SC1899030020, SC1899030035, SC1899030045, SC1899030040, SC1899030022, SC1899030051, SC1899030030, SC1899030053, SC1899030018, SC1899030017, SC1899030005, SC1899030055, SC1899030052, SC1899030057, SC1899030056, SC1899030049, SC1899030048, SC1899030058

FIGURE 60: Nutrition thematic funding contributions at country, regional and global levels, 2018–2020

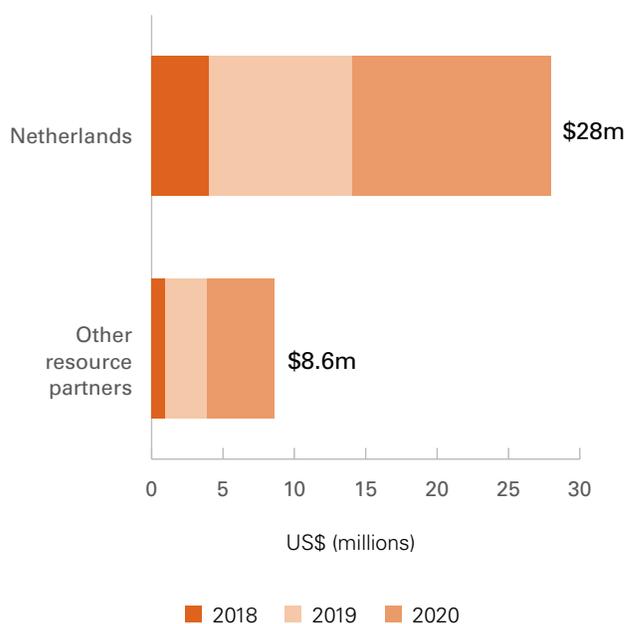


In 2020, the allocation of global nutrition thematic funds prioritized interventions to prevent wasting in children in the context of COVID-19, including interventions to improve the quality of young children’s diets. Global thematic funds also supported work to improve the nutrition of school-age children and adolescents and to support the early detection and treatment of severe wasting in children.

Of all thematic nutrition contributions that UNICEF received in 2018 to 2020, eighty-three per cent were global-level contributions (see Figure 60). These are the most flexible sources of funding to UNICEF after regular resources and can be allocated across regions to individual country programmes, according to priority needs. Under the current UNICEF Strategic Plan, the Government of the Netherlands has contributed 77 per cent of all global Nutrition thematic funding (see Figure 61).

UNICEF is seeking to broaden and diversify its funding base (including thematic contributions) and encourages all partners to give as flexibly as possible. In 2020, fifteen partners contributed thematic funding to nutrition, compared with 19 partners contributing in 2019. Sizeable thematic contributions were received from the Governments of the Netherlands, Norway and Luxembourg for global nutrition thematic funding.

FIGURE 61: Spotlight on global nutrition thematic funding contributions to nutrition, 2018–2020



Expenses for nutrition 2020

Note: expenses are higher than the income received because expenses comprise total allotments from regular resources and other resources (including balances carried over from previous years), while income reflects only earmarked contributions from 2020 to nutrition (see Annex 1).

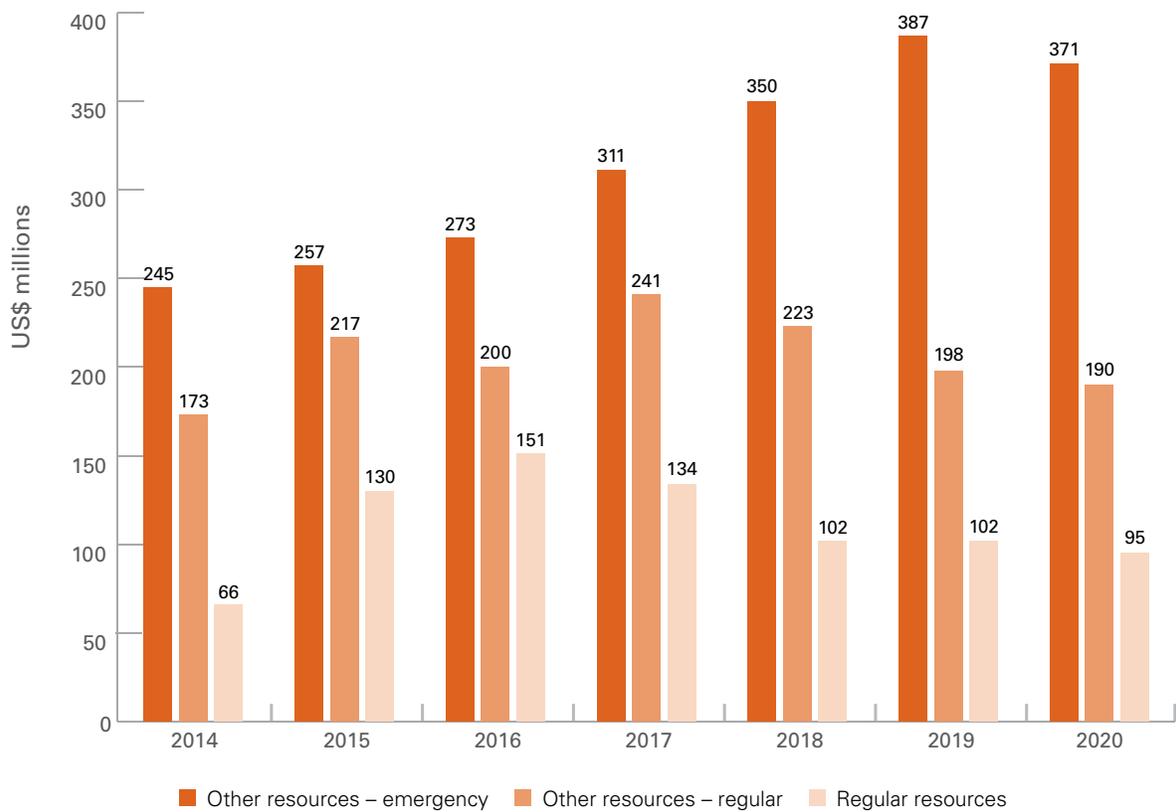
Expenses vs. expenditures

‘Expenses’ are recorded according to the International Public Sector Accounting Standards (IPSAS) and are accrual based. These are used for official financial reporting. ‘Expenditures’ are recorded on a modified cash basis. They are used for budget reporting, as they are aligned with cash disbursements and goods receipts (the way budgets are consumed).

Overall Nutrition spending decreased slightly, to US\$656 million in 2020 from US\$687 million in 2019. More than half of these funds (US\$370 million) were allocated to support regular nutrition programming in fragile settings, including countries in the Horn of Africa, the Sahel, and the Middle East. As part of this work, UNICEF invested in systems-strengthening efforts, working with governments to build

resilient and sustainable national systems to improve maternal and child nutrition. Spending in the nutrition outcome area was 11 per cent of all UNICEF programme expenses in 2020.

FIGURE 62: Expenses trend for nutrition, 2014-2020 (US\$656 million in 2020)



As in previous years, nutrition spending in 2020 supported programming in Eastern and Southern Africa, West and Central Africa and the Middle East and Northern Africa. This reflects the high burden of undernutrition in these regions and the greater cost of operating in such environments. In addition, UNICEF is working to strengthen the capacities of the national food, health, water and sanitation, education and social protection systems to deliver large-scale nutrition results in low- and middle-income countries. Greater resources are needed to support work in these settings, including most countries in Asia and Latin America – where high numbers of children and women are affected by all forms of malnutrition and where resources for prevention are often limited.

Figure 64 shows the 20 countries with the greatest expenses for maternal and child nutrition in 2020.

As in previous years, most nutrition sector expenses supported the procurement of supplies, including RUTF, therapeutic milks, vitamin A capsules, micronutrient powders and tools used in growth monitoring, such as height boards and scales. Significant investments were made through counterparts and implementing partners to support them in delivering and implementing high-impact nutrition interventions. Strategic partnerships allow UNICEF

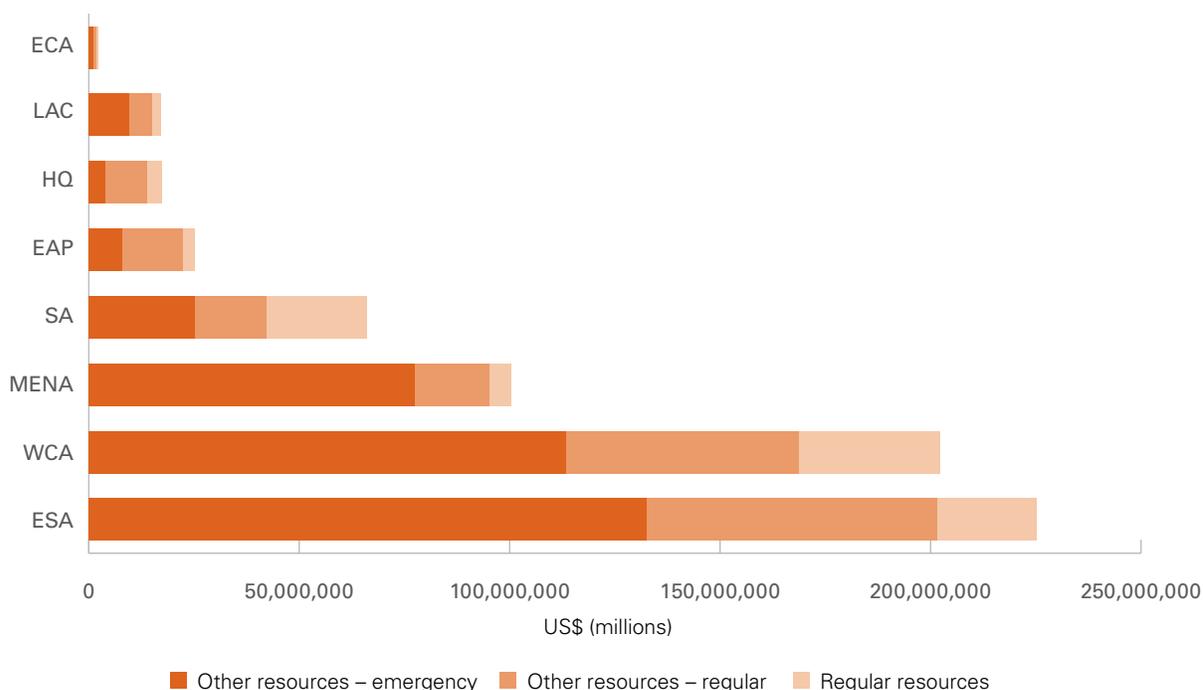
to target funds effectively and efficiently to ensure wide coverage of interventions, especially during humanitarian situations and in the context of weak and fragile national systems.

Value for money in nutrition

For UNICEF, the concept of value for money is deeply connected to principles of equity. Spending in nutrition aims to uphold the right to nutrition for all children, especially the youngest, the poorest and the most marginalized. It helps bridge gaps to ensure that children and women everywhere benefit from the nutritious diets, essential nutrition services and positive nutrition practices they need to survive and thrive.

UNICEF leverages the strengths of a range of implementing partners and supporting local actors to reduce programme costs, including during humanitarian responses. Through its collaboration with a range of partners, UNICEF leverages the range of low-cost and high-impact interventions that are proven to prevent and treat malnutrition, while testing innovations for improving the cost-efficiency and quality of programmes.

FIGURE 63: Expenses by region and funding source

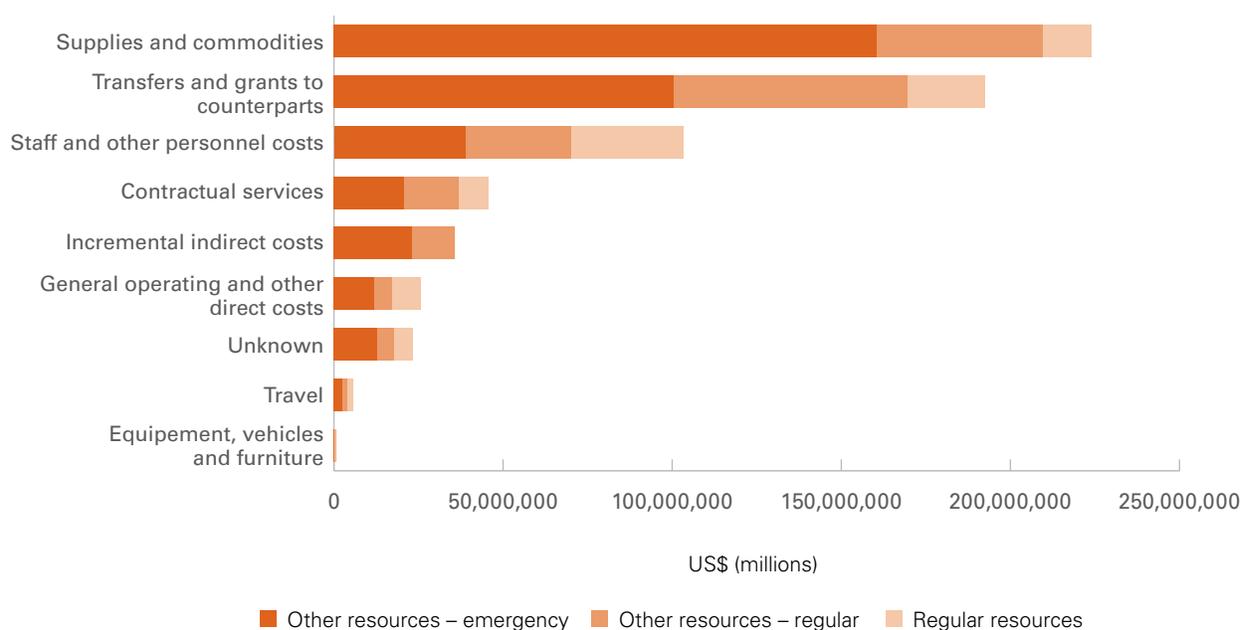


Notes: EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; HQ, headquarters; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; ORE, other resources – emergency; ORR, other resources – regular; RR, regular resources; SA, South Asia; WCA, West and Central Africa.

FIGURE 64: Expenses for nutrition – top 20 countries, 2020

Country	Total (US\$)
Yemen	57,303,290
South Sudan	50,980,164
Ethiopia	46,161,136
Democratic Republic of the Congo	43,439,147
Nigeria	31,240,118
Niger	26,913,035
Somalia	25,105,167
Sudan	24,426,727
Afghanistan	21,709,618
Chad	21,118,643
Malawi	18,408,958
Mali	17,355,314
Kenya	15,428,815
Bangladesh	13,580,870
India	13,179,639
Burkina Faso	13,143,803
Pakistan	12,854,593
Cameroon	9,937,474
Zambia	9,389,640
Uganda	9,115,597

FIGURE 65: Expenses for nutrition by cost category, 2020 (US\$)





Results: HIV and AIDS

A young woman participates in activities to commemorate World AIDS Day 2020.

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Ending AIDS as a global public health threat by 2030 has been at the centre of UNICEF's work for children and adolescents for more than two decades. Eliminating this threat is critical for improving children's ability to survive and thrive, the overarching objective of Goal Area 1 of the UNICEF Strategic Plan, 2018–2021.

HIV prevention and treatment, the paired, interlinked themes of the UNICEF HIV programme frame the two main indicators in the Strategic Plan – the number of new HIV infections and the number of AIDS-related deaths. These two indicators are aligned with the Joint United Nations Programme on HIV/AIDS (UNAIDS) 'super-fast-track' framework for ending AIDS among children, adolescents and young women by 2020 and global prevention targets. They include reducing the number of new infections in children (aged 0–14 years) to fewer than 20,000 per year, treating 2.4 million children and adolescents (aged 0–19 years) with HIV, and reducing new infections among adolescent girls and young women (aged 10–24) to fewer than 100,000 per year.¹⁰⁷

The two outcome indicators under the Strategic Plan are good proxies for tracking progress towards reducing both new infections in children and mortality in children, adolescents and their mothers. Children and adolescents are the focus of Outcome Indicator 1.18 ('Percentage of girls and boys living with HIV who receive ART'), with pregnant and breastfeeding women the focus of Outcome Indicator 1.19 ('Number of pregnant women living with HIV who receive antiretroviral medicine [ARVs] to reduce the risk of mother-to-child transmission [MTCT] of HIV through UNICEF-support programmes').

The year 2020 represents a step back in many ways in global HIV responses for pregnant women, children and adolescents due to the profound challenges of the concurrent pandemics of coronavirus disease 2019 (COVID-19) and AIDS. In 2019, it became clear that the world was not on track to achieving the 2020 targets. Yet instead of strengthening collective action to course correct, the global effort and resources had to shift towards managing the shock of the COVID-19 pandemic that transformed the world, impacting mobility, health systems, education, economies, social protection and supply chains.

In August 2020, early modelling work on the potential impact of disruptions caused by COVID-19 suggested that a 6-month interruption in access to ART, affecting 50 per cent of people living with HIV and receiving treatment, would lead to a 1.6-fold increase in HIV-related deaths and a 1.6-fold increase in vertical (that is, mother-to-child) transmission of HIV in children over a 1-year period.¹⁰⁸

This early modelling work has since been complemented by surveillance and survey data. In a UNICEF study released in October 2020, a third of respondents from

29 countries surveyed confirmed that HIV service coverage for women, children and adolescents living with HIV had declined by 10 per cent or more, compared with the same month in 2019.¹⁰⁹ A study on the impact of the national COVID-19 lockdown imposed in the early months of 2020 on HIV testing and treatment in South Africa's KwaZulu-Natal province, where 1.7 million people are living with HIV, showed that ART access for those already receiving treatment was generally maintained. However, HIV testing and new ART initiations both declined by almost 50 per cent immediately after the lockdown took effect.¹¹⁰ Three months later, after the lockdown had been eased, both HIV testing and ART initiation levels were lagging at 83 per cent and 75 per cent of pre-lockdown levels, respectively. A UNAIDS survey that reviewed data collected between January and September 2020 has confirmed similar findings across sub-Saharan Africa.

A rapid assessment conducted by UNICEF in April 2020 with 113 young people in the Asia and Pacific region, more than 80 per cent of whom identified as young key populations and half of whom were living with HIV, found that nearly half (46 per cent) were negatively affected by COVID-19 prevention measures, including the ability to access food and basic commodities. A similar proportion reported loss of income or employment. More than half (53 per cent) reported limited or no access to health services.¹¹¹

These findings underscore the fact that children, adolescents and women have more precarious economic and social footholds in most societies and have been left at even greater disadvantage by the pandemic. According to some calculations, measures taken to control the spread of COVID-19 pushed as many as 100 million people, the majority of whom are women, into extreme poverty (living on less than US\$1.90 a day) by the end of 2020.¹¹² School closures are usually more devastating to girls because they are less likely to return than boys. Their risk for early marriage, forced or not, has increased. The lockdowns, school closures and joblessness resulting from the pandemic have exacerbated violence against women and children, with an increase in domestic violence reports by more than 30 per cent in some countries.¹¹³ All these destabilizing factors have the potential to increase vulnerability to HIV infection.

In a potentially hopeful sign, the pandemic has generated considerable attention towards public health and strengthening health systems for HIV. This has created opportunities for the global community to integrate health system delivery with people at the centre of all health programmes and to generate political commitment to refocus actions towards ending AIDS and other epidemics as a public health threat.

FIGURE 66: Output and outcome indicators for HIV and AIDS, 2020

Outcome indicator (Key United Nations partners)	Disaggregation	Baseline	Latest update	Target (2021)
1.18. Percentage of girls and boys living with HIV who receive antiretroviral treatment (ART)* (Goal 3.8.1) (the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, WHO)	Age: 0–14 years	50%	54% (2019)	81%
	Age: 10–19 years	68%	N/A**	81%
	East Asia and Pacific region		45%	
	Europe and Central Asia region		92%	
	Eastern and Southern Africa region		59%	
	Latin America and the Caribbean region		44%	
	Middle East and North Africa region		43%	
	South Asia region		N/A	
	West and Central Africa region		33%	
1.19. Number of pregnant women living with HIV who receive antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV through UNICEF-supported programmes	UNICEF programme countries with data	1.02 million	1.0 million (87%) (2019)	1.19 million
	East Asia and Pacific region		14,695 (52%)	
	Europe and Central Asia region		2,845 (88%)	
	Eastern and Southern Africa region		878,536 (95%)	
	Latin America and the Caribbean region		16,043 (94%)	
	Middle East and North Africa region		361 (71%)	
	South Asia region		N/A	
	West and Central Africa region		105,947 (54%)	

Notes: *This indicator is based on data for 35 priority countries for HIV treatment. Sex and Health disaggregation is not collected or reported through national monitoring systems; **Data for the age group 10–19 were only available for 16 countries and therefore are not representative of the global situation.

A decade of progress, but far from achieving the targets

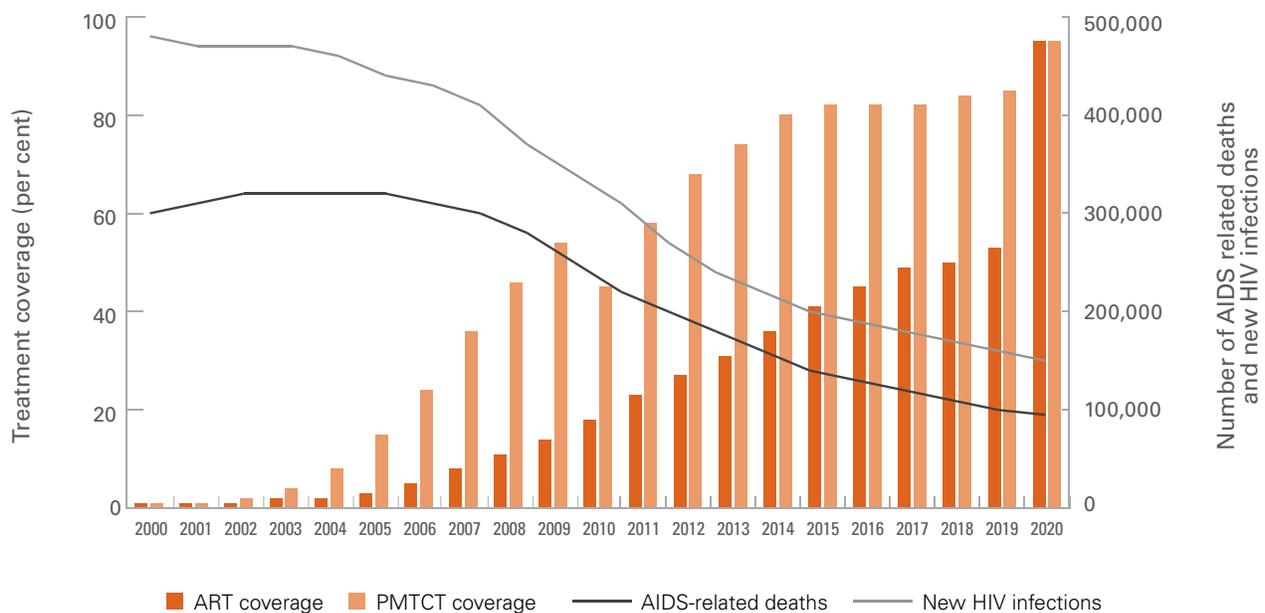
While the goals for 2020 were not achieved in full, substantial gains have taken place in the global response to HIV, in advancing treatment, in prevention to reduce new infections and in reducing HIV-related mortality in children and adolescents (see Figure 67).

Globally, 1.3 million pregnant women are living with HIV. Without treatment, up to 40 per cent will pass on the infection to their children during pregnancy or breastfeeding. This risk can be reduced to less than 5 per cent with maternal ART. Over the last decade, treatment coverage has almost doubled for pregnant women living with HIV, from 44 per cent in 2010 to 85 per cent in 2019.¹¹⁴ The proportional increase was even greater for paediatric ART coverage, which almost tripled over the same period: from 18 per cent in 2010 to 53 per cent in 2019 globally (although coverage in 2019 was lagging behind that of pregnant women).¹¹⁵ As a result of these improvements, in 2019 the estimated total number of new HIV infections among children aged 0–9 years was 52 per cent lower than in 2010,¹¹⁶ and the number of AIDS-related deaths in children aged 0–9 years fell by 59 per cent over the same period.¹¹⁷

The progress made since 2010 is due, in part, to the continued leadership of UNICEF in the implementation of evidence-based programming to eliminate vertical transmission of HIV in children and in the deployment of new point-of-care (POC) diagnostic technologies and treatment formulations for children and adolescents. UNICEF has also continued to promote and support targeted HIV prevention efforts by governments, civil society and other partners. However, more needs to be done if this progress is to continue.

The difference between the global status of HIV prevention in 2019 and the prevention targets for 2020 is clear. For example, an estimated 280,000 adolescent girls and young women aged 15–24 years were newly infected with HIV in 2019. This represents a decline of 34 per cent from 2010, but is still much higher than the 2020 global target of a 75 per cent reduction or 100,000 new infections. There were 110,000 AIDS-related deaths among children and adolescents in 2019, which far exceeds the 2020 target of 20,000 deaths.

FIGURE 67: Trends in antiretroviral treatment (ART) coverage, number of new infections and number of AIDS-related deaths among children (aged 0–14 years), global, 2000–2019



Source: Global AIDS Monitoring 2020 and UNAIDS 2020 estimates. Notes: ART, antiretroviral treatment; PMTCT, prevention of mother-to-child transmission (of HIV).

Numerous factors are hindering global progress in preventing new HIV infections and saving more lives. Many infants, children and adolescents living with HIV have not been tested, and thus they remain undiagnosed and untreated. In addition, even if children are started on ART, drug options are limited and¹¹⁸ their treatment outcomes (as assessed by viral suppression rates) are generally poorer when compared with adults. Bringing paediatric ART coverage up to the level of adult coverage would save thousands of lives every year. Given the strong preventive benefits of ART, this could also contribute to fewer annual new infections among adolescents. In the prevention of mother-to-child transmission (PMTCT), challenges persist in areas including early intervention, prevention of HIV among women who initially tested negative in pregnancy, and retention in care. The PMTCT gap between coverage and targets is relatively narrow, especially when compared with children, but has critical consequences for children, as women who are not treated, not diagnosed or not retained on treatment drive the great majority of all vertical transmissions.

An estimated 1.7 million adolescents aged 10–19 years were living with HIV in 2019, with a majority (1 million) in the upper age range of 15–19 years (see Figure 68). Adolescent girls are at greater risk of HIV infection than boys. The disparity is particularly acute in high-burden countries in Africa, where nearly 9 out of every 10 new infections among adolescents occurred. Globally, 75 per cent of new HIV infections were among girls; in sub-Saharan Africa, the share was even higher, at 82 per cent.

Pronounced regional and subnational disparities highlight the fact that HIV-related vulnerabilities among pregnant women, children and adolescents vary significantly both

between and within countries (see Figure 69). Of the 150,000 new HIV infections globally among children aged 0–14 years in 2019, nearly 9 in 10 (88 per cent) occurred in sub-Saharan Africa. Eastern and Southern Africa, which carries the largest overall HIV burden of all regions, has experienced a 63 per cent decline in annual new infections among children between 2010 and 2019; however, the comparable figure in West and Central Africa was just 37 per cent. In South Asia, the decline was even smaller (18 per cent) and estimates from the Middle East and North Africa showed a 30 per cent increase over the decade (with the caveat that this estimate was based on limited data and the total number of new infections was much smaller than in other regions).

Similar regional variations are seen for prevention in older children. In Eastern and Southern Africa, annual new HIV infections among adolescents (aged 15–19 years) fell by 64 per cent from 2010 to 2019. This decline was more than three times larger than the 16 per cent decrease in West and Central Africa. Ending these regional disparities is important in rejuvenating global progress and in ensuring equity and solidarity in the global HIV response.

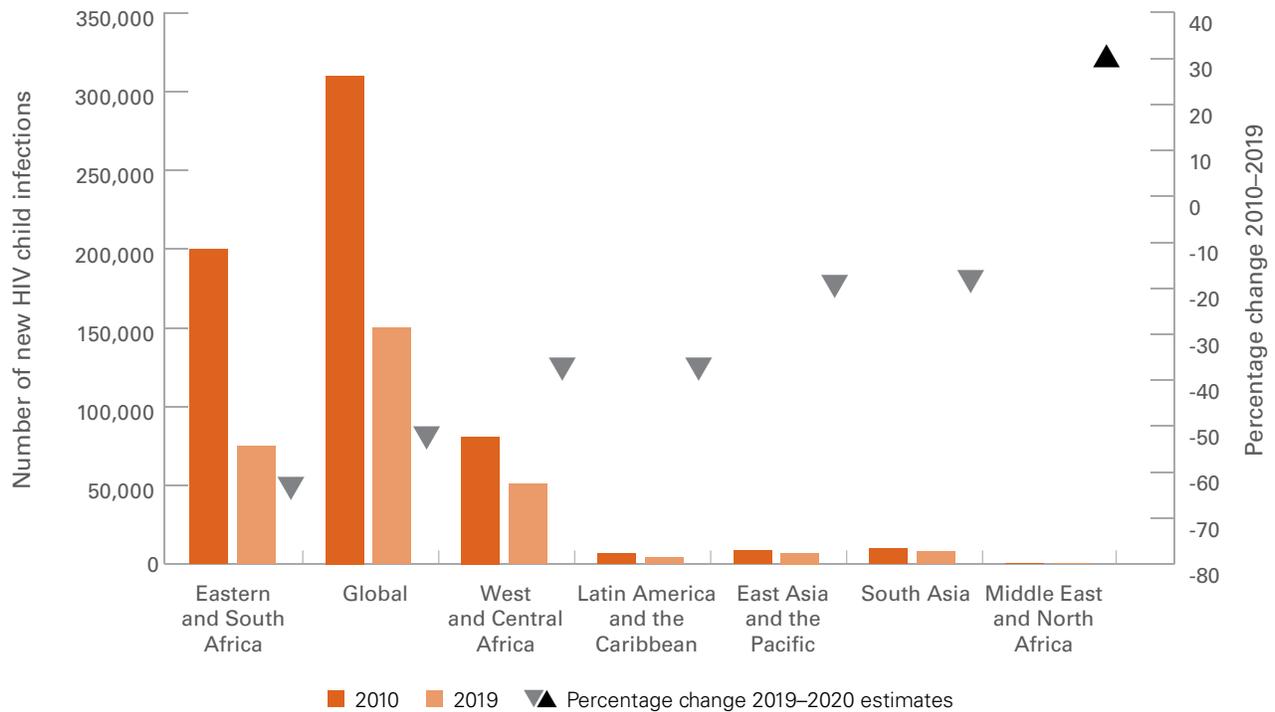
Understanding the drivers of new infections in adolescents, including marginalization and multiple overlapping deprivations, is important for effective programme responses. These drivers vary among regions but include injecting drug use in Eastern Europe and Central Asia and the Middle East and North Africa, age-disparate sex between girls and older men in Eastern and Southern Africa, and sex between men or between men and transgender women in Asia and the Pacific and Latin America.

FIGURE 68: Annual number of new HIV infections among adolescents (aged 10–19), by sex, 2010–2019



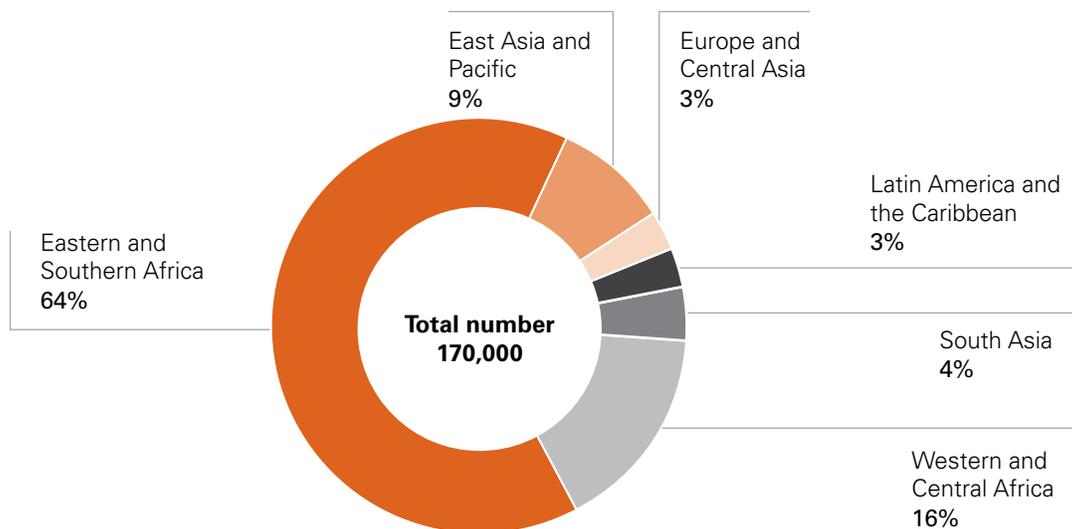
Source: Global AIDS Monitoring 2020 and UNAIDS 2020 estimates.

FIGURE 69: Percentage change in the estimated number of new HIV infections among children (aged 0–14 years), by region, 2010–2019



Source: Global AIDS Monitoring 2020 and UNAIDS 2020 estimates.

FIGURE 70: Distribution of new HIV infections among adolescents (aged 15–19) years by UNICEF regions, 2019



Source: Global AIDS Monitoring 2020 and UNAIDS 2020 estimates.



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Sipiwe, with her daughter Lundiwe, South Africa.

Results Area 1: Treatment and care of pregnant and breastfeeding women, children and adolescents living with HIV

Output statement 1.f: Countries have accelerated the delivery of services for the treatment and care of children living with HIV

FIGURE 71: Strategic Plan output results for HIV and AIDS, 2020

Output indicator*	Disaggregation	Baseline	2018 value	2019 value [milestone]	2020 value [milestone]	2020 [milestone]	Target (2021)
1.f.1. Number (and percentage) of infants born to pregnant women living with HIV tested for HIV within their first two months of life*	UNICEF programme countries with data**	577,969 (48%)	667,051 (56%)	700,081 (60%)	716,899 (62%)	830,000 (59%)	890,000 (64%)
	East Asia and Pacific region	5,406 (24%)	5,684 (26%)	9,805 (34%)	10,248 (36%)		
	Europe and Central Asia region	2,094 (53%)	1,780 (49%)	1,888 (57%)	2,236 (69%)		
	Eastern and Southern Africa region	507,346 (54%)	590,064 (62%)	617,909 (67%)	625,722 (69%)		
	Latin America and the Caribbean region	2,830 (41%)	3,209 (47%)	3,328 (50%)	3,431 (53%)		
	Middle East and North Africa region	135 (23%)	145 (36%)	159 (30%)	110 (28%)		
	South Asia region	N/A	N/A	N/A	N/A		
	West and Central Africa region	53,973 (28%)	60,991 (32%)	59,763 (32%)	66,106 (35%)		
1.f.2. Number (in millions) of adolescent girls and boys tested for HIV and received the result of the last test	Girls	13.3	13.4	13.5	15.0	13.1	13.8
	Boys	9.1	9.2	9.0	9.7	9.3	9.8
1.f.3. Number of countries implementing policies and/or strategies for the integration of key HIV/AIDS interventions (HIV testing and counselling, antiretroviral treatment) into child-centred service points and the degree of scale within countries	UNICEF programme countries with data	29	35	35	35	31	35
	East Asia and Pacific region	3	5	5	5		
	Europe and Central Asia region	2	2	2	2		
	Eastern and Southern Africa region	15	16	16	16		
	Latin America and the Caribbean region	3	3	3	3		
	Middle East and North Africa region	1	2	2	2		
	South Asia region	1	1	1	1		
	West and Central Africa region	4	6	6	6		

Notes: *Sex disaggregation is not collected or reported through national monitoring systems; **This indicator has a one-year reporting lag.

Some progress in ART access for children has been made since 2010, when coverage in children aged 0–14 years was just 18 per cent. However, the rate of progress has slowed in recent years: ART coverage for children in 2019 was 53 per cent, almost the same as in 2018 (54 per cent) and an increase of just 12 percentage points from 2015.

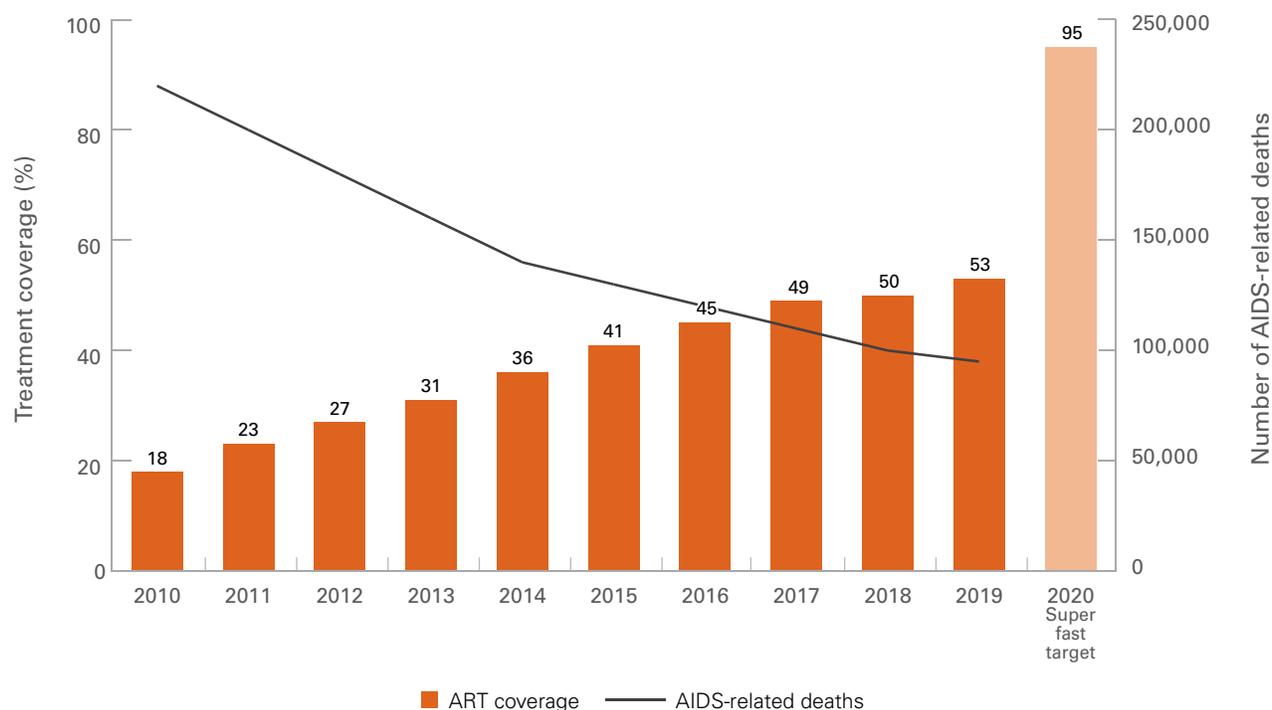
In this regard, children living with HIV lag significantly behind pregnant women (85 per cent coverage in 2019) and adults in general (68 per cent).

The situation is most serious in West and Central Africa, where only 32 per cent of children living with HIV had access to ART in 2019. In Eastern and Southern Africa, coverage is 58 per cent. However, it is concerning that in this region, which is home to the largest number of children living with HIV, coverage has fallen by three percentage points since 2018 (when it was 61 per cent). This is another sign of flagging progress in delivering treatment to children living with HIV – and it was evident even before the COVID-19 pandemic. As a consequence of low treatment coverage, the number of children at risk of dying from AIDS remains high. In 2019, an estimated 1.3 million children and adolescents aged 0–19 years living with HIV were not accessing life-saving treatment.

A key driver of poor treatment coverage is limitations in access to testing for children. Nearly all children living with HIV are infected through vertical transmission during pregnancy, birth or breastfeeding. Yet, in 2019, only about 60 per cent of children born to mothers living with HIV worldwide were tested for HIV at the recommended 6–8 weeks after birth, and even fewer were tested at the end of the breastfeeding period. As mortality from HIV is greatest in the early months and years of life, testing and diagnosing infants and young children is critical. Opportunities – such as through nutrition, tuberculosis and other sick child services – to provide HIV testing for children, especially for those who are missed by PMTCT services, are not fully leveraged. In addition, older children and adolescents, who interact less with the health system, need to be reached through alternative and innovative means, such as family-based testing, school-testing, self-testing and peer outreach.

The lack of adequate and convenient testing services that can enable identification and timely treatment of undiagnosed children living with HIV remains a persistent problem, one that is compounded by weak health care systems that struggle to retain them in care. UNICEF responses to these challenges include supporting innovative testing models and technologies, such as point-of-care early infant diagnosis (EID) and HIV

FIGURE 72: Trends in coverage of antiretroviral treatment (ART) and number of AIDS-related deaths among children, (aged 0–14 years), 2010–2019



Source: Global AIDS Monitoring 2020 and UNAIDS 2020 estimates.

self-testing as well as programme interventions to promote differentiated service delivery, improved retention and greater integration of services.

UNICEF places the utmost importance on evidence-based and data-informed programming to identify where programme deficiencies lie, and therefore where HIV testing, care and treatment interventions should be concentrated and intensified. The UNICEF Paediatric HIV Service Delivery framework, introduced in 2020, has been adopted both by global partners and by ministries of health in several countries to address challenges such as lack of case finding, low ART coverage, and poor quality of HIV services. Despite COVID-19-related service disruptions and other challenges, in 2020, UNICEF continued to provide support in these areas for the 35 priority countries that comprise the largest burden of unmet need.

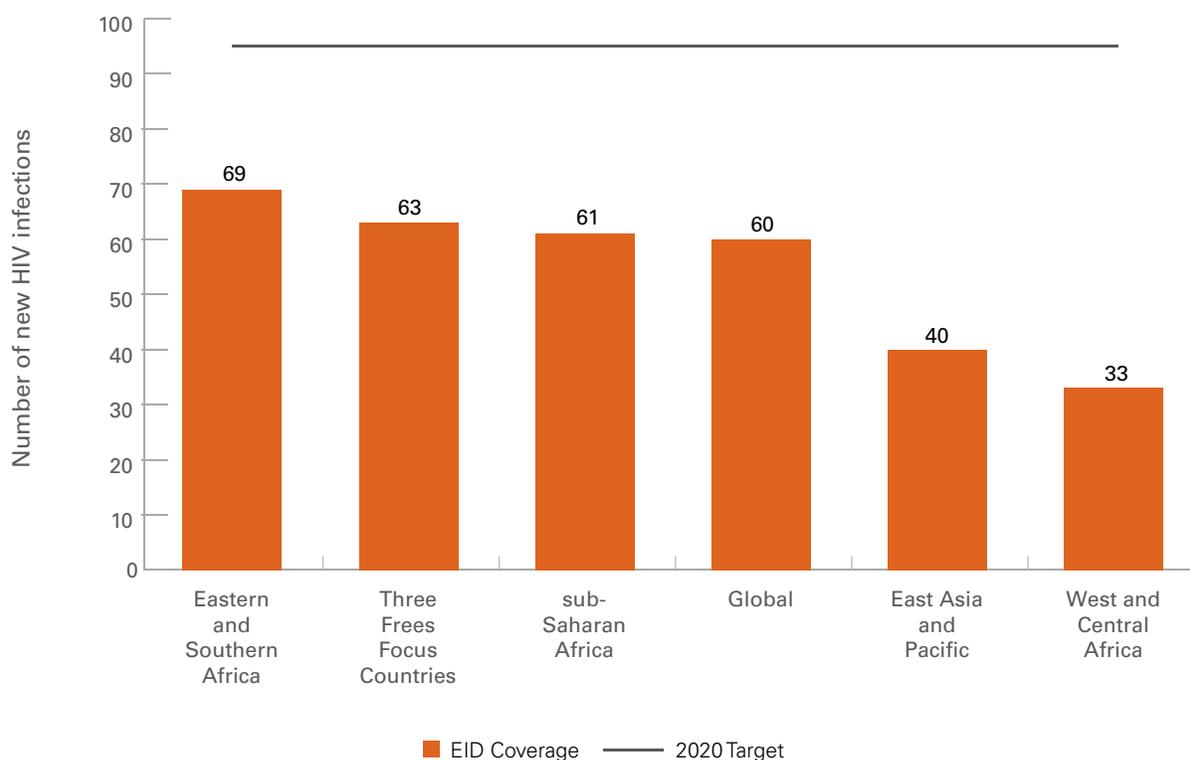
In addition to supporting smarter programming at country level, in 2020 UNICEF procured 4.2 million HIV tests, including HIV-syphilis dual diagnostics tests (520,200), for nine countries. However, that number was 17 per cent lower than the total amount procured in 2019. This is one example of how COVID-19 impacted service delivery in countries.

Point-of-care HIV diagnostics for early infant diagnosis and monitoring treatment

Since 2012, UNICEF has supported the introduction of POC diagnostics to overcome bottlenecks in early infant diagnosis in several countries in Africa. The catalytic investment in POC EID and viral load technologies by the Unitaid-funded UNICEF-Clinton Health Access Initiative (CHAI) POC Project has shown significant results over several years, contributing to improvements in paediatric HIV testing and treatment in Cameroon, the Democratic Republic of the Congo, Ethiopia, Kenya, Malawi, Mozambique, Senegal, the United Republic of Tanzania, Uganda and Zimbabwe.

In 2020, the toolkit for POC implementation (first developed in 2018) was enhanced with a strategic framework and a resource pack to strengthen civil society engagement in raising awareness and increasing demand for HIV diagnostics. The kit contains practical tools, resources and guidance for countries wishing to introduce POC HIV diagnosis instruments into existing national diagnostic networks and laboratory systems.

FIGURE 73: Access to early infant diagnosis by region, 2019



Source: Global AIDS Monitoring 2020 and UNAIDS 2020 estimates.

The positive impacts from even small increases in access to POC options can be rapid and substantial, as is demonstrated by results from countries participating in the UNICEF-CHAI POC Project:

- Burkina Faso: UNICEF supported the introduction of POC technology for EID and viral load monitoring in two pilot districts (Boulmiougou and Segnaga). In addition to providing funding from catalytic resources, UNICEF supported capacity-building for the national POC project coordinator and the development of a national road map for the modelling and scale-up of POC EID.
- Kenya: UNICEF, with support from Unitaids, fast-tracked the roll-out of HIV diagnostics using POC technologies in 32 testing sites across 20 counties. Additionally, UNICEF directly supported continuity of EID POC testing in Laikipia and Migori counties in Kenya. These actions significantly contributed to an increase in the coverage of EID testing for infants younger than 2 months, from 70 per cent in 2019 to 86 per cent in 2020, across the two counties.
- Malawi: The coverage of POC EID service delivery points increased from 10 per cent in 2019 to 12 per cent in 2020, resulting in an increase in the proportion of HIV-exposed infants tested within their first 2 months of life, from 66 per cent in 2019 to 76 per cent in early 2020. This result is even more remarkable given the national COVID-19 lockdown restrictions that caused a decline in EID access.
- Mozambique: A total of 134 POC diagnostic devices were installed by the end of 2020, mostly at primary health care facilities used solely for POC EID and with latent capacity to take on larger testing volumes. This created the potential for increasing device utilization while simultaneously providing both EID and viral load results within 24 hours of a test. The rapid scale-up of POC EID has resulted in same-day ART initiation rates of 85 per cent for children diagnosed using this technology, an achievement that is superior to the current standard of care. The current programme is expected to test 40 to 50 per cent of the national EID needs, which will substantially contribute to improved survival rates of HIV-positive infants.
- Nigeria: In 2020, community-level POC was rolled out in selected sites in Kaduna and Anambra states. UNICEF led this work, in partnership with FHI360, AIDS Healthcare Foundation, CHAI and other stakeholders. By June 2020, validated service data showed that 12,000 HIV-exposed infants had received a timely EID test, approximately 5 per cent more than in the first half of 2019, despite COVID lockdowns.
- Senegal: UNICEF and CHAI support for the HIV POC pilot initiative concluded in 2020. This intervention included the optimization of 16 GeneXpert machines to enhance early HIV diagnosis for children and HIV

viral load testing. This game-changing deployment allowed for a 29 per cent increase in viral load tests, including for pregnant women and children living with HIV.

- United Republic of Tanzania: With support from UNICEF, POC testing for EID services was scaled up from 35 to 52 sites in 2020, helping to reduce EID turnaround time from 21 to 3 days.

Results such as these offer great promise for other countries and settings. With proper planning and training, POC instruments can be used in HIV diagnosis and viral load monitoring, especially in pregnant and breastfeeding women, children and adolescents. The instruments can also be used in testing for other infectious diseases, including tuberculosis, Ebola and, most recently, COVID-19.

Family-based index testing

Family-based index testing is a strategy that has shown notable success in finding children living with HIV. This intervention uses specially trained community health workers and peer-to-peer volunteers to encourage HIV testing among family members of people newly diagnosed or known to be living with HIV. Training people living with HIV to provide HIV testing at the community level, as well as to support clients to attend health-care facilities for confirmatory testing and follow-up care, is central to this initiative.

In 2020, UNICEF, together with WHO and UNAIDS, developed operational guidance for national rollouts of family-based index testing and it has been providing technical assistance to countries in West and Central Africa to implement the strategy. It also has been collecting data on acceptance, testing, diagnoses and treatment status. These data are fed into a regularly updated 'dashboard' that allows for tracking and comparing implementation, challenges and scale-up in countries across the region.

From the first to the third quarter of 2020, service coverage increased from 62 per cent to 69 per cent in the 500 targeted priority districts or regions, with almost 47,000 offers of family testing in the 12 countries reporting these data. Almost 200 people living with HIV were newly diagnosed and linked to treatment and care, with treatment initiation rate of 98 per cent.

At the end of 2020, UNICEF deployed the dashboard in 22 out of 24 countries in West and Central Africa, including some improvements. Best practices for guiding the scale-up of family-based index testing include the engagement of networks of people living with HIV in Chad, the use of strong community health systems in Ghana and implementation of the strategy alongside a strong advocacy plan to ensure government's commitment to own the process in Cameroon.

Case Study 9: Pakistan: Responding to double pandemics: Sustaining paediatric HIV quality improvement efforts during COVID-19

In 2019, UNICEF, together with UNAIDS, World Health Organization (WHO) and other partners, successfully responded to an HIV outbreak among children in Sindh province of Pakistan that had been driven by poor medical practice, re-use of needles and unlicensed practitioners. UNICEF supported national and local governments to put in place measures to strengthen health systems to both provide care to affected children and their families and prevent a future occurrence. While devastating, the outbreak also created momentum around the HIV response and helped put in place a holistic approach to care for children with HIV in the context of other maternal and child health services. Assistance was provided to establish two new paediatric HIV treatment centres in Larkana and Ratodero.

In March 2020, UNICEF launched a joint Communication for Development (C4D, also known as social and behaviour change or SBC) strategy on HIV and COVID-19 awareness in Larkana. The strategy proposed a comprehensive communication plan with two major activities, with the first activity including awareness raising on HIV/AIDS and COVID-19. Regular sessions were held with key community leaders and influencers such as religious leaders, teachers, health-care providers and media practitioners invited to speak about prevention and treatment of HIV and COVID-19. During these sessions, print materials in the local language were distributed as take-way materials. Social mobilizers and field staff in Sindh were also trained on outreach to inform and counsel people living with HIV on correct measures to prevent COVID-19 and the consequences for their individual circumstances and their families. The second communication activity focused on mass media awareness raising using radio and local cable television networks.

By July 2020, Sindh province had reported 7,000 confirmed COVID-19 cases, resulting in a lockdown with a number of immediate impacts on paediatric HIV services, including maintenance of ARV supplies, HIV testing and treatment monitoring, reduced laboratory capacity and closing of several health centres for weeks due to high rates of COVID-19 among health workers. Fear of contracting the COVID-19 virus, coupled with extremely hot weather, deterred people from seeking services or information from health facilities. From May to October 2020, seven children and six adults were reported to have died from AIDS-related complications.

The HIV outbreak in 2019 and the COVID-19 pandemic-related challenges demonstrated the need to invest in health systems strengthening in Pakistan to prevent future outbreaks, including building laboratory capacity, maintaining supply chain systems, and investing in the capacity of health-care providers on infection treatment, prevention and control. The Pakistan experience also showed that it is important for community-centred health responses to be delivered with empathy, understanding the context of the most vulnerable, and empowering people with information to take action.



Anessa (right) and Rashida stands outside their home in Dara Chaudhry Kamran UC 151, Lahore Punjab Province, Pakistan.

Integrated testing in child health

In 2020, UNICEF continued to prioritize and promote closer integration of HIV testing with other health and development sectors. In several countries, this involved efforts to integrate malnutrition treatment and HIV testing; in South Sudan, for example, HIV testing for malnourished children admitted to nutrition stabilization centres has been made part of routine care. The integration of screening of children in centres for therapeutic treatment of malnutrition in Chad made it possible to test 993 of the 1,073 children admitted, to identify 5 HIV-positive children (0.5 per cent) and to initiate them on ART.

With the Organization for Public Health Interventions and Development in Zimbabwe, UNICEF supported the integration of HIV testing and TB screening in nutrition programmes at facility and community levels. Of the 2,165 children with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) identified, 1,765 were tested for HIV. Fifteen of these children were found to be living with HIV, a positivity rate of 0.8 per cent.

Paediatric and adolescent ART and retention in care

In 2020, UNICEF provided significant support to care and treatment programmes worldwide to strengthen communities of adolescents and young people affected by HIV, to empower these communities to engage in service improvement, and help achieve a broad range of outcomes that are critical to achieving the goal of ending AIDS, and ultimately, securing SDG 3 to ensure healthy lives and promote well-being for all at all ages.

UNICEF provided adolescent networks, youth-led organizations, and young activists with platforms to own their health agendas and to act as decision makers in for their own health. Buoyed by the opportunities inherent to the universal health coverage (UHC) movement, UNICEF aims to support these adolescents and young people to lead normal healthy lives by engaging them as true partners in the critical decisions regarding their care, equipping them with self-management skills, addressing internalized stigma, providing psychosocial support, and helping them to attain holistic, multi-dimensional wellbeing.

UNICEF continued to contribute to robust data-informed and context-differentiated service delivery approaches to drive better results for children and adolescents living with HIV and their families. The COVID-19 pandemic has heightened the need for rapid realisation of smarter service delivery approaches, especially for adolescents. In 2020, in response to the impact of COVID-19, UNICEF supported implementation of a range of new service delivery models, including multi-month ART prescribing,

community-based treatment refills, virtual clinics and psychosocial support encounters for mothers, children and adolescents on treatment and community ART support groups. UNICEF supplied 1.98 million packs of ARVs for children and adolescents, including newer more effective and well-tolerated child-formulations with better likelihood of retaining children and adolescents in care.

UNICEF is making comprehensive and varied efforts to scale up and sustain higher levels of ART access among children and adolescents.

- In Albania, UNICEF procured quality antiretroviral drugs that directly benefited more than 650 people living with HIV, including many children and adolescents. In Belarus and the Central African Republic, in addition to procuring ARVs, UNICEF worked with adolescents and young people to raise their self-esteem, strengthen their leadership skills and build their capacity to ensure that their newly diagnosed peers were supported to initiate treatment and remain engaged in care. In Belarus, 16 young leaders led the development and dissemination of information materials in all seven of the country's regions, conducted seven training sessions for 98 other young people living with HIV and worked with peers to organize 360 offline and online consultations.
- In the Central African Republic, in the wake of COVID-19 lockdowns, 52 adolescent peer educators were trained and deployed to raise awareness of HIV services in 16 health districts, 50 peer educators and mentors undertook follow-up missions in 10 health districts to trace children and adolescents living with HIV who missed their ART appointments, and to provide mental health assistance and cash transfers to 126 adolescents at risk of or living with HIV. These activities helped to enable 3,234 (about 35 per cent) of the estimated 9,400 children and adolescents living with HIV to stay on or be started on ART.
- In Guinea-Bissau, UNICEF, in partnership with Rede Nacional das Associações das Pessoas Videntes com VIH, the national network of people living with HIV, implemented community-based peer counselling activities, including testing and treatment services for children.
- In the Bolivarian Republic of Venezuela, UNICEF supported UNAIDS and the Pan American Health Organization in the distribution of ARVs for adolescents and adults, including to 1,200 children living with HIV. As part of this intervention, treatments for opportunistic infections were distributed to benefit more than 5,000 HIV-positive children and adolescents under 19 years of age.

- In Kazakhstan, UNICEF placed multisectoral partnerships, including with the National Alliance of Social Workers, the Eurasian National University, the Karaganda State Medical University and the Paediatric European Network for Treatment of AIDS (PENTA), at the heart of HIV-related activities in 2020. To address challenges posed by COVID-19 to children and adolescents living with HIV, primary health-care workers, AIDS centre specialists and social workers from all regions were trained in treatment adherence, case management and supportive supervision, as well as prevention of stigma and discrimination, including for remotely provided services.
- In Nigeria, Uganda and Mozambique, UNICEF, with the support of ViiV's Paediatric Action for Children Fund, worked with the Elizabeth Glaser Pediatric AIDS Foundation, Paediatric-Adolescent Treatment Africa and AIDS Fonds under the Breakthrough Partnership to roll out the Paediatric Service Delivery Framework. In this work, which began in September 2020, UNICEF will gather data, bring in-country partners together and host Ministry of Health-led consensus building stakeholder meetings to identify gaps and define best practices. In the coming year, this work will be expanded to include three additional countries.

Adolescents at the centre of service delivery

In 2020, UNICEF provided significant support to care and treatment programmes worldwide to build communities of adolescents and young people and to empower these communities to strengthen interventions and help achieve a broad range of outcomes that are critical to the achievement of SDG 3 and to end AIDS. UNICEF aims to support these adolescents and young people to lead normal healthy lives by improving their self-esteem, addressing stigma and helping them to acquire life skills to better manage their own health.

In Namibia, 68 adolescents living with HIV were trained as peer educators through UNICEF-supported teen clubs. This contributed to the remarkable achievement of complete viral load suppression in 89 per cent of the adolescents living with HIV who attended the clubs. UNICEF has been supporting this initiative since 2010.

In the United Republic of Tanzania, UNICEF, together with the Baylor Foundation, supported the Ministry of Health to develop and implement the Differentiated Service Delivery model, aimed at improving ART adherence and viral load suppression among adolescents living with HIV. In 2020, UNICEF supported the training of 90 teen leaders in the Njombe region to implement the Differentiated Service Delivery model.



A group of teenage girls dance while singing an HIV prevention campaign song at dusk in Mahama Camp, Rwanda.

Other examples of the contribution made by UNICEF to building adolescent and young people-centred differentiated service delivery include:

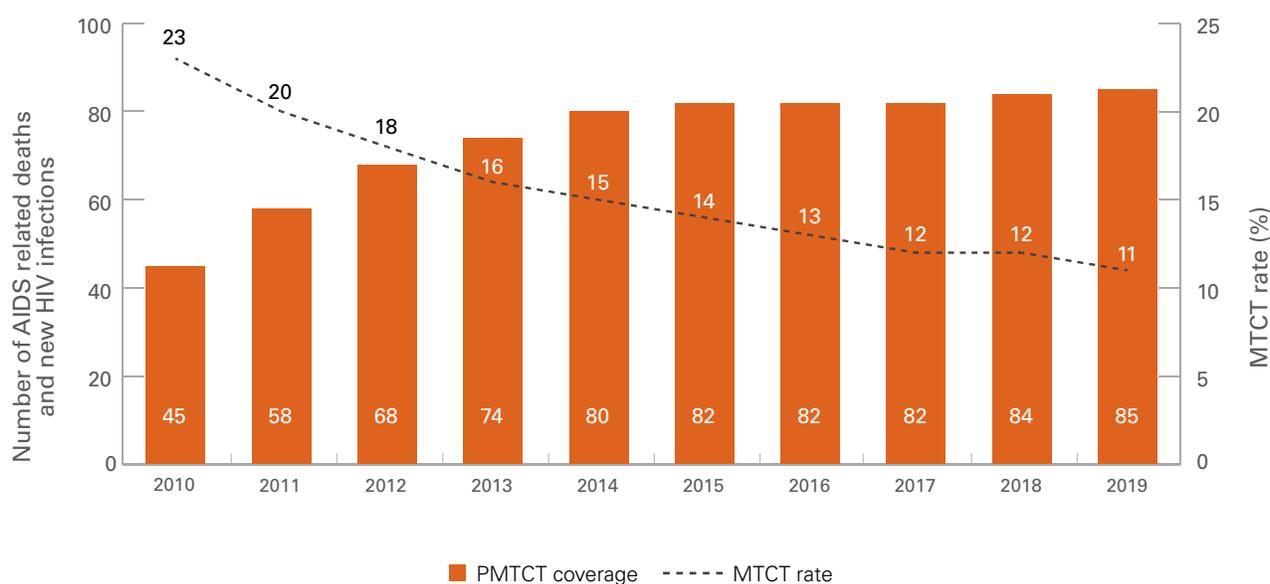
- Lesotho: UNICEF provided remote health counselling that included COVID-19 information and psychosocial support for pregnant and breastfeeding adolescents and young women (aged 15–24 years) and their children participating in the 2gether4 sexual and reproductive health and rights (SRHR) programme. Through this targeted approach, a total of 325 adolescent mothers and their children were provided with the remote teleconsultation service. An additional 250 partners and mothers-in-law of the beneficiaries received information on SRHR/HIV and COVID-19.
- Zambia: A total of 51 health workers and 53 peer mentors (adolescents living with HIV, trained in peer education) were trained in providing quality care and treatment, psychosocial support and HIV information on treatment adherence and positive living for adolescents living with HIV. Additionally, peer mentors undertook engagement sessions that reached 250 adolescents living with HIV with information on COVID-19 and positive living with HIV in the context of the pandemic.
- Zimbabwe: In 2020, UNICEF focused on ensuring that all 120 community adolescent treatment supporters nationwide were active and continued to provide peer support and information to children and

young people living with HIV. Virtual peer support helped to ensure that more than 8,500 children and adolescents living with HIV, two thirds of them girls, continued with ART. In another UNICEF-supported initiative focusing on peer support for adolescent and young mothers, a local partner, the Organization for Public Health Interventions and Development, is developing a screening and motivation package to identify and support mother–infant pairs at increased risk of vertical transmission of HIV.

Towards elimination of mother-to-child transmission: going beyond treatment

In the first half of the last decade, the global community came together in extraordinary ways to reach pregnant women living with HIV with treatment to support their own health and to stop the transmission of HIV to their children during pregnancy, delivery or breastfeeding. From 2010 to 2019, ART coverage among pregnant women with HIV nearly doubled, from 45 per cent to 85 per cent (see Figure 74). The overall growth in ART coverage for women living with HIV, however, slowed considerably in the second half of the decade (from 2014 onwards), leaving a significant gap in reaching the ambitious, fast-track global target of 95 per cent coverage by 2020.

FIGURE 74: Percentage of pregnant women living with HIV receiving ART and the number of children under 5 years of age infected with HIV for every 100 pregnant women living with HIV, 2010–2019



Source: Global AIDS Monitoring 2020 and UNAIDS 2020 estimates.

Eliminating mother-to-child transmission, which is a prime example of prevention through treatment, has been one of the most successful components of the overall HIV response, but closing the final gaps and fully achieving the global targets have been elusive.

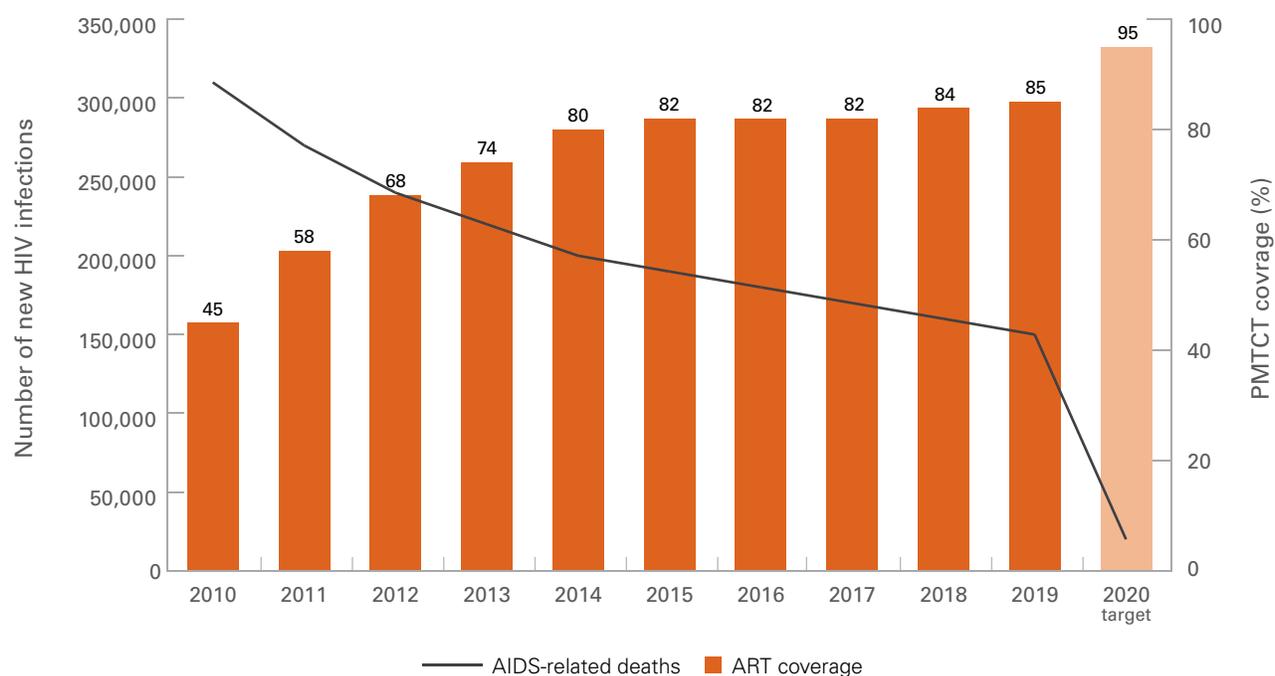
Despite the challenges created by the COVID-19 pandemic, in 2020, UNICEF contributed to numerous achievements towards the goal of elimination of mother-to-child transmission (EMTCT) across the priority countries. This included granular data collection and interpretation for differentiated programmes, development and refinement of EMTCT road maps and introducing innovative approaches such as identifying at-risk HIV-negative women to prevent them from acquiring HIV during pregnancy and breastfeeding.

Traveling the 'last mile' to EMTCT and preventing reversals in coverage and access requires more finely targeted financial, human and programmatic investments that go beyond treatment alone, and are designed based on evidence of needs and challenges that vary by population, regions, country and subnational region. Progress is variable across regions, ranging from 95 per cent PMTCT coverage in Eastern and Southern Africa to 52 per cent coverage in the Middle East and North Africa (see Figure 75).

UNICEF provided technical support for EMTCT plans and policies in several countries based on the 'Last Mile' to EMTCT framework.

- Botswana: UNICEF, with partners, provided support to the Botswana Ministry of Health and Wellness to conduct a national data validation exercise for PMTCT and syphilis in February 2020, which enabled the country to verify EID data and establish a reliable 3-year dataset as part of the requirement to submit a dossier for validation of EMTCT.
- Eswatini: As a member of the National Validation Committee and PMTCT Technical Working Group, UNICEF provided technical and financial support for validation-preparation exercises, including a prospective study, in collaboration with UNAIDS and the Elizabeth Glaser Pediatric AIDS Foundation, to determine the HIV mother-to-child transmission rate by 18 months post-delivery.
- Kenya: UNICEF supported the development of subnational strategies and plans and the launch of community-led county EMTCT plans in Kisumu, Laikipia, Wajir and West Pokot counties, bringing the total number of EMTCT business plans developed at county level so far to 20, nearing half of the 47 in the country.

FIGURE 75: Access to prevention and treatment for vertical transmission of HIV (PMTCT) by region, 2019



Note: PMTCT, prevention of mother-to-child transmission (of HIV).
Source: Global AIDS Monitoring 2020 and UNAIDS 2020 estimates.

- Mozambique: UNICEF supported the development and costing of the new national triple-elimination plan for HIV, syphilis and hepatitis B (2020–2024). This strategic document and its implementation are crucial for Mozambique to be included in the list of countries achieving the 2030 elimination agenda.
- Myanmar: In collaboration with UNAIDS, WHO and other partners, UNICEF supported the development of the EMTCT Road map (2020–2024) to guide programme interventions in the country's 330 townships. To help improve the country's ability to assess and monitor implementation of the road map and to improve reporting of HIV cases, UNICEF also supported the virtual PMTCT tracker module trainings using the District Health Information Software 2 (DHIS2) tracker module.
- Papua New Guinea: UNICEF supported the government to develop three key policy documents to catalyse action: the maternal and newborn health strategic plan 2020–2025, the prevention of parent-to-child transmission of HIV/AIDS operational policy based on global guidance, and the village health volunteer policy and framework. In addition, UNICEF supported five provinces (Eastern Highlands, Hela, Jiwaka, Southern Highlands and Western Highlands) to develop costed annual implementation plans for these policy documents, with lessons learned expected to inform the development of the National Health Policy 2021–2030.
- Thailand: In 2020, UNICEF helped to promote South–South learning exchanges for knowledge sharing across countries and regions to further galvanize countries to take committed action towards EMTCT. One example of that work was the facilitation of an EMTCT workplan for South–South and triangular cooperation among UNICEF, Thailand's International Cooperation Agency and Thailand's Ministry of Public Health. This activity resulted in increased technical capacities of five countries (China, Kazakhstan, Tajikistan, Ukraine and Uzbekistan) to identify and implement the most effective interventions aimed at EMTCT.
- Uzbekistan: In 2020, the Uzbekistan Ministry of Health approved the EMTCT road map, with support from UNICEF and in partnership with the National Center on Human Rights. UNICEF also supported the development of validation assessment which specifically was developed in partnership with human rights and community organizations representing women living with HIV.
- Burkina Faso: In 2020, UNICEF continued to provide technical assistance to a peer-to-peer advocacy engagement programme to ensure that mother–infant pairs are engaged in the continuum of care. The programme is implemented by the Network of People Living with HIV in Burkina Faso in 26 health districts that account for 56 per cent of HIV-positive pregnant women in the country.

Data to define programme gaps and improve programme outcomes

Data continues to be a powerful tool to understand the gaps for improving programme outcomes. Improvements in data collection and analysis, and better use of the data gathered, are essential to differentiate action to achieve EMTCT and accelerate access to treatment for pregnant women, children and adolescents. The prominence of data in work carried out by UNICEF on sustaining gains in the COVID-19 era and driving new progress towards EMTCT is evident in several countries.

In Thailand, data analysis by UNICEF provided inputs for the country report on progress towards validation of EMTCT of HIV and syphilis. UNICEF advocacy and technical inputs were critical to efforts by Egypt's Ministry of Health and Population to update the monitoring and evaluation system of the National AIDS Program to include indicators measuring the effectiveness of PMTCT, EID and infant care programmes.

In Côte d'Ivoire, UNICEF provided technical and financial support to the Ministry of Health to conduct supervision and coordination activities in 27 targeted health districts, an activity that included establishing two data analysis units at health district level. Achievements in the targeted health districts that could be correlated with this intensified focus included 100 per cent of pregnant women being tested for HIV during their antenatal care visit and the identification of 2,828 children and adolescents born to HIV-positive mothers. Of the 2,521 of the children born to HIV-positive mothers and tested for HIV, 68 HIV cases were reported, all of whom were successfully enrolled on ART.

Data improvement was also a priority in Gabon, where UNICEF supported a survey of care providers trained in PMTCT in 36 health-care facilities. Findings revealed that in 90 per cent of sites surveyed, PMTCT data are not always correctly entered (incomplete data, erroneous data, etc.) in the registers, which raises concerns regarding the quality of collection, completeness and validity of the data. UNICEF is helping to improve data quality by supporting efforts to make data collection tools available in all PMTCT sites.

Adapting and responding to COVID-19 challenges to safeguard treatment, care and support for mothers, children and adolescents with HIV

Throughout much of 2020, UNICEF country offices supported governments, often in collaboration with other key actors from civil society and international partners, to implement evidence-driven and innovative interventions to protect the continuity of PMTCT, treatment and care of children and adolescents living with HIV and HIV prevention

services during the COVID-19 pandemic. Much of this work is likely to continue throughout 2021 and beyond, depending on the impact of the pandemic in different contexts and the consequences of lockdowns and other restrictive measures taken to limit the spread of the virus.

In Eastern and Southern Africa, measures to protect and maintain HIV services included, in Uganda, rigorous data analysis that identified a precipitous decline in EID utilization. In response, a surge strategy was rapidly developed and implemented to return mother–infant pairs to care. In Lesotho, UNICEF supported efforts to triangulate programme information, scorecard data and weekly community worker reports to identify any early declines for prompt remedial action to sustain both access to and quality of HIV services.

Across Eastern and Southern Africa, UNICEF was also directly involved in rapidly developing national guidance for HIV in the context of COVID-19 that has been regularly updated to reflect evolving evidence. In Namibia and the United Republic of Tanzania, guidance focused on introducing alternative drug delivery approaches to ensure continued access to ART, including for pregnant women and children living with HIV. Other UNICEF-supported interventions focused on education and awareness. To maximize capacity-building during the COVID-19 pandemic, UNICEF supported the development of a virtual PMTCT training module in South Africa. In neighbouring Lesotho, to ensure that mothers continued to access health and HIV services, UNICEF supported the Ministries of Health and Education and Training to establish WhatsApp groups targeting front-line workers, mothers/caregivers, pregnant women and teachers and using these groups to promote immunization, health and HIV services, child nutrition and hand washing throughout the pandemic and any associated restrictions. Over 9,000 mothers/caregivers were reached through motivational stories shared on the WhatsApp groups and a dedicated Facebook page.

Exploiting the value of technology was also prioritized in Zimbabwe, where UNICEF worked with partners to increase the use of virtual approaches, including radio, U-Report, WhatsApp, phone calls and e-support groups. These platforms were used to follow up children, adolescents and young mothers living with HIV to assist in adherence to medication and to provide continued psychosocial support and referral to other services.

In Côte d'Ivoire, UNICEF provided technical and financial support to the government and civil society groups to reduce the negative impacts of COVID-19 on adolescents and on young people's access to services. The capacities of

105 health care providers and community health workers were strengthened to enable them to provide holistic care, with a focus on psychosocial support during the pandemic.

In Botswana, to support implementation of multi-month refills of ARVs for all people living with HIV (including children, adolescents and women), UNICEF, together with UNAIDS, assisted the Ministry of Health and Wellness and the Central Medical Stores with ARV stock assessment, forecasting and procurement. The exercise indicated that Botswana required more stocks of ARVs to comply with the three-month dispensing policy set by the government to help boost client safety and convenience during the COVID-19 pandemic. This enabled adequate procurement of ARVs to cover the needs of children and adolescents on HIV treatment regimens.

In Uganda, UNICEF activities included supporting radio and TV shows to sensitize the public about the continuity of HIV services by encouraging measures for uninterrupted treatment. UNICEF trained front-line health workers from 475 target facilities in 27 HIV-focused districts to actively track those who missed appointments and deliver ART and/or TB medicines, including to children and adolescents living with HIV. Data from three districts that benefited from this reprogramming revealed that the trained health workers served a total of 740 children, adolescents and pregnant/lactating women living with HIV.

Restrictions and barriers imposed in the response to COVID-19 spurred UNICEF to introduce and support cross-border initiatives to reach children and adolescents in need. In the border region between Namibia and Angola, many Angolan adolescents living with HIV receive health services and HIV treatment in Namibia, where standard ART regimens differ from those in Angola. With technical assistance from UNICEF, the Namibian Ministry of Health and Social Services launched an initiative to confidentially deliver established treatment regimens of clients in Angola through outreach sites and community adherence groups. These initiatives have improved retention support and continuity of care for adolescents living with HIV in the cross-border area.

Countries in Latin America and the Caribbean experienced some of the most significant disruptions of HIV services due to COVID-19 restrictions. In Chile, networks of adolescents and young people living with HIV were mobilized to transfer ARVs to their peers in areas of impending drug shortages. UNICEF supported the Government of the Dominican Republic to offer an additional support package to pregnant women living with HIV, which included cash incentives to halt and reverse the falling antenatal care attendance rate.



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Children take over the Radio on occasion of World AIDS Day 2020 to voice their opinion on HIV prevention against the COVID-19 challenges.

Results Area 2: Adolescent HIV prevention

Output statement 1.g: Countries have implemented comprehensive HIV prevention interventions at scale

FIGURE 76: Strategic Plan output results for HIV and AIDS, 2020

Output indicator*	Disaggregation	Baseline	2018 value	2019 value [milestone]	2020 value [milestone]	2020 [milestone]	Target (2021)
1.g.1. Number of countries having initiatives to strengthen availability of gender-responsive evidence for the All In framework for prevention of HIV	UNICEF programme countries with data	20	23	25	25	15	25
	East Asia and Pacific region	1	2	2	2		
	Europe and Central Asia region	1	1	1	1		
	Eastern and Southern Africa region	12	12	14	14		
	Latin America and the Caribbean region	2	2	2	2		
	Middle East and North Africa region	1	1	1	1		
	South Asia region	1	1	1	1		
	West and Central Africa region	2	4	4	4		
1.g.2. Number of countries supporting implementation of at least three high-impact gender-responsive adolescent prevention interventions	UNICEF programme countries with data	25	31	32	32	31	32
	East Asia and Pacific region	3	4	4	4		
	Europe and Central Asia region	1	1	2	2		
	Eastern and Southern Africa region	14	15	15	15		
	Latin America and the Caribbean region	3	3	3	3		
	Middle East and North Africa region	0	1	1	1		
	South Asia region	1	1	1	1		
	West and Central Africa region	3	6	6	6		

Data to understand adolescents and their unmet needs

UNICEF recognizes the critical importance of data-informed, evidence-based programmes to design and deliver HIV prevention services to adolescents and young people. At the same time, collecting the type of granular information needed is challenging, especially in adolescent and young key populations. UNICEF continues to work with partners in these settings to advocate for policy changes that would result in better, more useful and more representative data, while also offering and delivering technical support for data collection and analysis.

In 2020, the National Integrated Biological and Behavioural Surveillance report was released in Indonesia, a result of two years' technical support by UNICEF to the Government of Indonesia during the National HIV Country Review. UNICEF Indonesia Country Office also supported a regional formative assessment of the current needs of adolescents and young people in the face of HIV risks. In Botswana, UNICEF supported a national initiative to analyse the risk profiles and patterns of adolescent girls and young women and their male partners to facilitate target-setting to reduce new HIV infections among this highly vulnerable population.

Case Study 10: Lesotho: Identifying and removing barriers to effective referrals for adolescents and young people

Navigating systems for health care and other social services can be challenging for anyone, but is often particularly difficult for adolescents and young people concerned about HIV, sexual and reproductive health and rights, and personal safety. It can be even more overwhelming for adolescents and young people who lack information about where or how to access services.

Overcoming these barriers is particularly critical in countries such as Lesotho, where large youth populations, high HIV burdens and overstretched health and broader wellness systems increase risk and vulnerability. Nearly one third of Lesotho's population is between the ages of 10 and 24 years. Every week, 28 adolescent girls (aged 10–19 years) and 7 adolescent boys are newly infected with HIV. Nineteen per cent of women have had a live birth by the age of 18. Sexual and gender-based violence presents another concern, with 24 per cent of women aged 15–59 years having experienced sexual violence.

UNICEF and partners in the country recognize that the HIV epidemic cannot be controlled unless adolescents and young people (and especially adolescent girls and young women) are prioritized in responses, with policies and programmes offering improved access to services. To help address the bottleneck regarding lack of knowledge among this population of how or where to engage, the Global Fund to Fight AIDS, Tuberculosis and Malaria and UNICEF supported the government to develop a multisectoral referral framework that guides adolescents and young people to appropriate care.

Working across sectors within UNICEF, including HIV, health, education, child and social protection, the UNICEF team and its partner, the Clinton Health Access Initiative (CHAI), mapped how, when and where adolescents access multiple services.

The mapping results highlighted many areas that need to change to ensure adolescents and young people are better served. Currently, referrals between sectors tend to be informal, with few standard protocols, shared data or tracking of patients. Adolescents and young people are unaware of their rights and available services, even when those services are in their communities. Fear of stigma and concerns about confidentiality and disclosure are underlying barriers that become even greater when adolescents and young people need to have numerous points of contact with different service providers. Survivors of sexual and gender-based violence face particular challenges as their care involves interaction with multiple entities, sometimes more than once.

After validating the mapping findings, UNICEF and partners gathered recommendations across sectors and, importantly, from adolescents and young people themselves. The result is a national framework for referral pathways that prioritizes them, builds on existing systems, and emphasizes collaborative decision-making. The framework, which is being introduced in 2021, institutionalizes and simplifies referrals across the HIV, health, child protection, social protection and education sectors and strengthens linkages with non-governmental and community-based organizations for maximum impact.



A Basotho mother and child is part of a group of community members attending UNICEF Lesotho's One Stop Shop Service Day in Morija, Lesotho, to receive medical and social services and referrals.

Strengthening and integration into sustainable health systems for universal health coverage

It is now well-established that adolescents are poorly served by traditional health services. They require services that are differentiated to their personal needs (including for HIV prevention and treatment), and that are 'adolescent friendly'. This underscores the importance of improving the quality of HIV prevention services to avoid triggering discomfort or fear, including concerns about being judged, misunderstood, ridiculed or having their privacy or confidentiality violated (e.g., by notifying parents, peers or other caregivers).

In Zambia, UNICEF and partners supported the establishment of seven additional adolescent-friendly spaces, which entailed minor refurbishments to health infrastructure and training of 35 health workers and 65 peer educators in the provision of adolescent-friendly services. This brought the total number of spaces to 212 by October 2020, almost twice the 121 that existed in 2016. In Nepal, work included supporting 18 municipalities and the Family Welfare Divisions to conduct review meetings on adolescent health attended by health workers, political leaders, community stakeholders and adolescents. A key topic was adolescent-friendly health services covering 81 health-care facilities in Provinces 2, 6 and 7. The review meetings identified several issues of concern, including child marriage and adolescent pregnancy, malnutrition and anaemia, sexual violence, low rate of use of contraception and mental health problems. Municipalities developed action plans to address the identified issues.

UNICEF has also played a central role in supporting access to materials and supplies that are needed to improve HIV prevention services for adolescents. In 2020, in the Plurinational State of Bolivia, UNICEF worked in 130 health centres in six selected municipalities (about 80 per cent of all health centres within these municipalities), to provide gynaecological equipment, educational materials and training to 470 professionals working with adolescents as part of an initiative aimed at providing comprehensive care including reproductive health services to adolescents.

Peer-to-peer support for service continuation

In 2020, during the first three months of COVID-19 lockdowns, the number of adolescents and young people accessing health services declined significantly in many parts of the world due to the cancellation of peer education and referral activities at the community level. UNICEF, together with partners and communities on the ground, supported a wide range of innovative online and offline approaches, including U-Report (a well-established UNICEF platform that serves as a messaging tool to engage with

and empower young people) and tele-peer support, to create access to services and mental health supports. These approaches included:

- Brazil: Through the Youth Aware strategy, online training was provided in Salvador, Recife and Belem to 43 young people to support the distribution of HIV self-testing kits and information, general hygiene kits and COVID-19 information.
- Botswana: With support from UNICEF, the peer education curriculum designed and launched in December 2019 was strengthened to ensure that many of the health and well-being issues faced by young people are holistically addressed. This included the recruitment and training of 23 volunteers from the Global Volunteer Initiative in four districts on prevention of sexual exploitation and case management, including identification, reporting and referrals. Overall, through the peer education programme, more than 5,000 in- and out-of-school youth from underserved, rural and peri-urban areas have been empowered with information, knowledge and skills to protect themselves from HIV, violence and unintended pregnancies and other social ills, as well as referrals as needed for appropriate services.
- Haiti: Through a large network of peer educators, UNICEF-supported HIV information and awareness efforts reached more than 3,000 adolescents and young people. In neighbourhoods with high vulnerability in the Ouest department, 1,450 young adults were able to benefit from this support, including by access to HIV testing, throughout 2020.
- Nigeria: Via numerous innovative processes, UNICEF strategically empowered and provided platforms for participation and visibility for over 1,000 adolescents and young people as peer influencers and agents of change. This included support for their participation in the Global Fund proposal and grant-writing process; the first ever HIV learning collaborative for adolescents and young people; and using face-to-face and social media platforms to reach over 50,000 peers with youth-friendly COVID-19 prevention messages.
- Tajikistan: UNICEF continued to raise awareness on HIV prevention among school children in selected districts through implementation of the interactive 'join-in-circuit' peer-to-peer approach, which is based on six teams of 90 peer moderators within youth departments of local governments. In an effort to make the issues engaging, interactive exhibitions were organized for 6,600 adolescents to improve their knowledge of HIV transmission and prevention, family planning, stigma and discrimination and gender issues. In November 2020 alone, 22 exhibitions were conducted among nearly 700 adolescents aged 15–17 years, with pre- and post-test questionnaires indicating a 33 per cent improvement in knowledge of relevant topics as a result of the exhibitions.

Case Study 11: United Republic of Tanzania: Success with an embedded 'cash-plus' initiative supporting adolescents

Given the multiple, interrelated risks that many adolescents face in areas with high HIV burdens and risks, improving their lives and prospects requires support in a number of different areas and through multiple pathways. That assumption is at the heart of *Ujana Salama* ('Safe Youth' in Swahili), a UNICEF-supported pilot project that aims to improve the lives of young people in rural areas of the United Republic of Tanzania by augmenting the benefits of an existing cash transfer programme with other critical services and support to address a wider range of the interrelated risks they face (a model called 'cash plus').

Results to date show notable positive impacts in several different key indicators and interventions associated with adolescents' health and well-being within the local and national contexts. They are among the first to provide evidence of the effectiveness of a cash-plus intervention implemented within an existing government-run social protection programme.

The multi-stage project was implemented in January 2018. It targets adolescents aged 14–19 years (at baseline) in households already receiving cash transfers through the United Republic of Tanzania Government's Productive Social Safety Net in two regions, Iringa and Mbeya. The adolescents participating in *Ujana Salama* are extremely poor and face numerous health and economic risks, including school dropout, early pregnancy, sexually transmitted infections, violence, abuse and exploitation. UNICEF is supporting the Tanzania Social Action Fund (TASAF), with support from the Oak Foundation and Irish Aid, to implement and evaluate *Ujana Salama*. The pilot project has three main elements:

1. Training on livelihoods and sexual and reproductive health and rights (SRHR), including HIV-related life skills;
2. Mentoring (on livelihood options and life concerns) and productive grants to be used for schooling, vocational training, or business plans;
3. Strengthening health-care facilities and linkages to youth-friendly services for HIV, SRHR, and violence prevention and response.

The project is rigorously evaluated on a regular basis through a cluster randomized controlled trial design. Results from the third round of data collection were based on interviews of nearly 2,200 participating adolescents in 2019. Findings showed increases in adolescent-friendly service provision at health-care facilities, as well as positive impacts on: SRHR and HIV knowledge; gender-equitable attitudes; likelihood of having started a business; hours spent in livestock keeping; mental health; entrepreneurial attitudes; self-esteem; HIV testing; and visits to health-care facilities. Additional protective effects were observed, including a reduction in sexual violence and physical violence perpetration and increased age at sexual debut. A fourth round of the multi-stage evaluation process will take place in 2021.



Halima Mfaume is 16 years old, living with HIV and learning to become a hairdresser. She lives in Dar es Salaam in Tanzania.

Valued partnerships for improved response to HIV prevention

In 2020, UNICEF provided technical assistance to the Global Fund grant-making process in Botswana, Cameroon, the Democratic Republic of the Congo, Eswatini, Lesotho and Zimbabwe and collaborated with other UN agencies to provide technical support to countries receiving Global Fund grants to advance delivery of combination prevention interventions for adolescent girls and young women (aged 15–24 years). In Eastern and Southern Africa, UNICEF also provided technical assistance in several areas to accelerate the implementation of the Global Fund catalytic initiative for HIV prevention among adolescent girls and young women in Botswana, Eswatini, Lesotho, Kenya, Mozambique, Uganda, the United Republic of Tanzania and Zimbabwe. Key contributions by UNICEF, WHO and UNAIDS have supported the translation of guidance and data into multisectoral action and programming at scale through technical support, proof-of-concept initiatives, and leveraging broader adolescent programmes and platforms. These joint efforts have translated in tangible results for adolescents including strengthening cash-plus approaches in the United Republic of Tanzania, supporting adolescent-friendly services in Mozambique, supporting national sexuality education using peer educators in Botswana, and keeping girls in school in Cameroon.

Supporting holistic approaches through a differentiation lens

In 2020, UNICEF supported tailored interventions for specific populations and subpopulations reaching those most in need due to multiple vulnerabilities. The following UNICEF-supported multifaceted initiatives offered HIV prevention and other critical information:

- Ethiopia: Between January and October 2020, nearly 40,000 adolescents considered most at risk in six regions and the city of Addis Ababa benefited from a package of services, including HIV prevention, adolescent reproductive health, anti-violence promotion through social and behaviour change and peer education. This work contributed to increased uptake among the most at-risk adolescents and youth in the seven jurisdictions of HIV testing and counselling, SRHR services and psychosocial support, from 16,200 in 2019 to 46,351 in 2020.
- Kenya: By October 2020, the 'Leveraging on HIV Systems to Respond to the COVID-19 Pandemic in Kenya' programme, managed by LVCT Health and supported by UNICEF, reached approximately 83,000 adolescents with interactive communication, wellness skills and awareness-raising interventions.
- United Republic of Tanzania: UNICEF and partners supported scaling up C4D efforts through the ONGEA (meaning 'talk' in Swahili) edutainment radio drama series that depicts the lives of young fictional

characters aged 15–19 years and their caregivers. Episodes of the series are used to provide comprehensive knowledge on SRH, HIV, nutrition and gender-based violence. ONGEA was expanded from 19 districts in 2019 to 27 districts (out of 169) in 2020 on the mainland and Zanzibar. Cumulatively, nearly 400,000 young people aged 15–19 years were reached, including more than 50 per cent of all adolescents in that age group in Iringa, Mbeya, Njombe and Songwe regions on the mainland and all regions in Zanzibar.

- Jamaica: The UNICEF-supported Teen Hub enhanced a campaign to reach adolescents with safer sex messages by the addition of animated videos showcasing characters in real-life situations that required sexual decision-making skills. With other innovative approaches, this contributed to increased uptake of HIV testing through the Teen Hub in the last two quarters of 2020, despite COVID-19 restrictions.
- Eswatini: UNICEF, in collaboration with two local partners, Lusweti and Super Buddies Club, used peer education sessions to reach more than 8,700 adolescents with comprehensive HIV and violence information, bringing the total number of adolescents benefiting from the national education/HIV prevention curriculum and extra-curricular interventions aimed at improving overall well-being to 97,930 in 2020, up from 88,624 in 2019.
- Mozambique: UNICEF supported the design and development of the new National HIV/AIDS Strategic Plan by advocating for the mainstreaming of adolescent engagement, as well as the establishment of a Youth Advisory Group on HIV/AIDS to encourage systematic youth participation in strategic processes and decision-making.
- Namibia: In 2020, the Galz & Goals Programme expanded to two additional towns, reaching a further 918 adolescent girls (bringing the total to 5,568) with sports, information and support for wellness in general, and referrals to HIV and SRH services.
- Nigeria: UNICEF provided technical and financial support to strengthen strategic information, including the preparation of a national investment case for action for adolescent and young people with HIV, an operational framework to collate the evidence base and strategic guidance, and a specific assessment and profile of the HIV prevention response among adolescent girls and young women.
- Zambia: In partnership with Marie Stopes, UNICEF supported the introduction of an integrated SRHR/HIV programme, delivered through community outreach, in eight health-care facilities in the cities of Lusaka and Ndola. By November 2020, more than 5,000 young people had been reached with information and services, which included 4,461 being tested for HIV – of whom 78 (1.7 per cent) were positive and 66 of these (85 per cent) were initiated on ART.

Case Study 12: Eastern Europe and Central Asia: Caring for the mental health of adolescents living with HIV during COVID-19

The linkages between living with or being highly vulnerable to HIV and increased rates of mental health problems have been documented since the beginning of the epidemic.¹¹⁹ Adolescents and young people living with HIV are particularly vulnerable to mental health problems due to the ongoing stigma associated with HIV, which creates isolation, marginalization, shame and a burden of secrecy.

The situation of adolescents and young people living with HIV in Eastern Europe and Central Asia is especially concerning, for several reasons. First, the overall need is already large and is steadily becoming greater. The number of adolescents living with HIV in the region continues to rise, alongside growth in new infections among this group. As their age profiles and life expectancies change, paediatric care providers are treating adolescents and young people living with HIV with increasingly complex biomedical and psychological issues, which can result in them struggling to adhere to treatment on first and/or second line antiretroviral treatment (ART) regimens. A 2018 study of a group of young people aged 13–25 years living with HIV in Ukraine found that more than half experienced anxiety and/or depression at various degrees of severity. Similar patterns have been seen across the region.¹²⁰

A second reason is lack of services. The 2018 Ukraine study, for example, also reported a low level of referral for mental health support among adolescents and young people living with HIV. This is in a regional context of continued opposition to information and support services such as those related to sexuality education, which means that schools, parents and communities are already ill-equipped to support adolescents at a time when they are learning to navigate the world.

A third reason for concern is that the COVID-19 pandemic has created additional mental health challenges as a result of prolonged quarantines and social isolation of adolescents. The short- and longer-term impacts of pandemic-related restrictions cannot yet be fully defined, but there has almost certainly been a regression in overall levels of mental stability among many adolescents and young people living with HIV.

UNICEF has recognized and begun responding to these challenges. In 2020, the emerging COVID-19 crisis accelerated an existing initiative by the UNICEF Regional Office for Europe and Central Asia to develop online e-mental health services for adolescents and young people. In cooperation with the Paediatric European Network on AIDS treatment, Children’s HIV Association, HealthRight International and Teenergizer (a network for HIV-positive adolescents and youth), UNICEF developed a series of webinars to provide updates for more than 200 paediatric HIV care providers on issues around co-infections and co-morbidities among children and adolescents living with HIV. This is one component of efforts by UNICEF to improve HIV treatment outcomes by building the capacity of HIV care providers (doctors, nurses, psychologists and social workers) to integrate emotional well-being support into their practice.

In addition, in 2020 UNICEF utilized web-based technology to help adolescents and young people living with HIV in the region to virtually access emotional well-being care and support services from qualified professionals (social workers, psychologists, medical doctors) and peers, including by supporting development of the website, SupportME <<http://supportme.org.ua/>>. In 2020, the website benefited around 500 young people from Ukraine.



“Mental health is a part of life – for all of us. We must stop stigma standing in the way of children and young people seeking the help they need to protect and support their mental health.” Yana, a 22-year-old HIV activist from Ukraine, founder and Chair of Board of Teenergizer, a youth-led organization.

Case Study 13: Guatemala: Innovation, empowerment and leaving no one behind: HIV information for young people through radio spots

In Guatemala, UNICEF is implementing a pilot project in collaboration with UNAIDS to produce radio spots in an effort to reach some of the most vulnerable adolescents and young people with HIV and prevention information. The pilot built on the experience of *Avívate, Infórmate Hoy* ('Get Up, Get Informed Today'), an HIV prevention campaign developed through consultations with adolescents and young people, social media networks and UNICEF Guatemala's website. By January 2020, it was estimated that the campaign had reached over 1.6 million adolescents and young people, representing different ages, genders, sexual orientations and cultural identities.

The original project faced some major limitations in reaching its full potential. The campaign had difficulty reaching adolescents and young people in rural areas, due to lower access to mobile phones, poor internet connection and electricity, and language barriers. Indigenous population groups make up much larger shares of those living in rural areas, and many members of those communities speak one of the 22 different Mayan languages as their mother tongue. The internet-based, Spanish-language *Avívate, Infórmate Hoy* campaign therefore did not reach many Indigenous adolescents and young people, who already face disproportionate challenges in accessing health care, education, employment and many other important services that make them uniquely vulnerable to HIV.

Analysis and understanding of these gaps led UNICEF and partners to develop a plan to provide HIV prevention, sensitization and learning through local radio stations in areas with poor internet access, as a way of informing local rural communities in their own languages. This radio-based initiative was piloted during 2020 and will inform the second phase of the overall project, to be scaled up in 2021, with an additional focus on men who have sex with men, pregnant adolescents and sexual and gender-based violence.

The COVID-19 pandemic brought additional complexity to the project because the radio spots had to be co-created and produced entirely online in 2020. Through dedicated virtual workshops centred around a specially designed methodological guide – developed for training purposes by UNICEF in collaboration with a local civil society group, the Association for Educational and Cultural Services – adolescents and young people were trained on how to produce radio spots, as well as on the HIV context in the country as a whole and among their age group. A total of 29 adolescents and young people (aged 16–29 years) belonging to youth organizations across nine less privileged northern regions, spanning six different local languages, participated in online workshops over six days in June 2020.

As the final training exercise during the pilot phase, each participant produced a radio spot. They emphasized short, theatrical and fun content, drawing on social marketing approaches from mainstream commercials, to grab listeners' interest and encourage them to come back for more. The radio spots will be aired through multiple community radio stations in different languages, addressing issues such as non-discrimination, HIV testing, HIV transmission modes and correct condom use, access to treatment and community health centres, stigma, and sexual violence and HIV.

Experience from this pilot is informing scale-up of the campaign during the second phase, to be rolled out in 2021, which aims to reach a greater number of more diverse and vulnerable adolescents and young people with HIV messaging through various online and offline platforms and languages. One priority will be to address some of the challenges encountered in the 2020 implementation, in particular those that arose from the virtual format imposed by COVID-19. For example, not all of those who received training managed to record radio spots because they did not understand the task or technology, or they had internet connection problems that hindered upload of recordings.



A group of students starting a physical activity in the school yard of the mixed school of Marimba, Chiquimula, Guatemala, supported by UNICEF

Digital solutions and other innovations to reach adolescents at risk during the COVID-19 pandemic

To adapt and respond to the COVID-19 lockdowns and mobility restrictions, in 2020 digital platforms were used in new and innovative ways to provide a wide range of health services. Such adaptation safeguarded and, in many cases, improved HIV prevention efforts among adolescents. UNICEF supported governments to modify service-continuity guidelines to implement multi-month drug dispensing for medications, encouraged and supported home-based services, adapted self-testing to include tele-counselling, and introduced digital technologies for tele-case management, tele-counselling/psychosocial support, health education and social messaging using U-Report and tele-peer support.

Even before COVID-19, due to confidentiality and other concerns, digital solutions were part of HIV responses by many countries. Thailand, being one of those countries, was able to support communities using digital platforms in 2020 and saw a significant increase in its outreach support through a live counselling chat service. There was a 42 per cent increase in counselling cases per month on average during COVID-19 lockdown and limited mobility. More than 30,000 clients received reproductive health counselling over the one-year period ending in September 2020, with feedback indicating a satisfaction rate of over 80 per cent. With UNICEF's support, in 2016, this online health service platform called Lovecarestation.com was first launched that continues to provide young people with comprehensive sexuality education and referral services using innovative approaches. The platform received over 5.5 million views from more than 1.8 million individuals between September 2019 and September 2020.

In 2020, the UNICEF U-Report platform was at the centre of digital activities focused on adolescents and young people. For example:

- Botswana: In partnership with the Ministry of Health and Wellness and the National AIDS and Health Protection Agency, UNICEF used U-Report and reached to 22,000 adolescents and young people with targeted messages for COVID-19 and HIV prevention, both in English and Setswana, which were further disseminated through SMS and social media platforms, radio and TV.

- Côte d'Ivoire: UNICEF combined digital and interpersonal social network-based outreach and recruitment approaches to optimize HIV self-testing and pre-exposure prophylaxis (PrEP) among at-risk adolescents, building on the backbone of a national peer navigator cadre and trained adolescent and young U-Reporters. This approach contributed to the distribution of more than 6,200 HIV self-test kits to adolescents and youth, 40 per cent of whom were from key populations, and more than 100 most-at-risk adolescents and youth successfully being enrolled in a PrEP programme.
- Papua New Guinea: UNICEF continued to expand the reach and use of U-Report, recognizing that the engagement of communities is essential to finding and supporting adolescents in need. By the end of 2020, there were more than 6,100 U-Reporters, of whom 79 per cent were aged 15–30 years. Among the topics introduced were World AIDS Day and the impact of COVID-19 on mental health and psychosocial support.
- United Republic of Tanzania: During the COVID-19 outbreak, UNICEF contributed to the continuity of essential HIV services in 35 districts in Dar es Salaam, Iringa, Mbeya, Njombe and Songwe regions and all regions in Zanzibar. Twelve per cent of all children and adults living with HIV were reached using a combination of interventions: multi-month prescriptions of ARVs to decongest health care facilities, community ART refill programmes, dissemination of COVID-19 infection prevention material, training of health-care workers and people living with HIV on COVID 19, and HIV mental health support. UNICEF also used U-Report to generate real-time data on young people's knowledge of HIV and community feedback on COVID-19. A key finding from the 5,435 respondents was that only 24.6 per cent of those surveyed had correct information about HIV. Applying the knowledge gained from U-Report, and in partnership with NGOs, UNICEF supported the government to combat rumours and facilitated access to correct information. In total, the initiative reached 11,000 children, adolescents and pregnant mothers living with HIV and more than 200,000 adults in 35 districts, including all of Zanzibar.
- Zambia: U-Report content and technological diversification was applied to other relevant topics for young people, in addition to HIV and SRHR. This included the use of U-Report in risk communication and community engagement for COVID-19, with more than 200,000 visits on the platform to solicit information, including the implications of COVID-19 on SRHR and HIV.

Case Study 14: Exposing the heightened inequalities of dual pandemics – HIV and COVID-19 – on the well-being of adolescents and young people living with HIV and young key populations

The COVID-19 pandemic, while a health crisis at its core, has begun to significantly affect and alter the broader fabric of society. Perhaps one of the most significant impacts is on peoples' economic circumstances. As in most crises, marginalized individuals, especially adolescent and young key populations, are more severely affected by the pandemic. UNICEF, in partnership with the Asia Pacific Inter-Agency Task Team on Young Key Populations, supported and advocated for young key populations and young people living with HIV in the region during the pandemic.¹²¹

The first activity focused on data collection. To better understand the situation of these young populations, UNICEF, through the Inter-Agency Task Team, contributed to a rapid assessment led by UNAIDS, the United Nations Development Programme (UNDP), Asia Pacific Council of AIDS Service Organizations and Youth Lead to illuminate the challenges faced at the beginning of COVID-19, identify new and unaddressed needs among the population, and make recommendations aimed at mitigating the gaps and problems.

The assessment survey of young people living with HIV and young key populations focused on socioeconomic impacts and social protection, mental health, and stigma, discrimination and gender-based violence. The survey was implemented in partnership with UNAIDS, UNDP and civil society members on mental health.

Analysis of results showed that the respondents' three most significant concerns included worries about their physical and mental health, the health of their family members and their loss of income. Almost half of the respondents had lost jobs or income during the pandemic, while 45 per cent did not have access to food supplies. Individuals identifying as lesbian, gay, bisexual, transgender, queer and intersex experienced particular challenges, with one in two reporting stigma and discrimination and two in five reporting experiences of violence. Among young people who reported needing mental health services, 34 per cent had experienced delays or disruption in access to mental health medications due to COVID-19 and 47 per cent had experienced delays or disruption in accessing psychosocial support as a result of the ongoing pandemic. It is also important to highlight that these survey findings suggest that 9 per cent of respondents requiring mental health medications have never had access to them. Similarly, 14 per cent of respondents needing psychosocial support lacked access to this essential service in a non-pandemic context. These and other findings were published by UNAIDS in late April 2020 as part of a series of thematic blogs that analysed the results of the survey, *'Assessing the needs of young key populations during the COVID-19 outbreak in Asia and the Pacific'*.¹²²



Adolescent boys of Zamboanga City, southern Philippines, protecting themselves from HIV through correct knowledge and skills.

Lessons learned across HIV results areas

In 2020, the COVID-19 pandemic had a significant adverse impact on pregnant women, children and adolescents living with or at risk of HIV, as health care services in most countries were severely disrupted.

The impact could have been much worse in many countries had it not been for numerous partners from different sectors building resilience and harnessing innovation to drive the HIV response. These two forces epitomize HIV responses and UNICEF's engagement in this unprecedented year. They helped to prevent a huge erosion of the progress made over the past decade in the prevention and treatment of HIV. The pandemic spurred UNICEF and its partners to reach new levels to reposition its HIV and AIDS agenda and to support the protection and continuation of services through identifying and introducing new approaches and tools to address gaps. The many novel responses to the challenges of the pandemic also set a course for the future, by both creating opportunities to further build on the innovative models introduced during the COVID-19 crisis and by moving beyond merely safeguarding programmes.

UNICEF will continue to scale and implement innovations that show notable positive impacts and high levels of acceptance among both service providers and clients, including HIV self-testing and multi-month ART prescriptions. Digital solutions that reduced person-to-person contact while also making it more convenient for many pregnant women, children and adolescents living with and vulnerable to HIV to access services and support are here to stay. Recognition of gaps, such as the digital divide and little or no acknowledgement of community-level social service workers, parents and caregivers, will inspire UNICEF to seek innovative and sustainable solutions over the coming years.

In 2020, UNICEF had a renewed appreciation for the essential role communities play in the HIV response. Children, adolescents and pregnant mothers living with HIV and those at higher risk came together in unprecedented ways to respond to service continuation gaps. With UNICEF support, communities in diverse settings and contexts not only successfully reached out to those at heightened

risk of being left behind but also addressed social barriers, including stigma and discrimination at local and global levels. UNICEF will continue to place communities at the heart of programme design and service delivery as valued partners, including by providing them with essential resources and technical support, as requested, to realize their potential. Importantly, it will also engage in policy advocacy to formally recognize the contributions of communities as vital service providers.

UNICEF's priority of taking AIDS out of isolation over the past few years was validated and reinforced by COVID-19. It was evident from the early days of the crisis that strategic and meaningful integration of HIV within health, education and social service systems makes for greater effectiveness, efficiency and equitable outcomes, including by expanding access to unreached children, adolescents and pregnant women living with or vulnerable to HIV.

UNICEF also learned the value of strong leadership and system-wide investments from governments, as well as good partnerships with the private sector. Industry and other actors in the supply chain must be incentivized to continue the production and distribution of essential prevention and treatment tools for HIV, while providers must be supported with the resources to sustain and further scale up HIV services. Throughout 2020, UNICEF provided such support to all its 35 priority countries, from strengthening data collection in Botswana and Indonesia to strengthening health systems in Uzbekistan and Malawi.

As evidenced by the barriers, opportunities and successes observed in 2020, resilience and innovation in partnership are vital to future efforts to better address the challenges HIV responses are currently facing in reaching the global AIDS targets by 2030. In its future work moving forward, UNICEF will also continue to emphasize the application of human rights principles to its comprehensive and multisectoral programmes. This approach ensures that UNICEF's HIV and AIDS work will be aligned closely with the newly announced 2025 targets in the UNAIDS Global AIDS Strategy for 2021–2026.¹²³

HIV financial report*

*All funding data as of 5 April 2021, pending audit and certification.

HIV and AIDS income in 2020

In 2020, partners contributed US\$38 million 'other resources – regular' for HIV and AIDS – a 14 per cent decrease compared with the previous year (see Figure 78).

Public sector partners contributed the largest share in this category, at 78 per cent. The top five resource partners in 2020 in terms of total contributions were the Islamic Development Bank, UNAIDS, the Korean Committee for UNICEF, the Global Fund and UNFPA-managed United Nations Partnerships and Joint Programmes (see Figure 79). The largest single grants were received from the Islamic Development Bank for Elimination of Mother-to-Child Transmission of HIV project in Cameroon, from the Korean Committee for UNICEF for global HIV and AIDS thematic funding, and from UNAIDS for Unified Budget, Results and Accountability Framework (UBRAF) country envelopes 2020–2021 (see Figure 80 and the body of the report for results from these programmes).

FIGURE 77: Total HIV and AIDS funds received by type of resource partner, 2020: US\$38 million

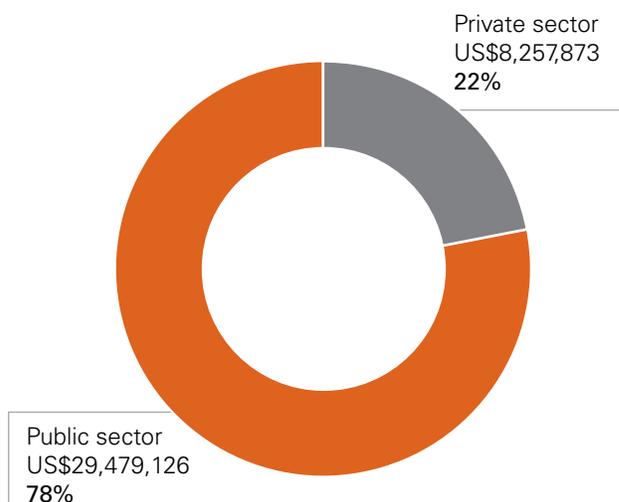
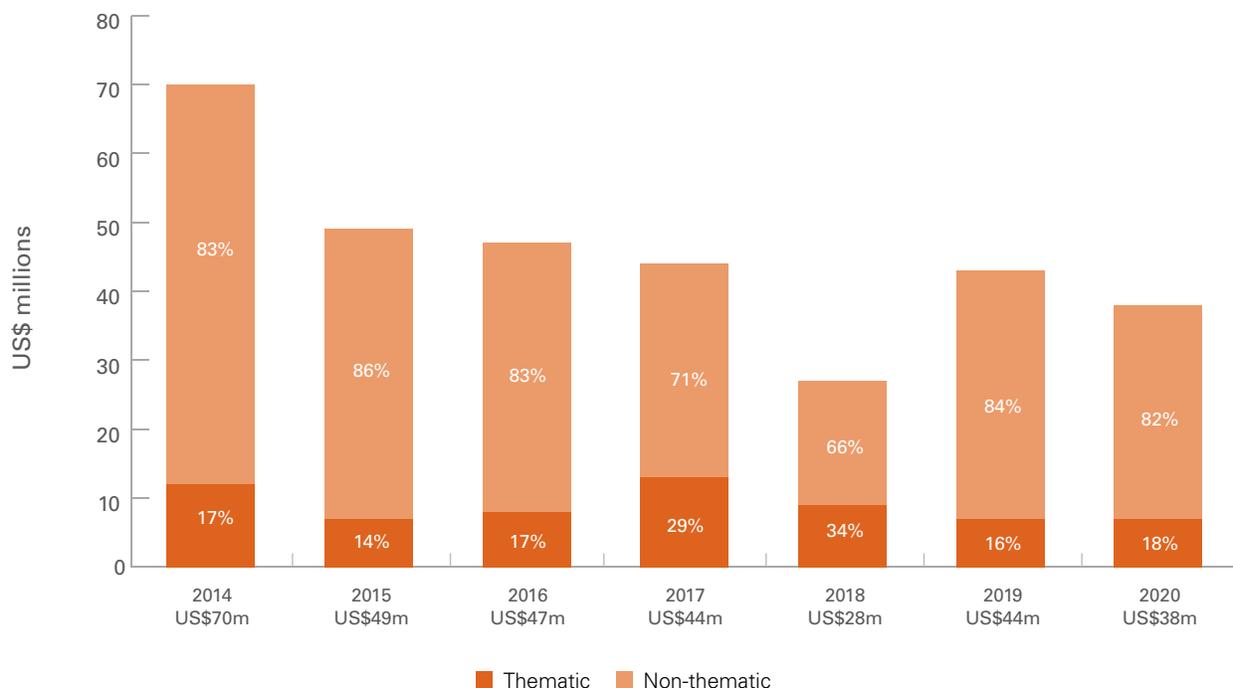


FIGURE 78: HIV and AIDS 'other resources – regular' contributions, 2014–2020



Thematic contributions are the most flexible sources of funding to UNICEF, after regular resources, and can be allocated across regions to individual country programmes, according to priority needs. UNICEF places a high value

on flexible funding and continues to seek a diversified and broad funding base, asking all partners to contribute as flexibly as possible.

FIGURE 79: Resource partners to HIV and AIDS by total contributions, 2020

Rank	Donor name	Total (US\$)
1	Islamic Development Bank	18,350,000
2	UNAIDS	6,524,000
3	Korean Committee for UNICEF	5,453,609
4	Global Fund to Fight AIDS, Tuberculosis and Malaria	4,045,470
5	UNFPA-managed United Nations Partnerships and Joint Programmes*	3,698,153
6	Norway	1,710,162
7	United States	880,635
8	United Kingdom Committee for UNICEF	765,426
9	World Health Organization	659,640
10	Kazakhstan	647,059
11	Dutch Committee for UNICEF	548,226
12	Committee for UNICEF	483,340
13	UNDP-managed United Nations Partnerships and Joint Programmes	372,322
14	Hong Kong Committee for UNICEF	364,009
15	Finnish Committee for UNICEF	278,595
16	German Committee for UNICEF	146,961
17	Danish Committee for UNICEF	96,735
18	U.S. Fund for UNICEF	74,526
19	Norwegian Committee for UNICEF	27,555
20	Japan Committee for UNICEF	23,677

Notes: *Includes cross-sectoral grants SC180128 (HIV and AIDS, Gender Equality). **The actual amount obligated by the United States is US\$1.4 million. This is the amount that has been reimbursed in 2020; the actual amount obligated by the United States is US\$1.4 million. UNFPA, United Nations Population Fund; UNDP, United Nations Development Programme.

FIGURE 80: Top 20 contributions to HIV and AIDS, 2020

Rank	Grant Description	Resource Partners	Total (US\$)
1	Elimination of Mother to Child Transmission of HIV Project, Cameroon	Islamic Development Bank	18,350,000
2	Global HIV and AIDS Thematic Funding	Korean Committee for UNICEF	5,453,609
3	UBRAF Country Envelopes 2020–2021	UNAIDS	4,456,000
4	Support to the Joint Regional Programme on Strengthening Integrated Sexual and Reproductive Health and Rights (SRHR/ HIV and GBV)*	UNFPA-managed United Nations Partnerships and Joint Programmes	3,698,153
5	Reducing HIV Infections and HIV-related Mortality among Somalis	Global Fund to Fight AIDS, Tuberculosis and Malaria	2,629,881
6	UBRAF Funding of UNICEF Activities included in the UNAIDS Budget 2020–2021	UNAIDS	2,000,000
7	Joint UNICEF/UNFPA Programme on Rights-Based Approach to Adolescent and Youth Development in Ethiopia – Phase III	Norway	1,710,162
8	Accelerate Access to Innovative Point of Care HIV Diagnostic (PHASE 2)	Unitaid	659,640
9	Psychosocial Support and Services for Children, Adolescents and Parents in the Context of the HIV Epidemic in Kazakhstan	Kazakhstan	647,059
10	Program to Strengthen and Decentralize the National Response to Sexually Transmitted Infections and HIV for Universal Access in the Republic of Guinea	Global Fund to Fight AIDS, Tuberculosis and Malaria	564,564
11	Global HIV and AIDS Thematic Funding	Dutch Committee for UNICEF	548,226
12	Investing Towards Impact for HIV and AIDS in South Sudan	Global Fund to Fight AIDS, Tuberculosis and Malaria	465,727
13	Joint UN Programme of Support towards Ending AIDS in Uganda	UNDP-managed United Nations Partnerships and Joint Programmes	372,322
14	Achieving an AIDS-free Generation, Tanzania	United States	363,260
15	Enhancing Paediatric HIV Services through Service Delivery Framework Interventions	United Kingdom Committee for UNICEF	333,778
16	Global HIV and AIDS Thematic Funding	Finnish Committee for UNICEF	278,595
17	Accelerating the Response to HIV/AIDS Through a Resilient and Sustainable Health System, Chad	Global Fund to Fight AIDS, Tuberculosis and Malaria	264,809
18	Grand Challenges: Canada's Innovation Platform (U-Test) for MNCH, Côte d'Ivoire	Canadian Committee for UNICEF	244,653
19	Supporting Children with HIV in Ghana and Nigeria	United Kingdom Committee for UNICEF	244,530
20	Transition to Scale: Adolescent Mentors for Adolescent Mothers, South Africa	Canadian Committee for UNICEF	238,686

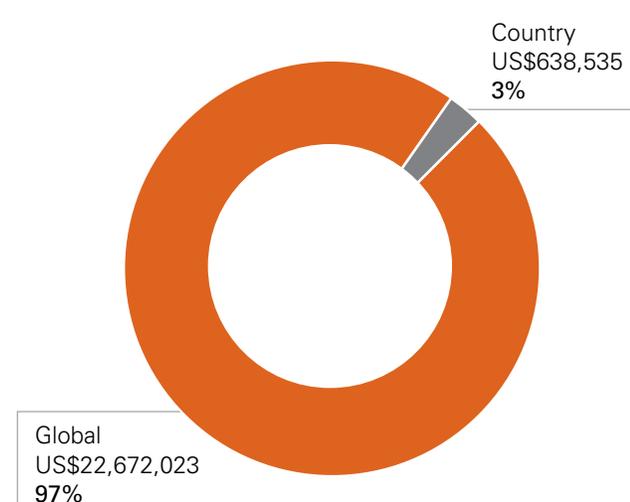
Notes: *Contribution was provided by the Islamic Development Bank to the Government of Cameroon, and UNICEF received funds through an agreement with the Government to support implementation of the HIV Programme; **Cross-sectoral grants SC180128 (HIV and AIDS, Gender Equality). UNFPA, United Nations Population Fund; UNDP, United Nations Development Programme.

UNICEF and the US Centers for Disease Control and Prevention (CDC) have partnered formally through three 5-year consecutive cooperative agreements (CoAgs) since 2009. The purpose of CoAgs is to allow UNICEF country offices to work with CDC country offices to advance HIV programming in line with annual US President’s Emergency Plan for AIDS Relief (PEPFAR) country guidance with a focus on treatment and prevention of HIV for children, adolescents and pregnant women. These collaborations have been a vehicle to channel PEPFAR’s HIV funding to UNICEF’s HIV and AIDS programmes at country level through the annual Country Operational Plan (COP) process. In 2020, five UNICEF country offices (India, South Africa, Namibia, Mozambique and the United Republic of Tanzania,) received a total of US\$880,635 in financial support from CDC while the actual amount obligated is US\$1.4 million.

UNICEF thematic funds maintain a four-year funding period that correlates with the current Strategic Plan (2018–2021). In the first three years, thematic funding contributions for HIV and AIDS reached US\$23 million, with US\$6.8 million received in 2020, all of which came from private sector partners. The Korean Committee for UNICEF was the largest thematic resources partner in 2020, providing almost 81 per cent of all thematic HIV and AIDS contributions received (see Figure 82).

Of all thematic HIV and AIDS contributions that UNICEF received in 2018 to 2020, ninety-seven per cent were global-level contributions. These are the most flexible sources of funding to UNICEF after regular resources and can be allocated across regions to individual country programmes, according to priority needs (see Figure 84).

FIGURE 81: HIV and AIDS thematic funding contributions at country, regional and global levels, 2018–2020



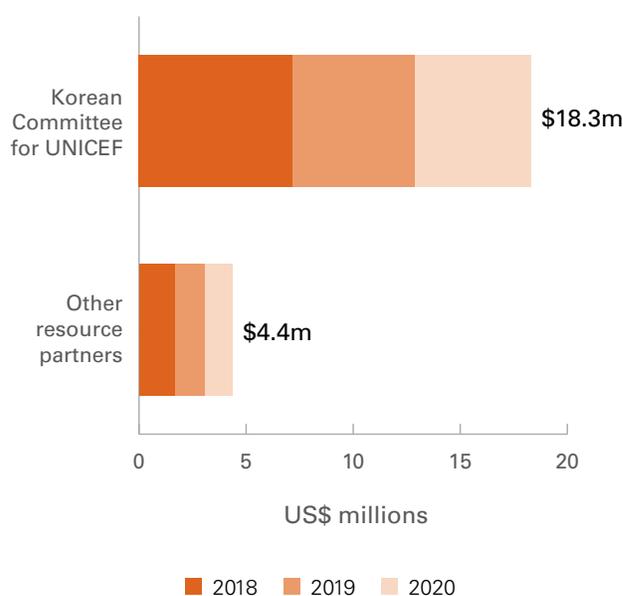
Under the current UNICEF Strategic Plan, the Korean Committee for UNICEF has contributed 81 per cent of all global HIV and AIDS thematic funding.

UNICEF is seeking to broaden and diversify its funding base (including thematic contributions) and encourages all partners to give as flexibly as possible. In 2020, eight partners contributed thematic funding to HIV and AIDS, compared with nine partners contributing in 2019. Sizeable thematic contributions were received from the Korean Committee for UNICEF, the Netherlands Committee for UNICEF and the Finnish Committee for UNICEF for global HIV and AIDS thematic funding.

The criteria used for allocating global thematic HIV and AIDS funds by region included the following:

- AIDS-related deaths among children and adolescents
- New infections among children and adolescents
- Number of intensive programming countries in the region
- Countries’ strategic focus on the HIV programme (HIV programme related outputs and indicators in CPD)
- Regional funding allocation cap – maximum 30 per cent of total per region.

FIGURE 82: Spotlight on global HIV and AIDS thematic funding, 2018–2020



Under the current UNICEF Strategic Plan, the Korean Committee for UNICEF has contributed 81% of all global HIV and AIDS thematic funding.

In consultations with UNICEF regional offices, it was agreed that most of the funding would go to the 35 intensive programming countries prioritized under the UNICEF HIV/AIDS Global Vision and Strategic Direction document. Country office allocations were primarily

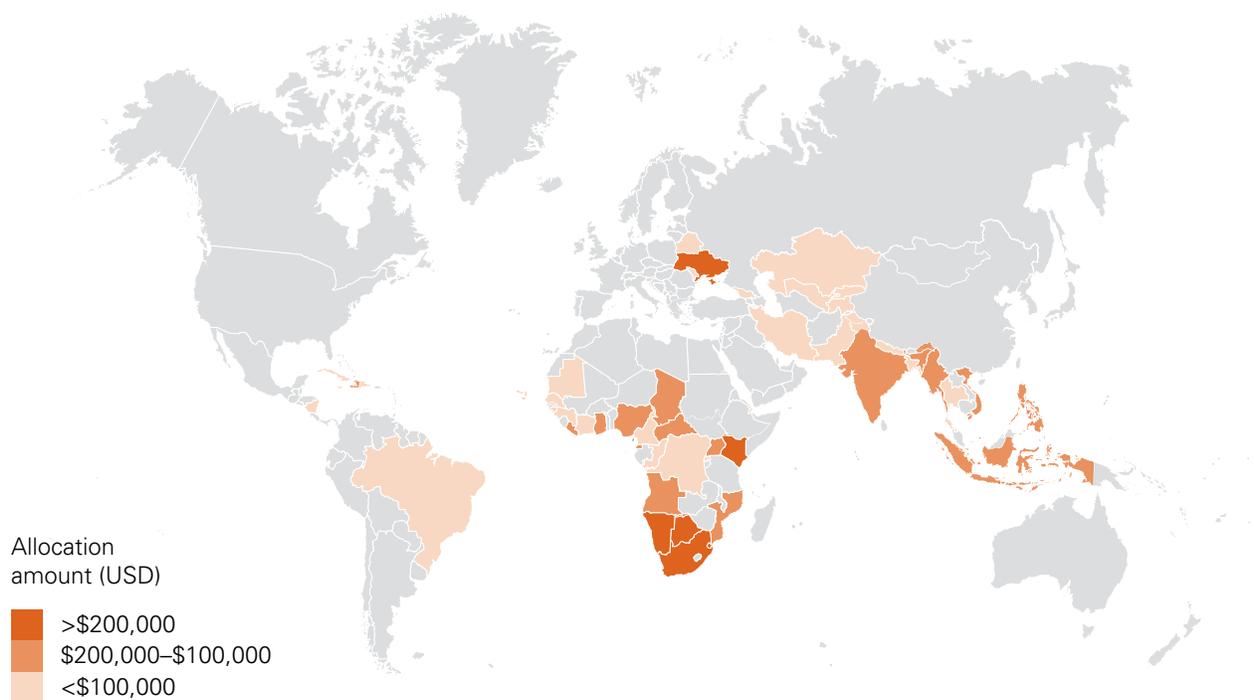
given in support of country efforts to end AIDS in children through enhanced efforts to (1) eliminate new HIV infections in children where there are critical gaps, (2) provide treatment and care to children and adolescents, and (3) prevent HIV in adolescents.

FIGURE 83: Thematic contributions by resource partner to HIV and AIDS, 2020

Resource Partner Type	Resource Partners	Total (US\$)	Percentage of Total
Private sector	Korean Committee for UNICEF	5,453,609	80.69%
	Dutch Committee for UNICEF	548,226	8.11%
	Finnish Committee for UNICEF	278,595	4.12%
	Hong Kong Committee for UNICEF	182,004	2.69%
	German Committee for UNICEF	148,284	2.19%
	Danish Committee for UNICEF	96,735	1.43%
	Norwegian Committee for UNICEF	27,555	0.41%
	Japan Committee for UNICEF	23,677	0.35%
Grand total		6,758,686	100.00%

Note: Grant numbers are provided for IATI compliance: SC1899020001, SC1899020004, SC1899020005, SC1899020006, SC1899020007, SC1899020010, SC1899020014, SC1899020015, SC1899020016, SC1899020017.

FIGURE 84: Allocation of global HIV and AIDS thematic funding to country offices, 2020



Allocation amount (USD)

- >\$200,000
- \$200,000–\$100,000
- <\$100,000

HIV and AIDS Expenses in 2020

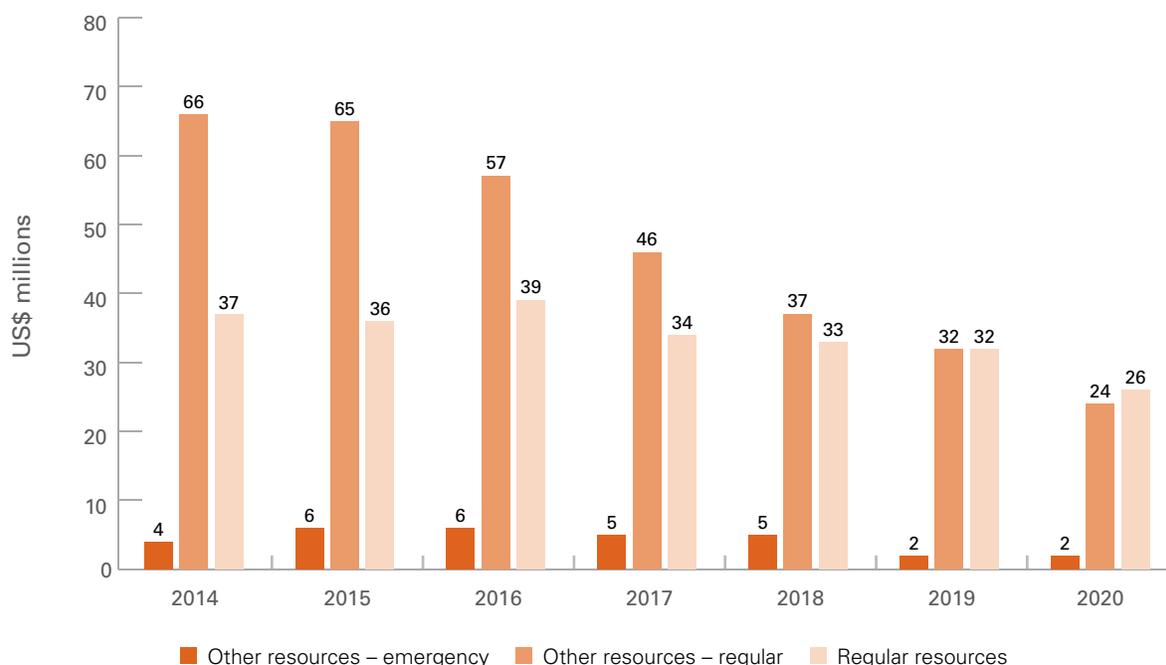
Expenses vs. expenditures

'Expenses' are recorded according to the International Public Sector Accounting Standards (IPSAS) and are accrual based. These are used for official financial reporting. 'Expenditures' are recorded on a modified cash basis. They are used for budget reporting, as they are aligned with cash disbursements and goods receipts (the way budgets are consumed).

UNICEF HIV spending has continued to decline. The US\$52 million spent in 2020 was about US\$14 million less than the 2019 amount. HIV spending in 2020 was around 1 per cent of the total UNICEF programme expenditures.

This negative expenditure trend over the past several years is mainly due to steadily declining spending in the 'other resources – regular' (ORR) category. The US\$24 million ORR total in 2020 was US\$8 million less than the level in 2019 and far below the US\$65 million amount of five years ago. Also contributing to the overall trend has been a smaller annual decline over the past few years in spending through 'regular resources' (RR), which totalled about US\$26 million in 2020. (Expenditures through the third channel, 'other resources – emergency', or ORE, have always been the smallest of the three categories by far. The US\$2 million amount in 2020 was unchanged from the 2019 total.) It should be noted, however, that with HIV interventions increasingly becoming more integrated in country programmes, actual HIV expenditures may be underestimated in the current calculations.

FIGURE 85: Expense trend for HIV and AIDS by year and fund type, 2014–2020

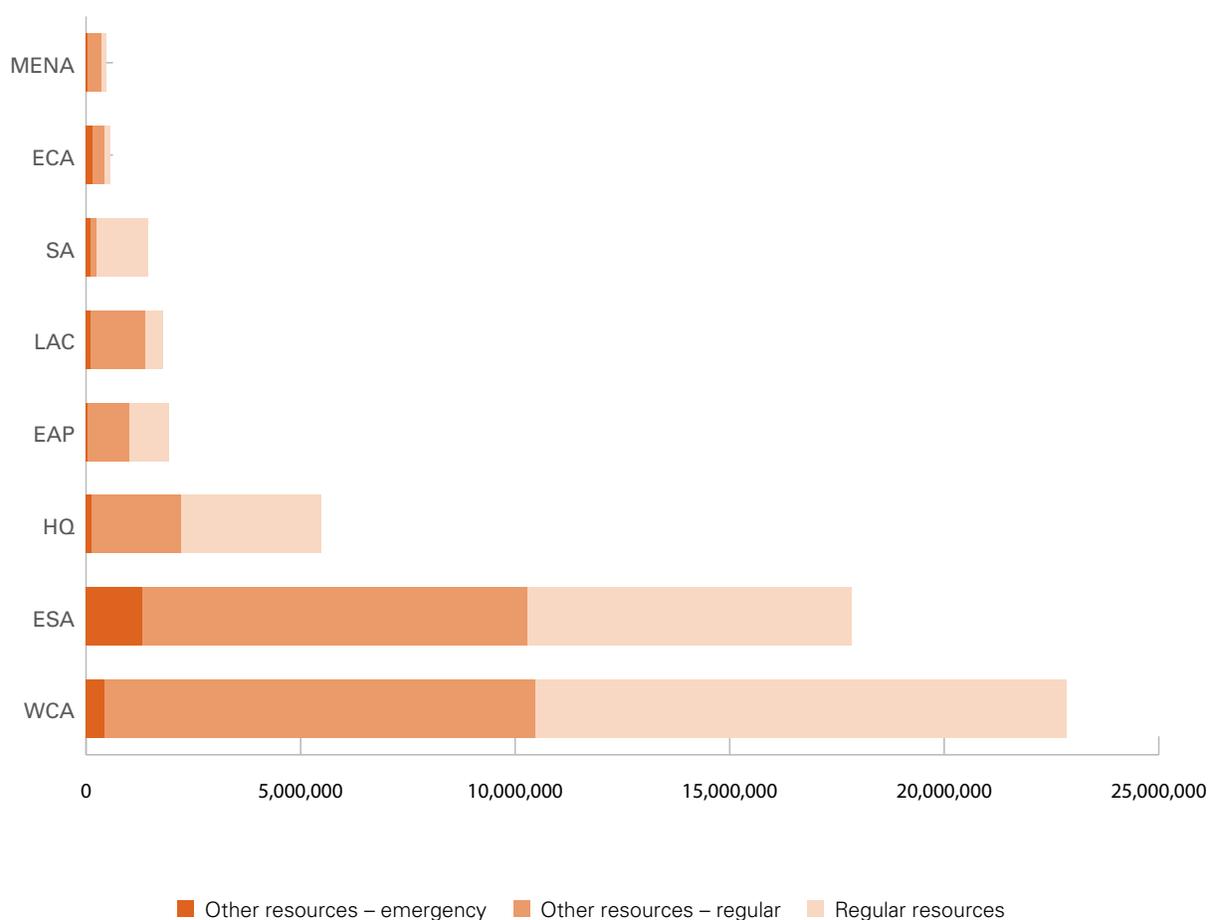


Notes: ORE, other resources – emergency; ORR, other resources – regular; RR, regular resources.

The declining HIV expenditure trend in recent years is a concern because it negatively affects the organization's ability to respond to remaining gaps and programme quality issues in priority countries. UNICEF direct support and ongoing advocacy on children and AIDS issues is particularly important at this stage of the epidemic, with progress toward the global targets and goals for ending AIDS in children falling further behind as the world continues to struggle with the health, social and economic impacts of the COVID-19 pandemic.

In 2020, as in previous years, spending through the HIV and AIDS programme area was based on investment need and therefore varied widely among different regions. The largest share of overall spending, about US\$23 million (44 per cent of the total), was in West and Central Africa, the region with the world's second greatest overall HIV burden, after Eastern and Southern Africa.

FIGURE 86: Allocation of global HIV and AIDS thematic funding to country offices, 2020



Notes: EAP = East Asia and the Pacific; ECA = Europe and Central Asia; ESA = Eastern and Southern Africa; HQ = headquarters; LAC = Latin America and the Caribbean; MENA = Middle East and North Africa; SA = South Asia; WCA = West and Central Africa.

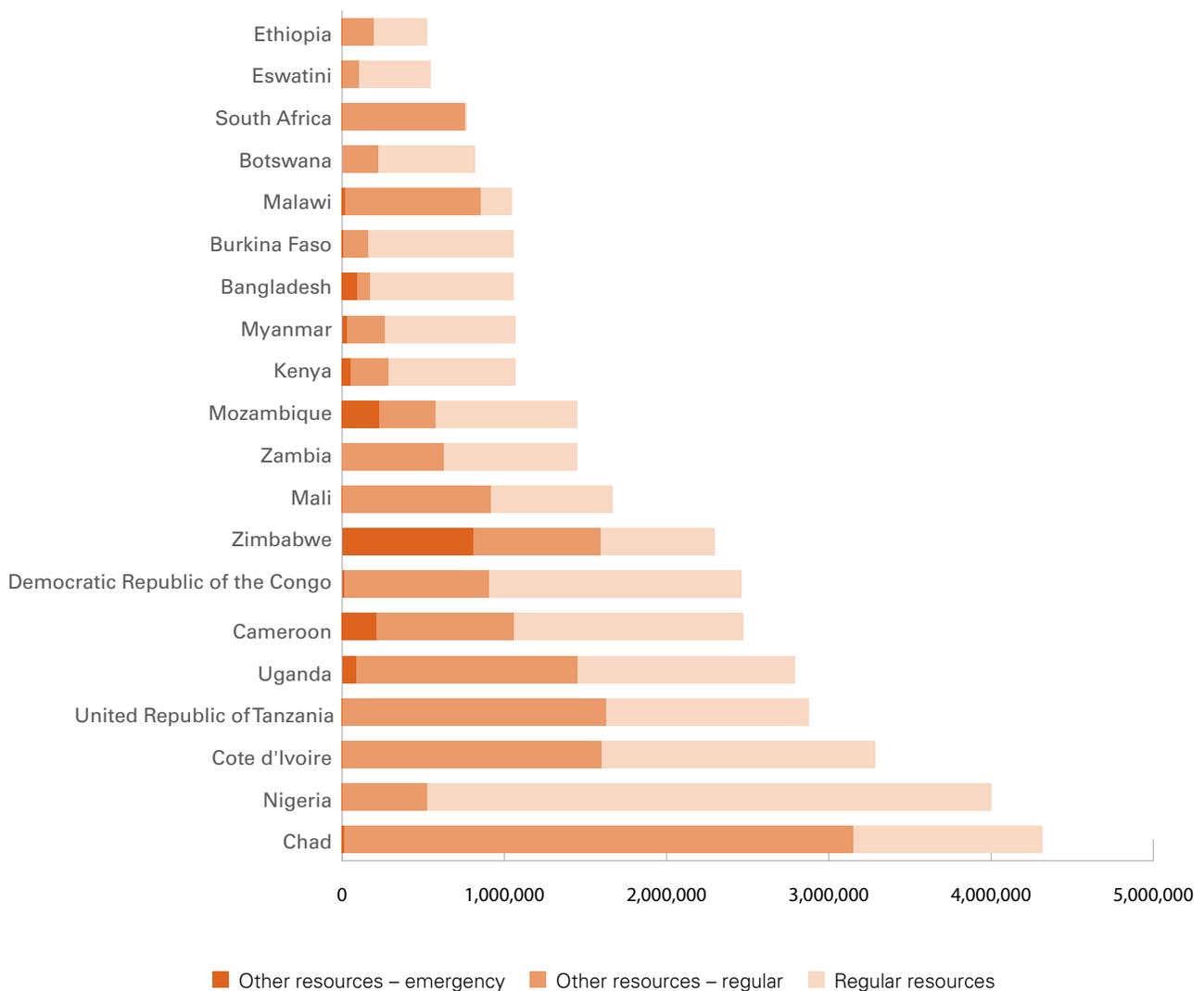
In collaboration with other UNAIDS cosponsors, UNICEF in recent years has considered West and Central Africa to be a priority region for HIV and AIDS work. Improving the situation in the region remains a priority because the needs and gaps continue to leave so many people behind. Progress toward meeting key targets for HIV responses in general – and for pregnant women, children and adolescents more specifically – lags considerably compared with global averages and most other regions.

Combined spending in the two sub-Saharan Africa regions was more than three quarters of total expenses in 2020, which roughly corresponds to the regions' combined share of the global HIV burden. UNICEF funding through the HIV

and AIDS programme area was considerably less in other regions, all of which have relatively small and concentrated epidemics. In those contexts, activities primarily focused on strategic programme areas to address inequities.

Epidemic burden and programme needs helped determine amounts allocated and spent in individual countries. More than 70 per cent of all spending in the HIV and AIDS programme in 2020 went to 20 countries; of them, all but 3 are from West and Central Africa and Eastern and Central Africa. Five countries from those two regions accounted for a third of total spending – Chad, Nigeria, Côte d'Ivoire, the United Republic of Tanzania and Uganda – three of which are in West and Central Africa.

FIGURE 87: Expenses for HIV and AIDS by top 20 countries and fund type, 2020



In terms of results area, spending for treatment and care of children living with HIV in 2020 was about 57 per cent of the total spending, with the remaining 43 per cent for HIV prevention. This represents a shift from the 2019 spending mix, where the split between two results areas was almost identical.

Variations in spending at regional level reflected the different epidemic contexts. For example, the South Asia and Latin America regions spent 85 per cent and 88 per cent, respectively, on HIV prevention in 2020. However, the East Asia and West and Central Africa regions invested a respective 64 per cent and 63 per cent on the treatment and care of children living with HIV results area.

In both the HIV prevention and treatment results areas, technical assistance was the highest HIV intervention by spending in 2020. More specifically, US\$5.2 million was spent on technical assistance for the treatment and care of children living with HIV, with spending on technical assistance in the HIV prevention results area totalling nearly US\$4.8 million.

As shown in Figure 88, the grand total of HIV and AIDS programme expenses as well as its three main constituent parts (ORE, ORR and RR) can be broken down into several cost categories. Two of them accounted for about 70 per cent of all HIV and AIDS expenses: 'transfers and grants to counterparts' (US\$20 million), and 'staff and other personnel costs' (US\$17 million). The high share of expense in the 'transfers and grants' category highlights the importance UNICEF has continued to place on supporting

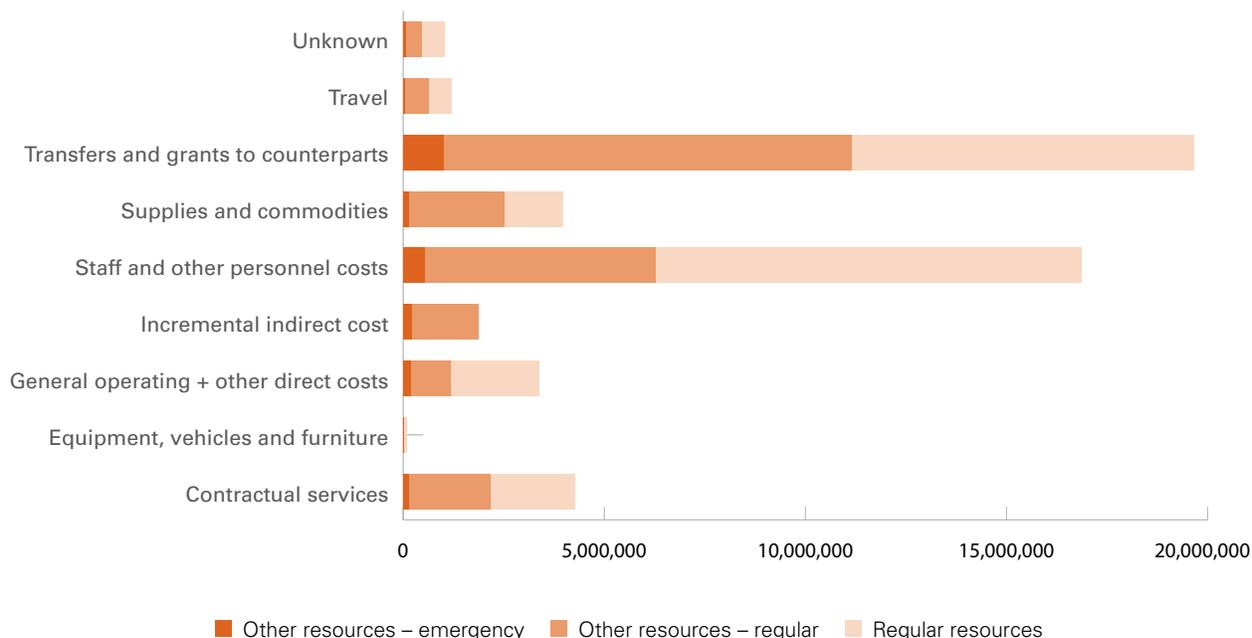
counterparts in implementing high-impact HIV and AIDS interventions to better serve pregnant women, children and adolescents in need.

The overall decreased funding trend for the UNICEF HIV and AIDS programme area is anticipated to continue in coming years. The global COVID-19 pandemic has made fundraising even more challenging. What is particularly concerning is the downward trend of global thematic funding, as it is flexible in nature and supports programme management and salaries for critical staff members at both headquarters and regional offices.

As for the UNAIDS Joint Programme funding, the current central allocation to UNICEF is unchanged at US\$2 million per year, and we also raised US\$4.5 million for 2021 activities from the country envelopes and Business Unusual Funds, which were set up to support HIV programming at the country level financially. The new results and operational framework, including funding allocations, for the next five years are currently under discussion among the key stakeholders, and the final decision on the framework will be made in the Special Programme Coordinating Board session in September 2021.

The UNICEF HIV and AIDS team continues to identify innovative resources. Current conversations include adoption of an integrated strategy for HIV response that will contribute to results across relevant sectors through catalytic leveraging of partnerships and broader commitment to and accountability towards achieving shared, multiple UNICEF Strategic Plan results in 2022–2025.

FIGURE 88: Expenses for HIV and AIDS by cost category and year, 2020 (US\$)





Results: Early childhood development

Roughy, 21 years old, a Voluntary Resource Person (PRV) in Tufunde Cive, holds her 5-month-old daughter.

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The coronavirus disease 2019 (COVID-19) pandemic is compounding pre-existing inequalities and exclusion, as the most disadvantaged parents, caregivers and children struggle to cope. Over 150 million additional children were estimated to be living in multidimensional poverty since the pandemic began.¹²⁴ An estimated 43 per cent of all children (349 million) who are below primary school entry age need childcare but do not have access to it.¹²⁵

Early childhood is a critical period in a child's development and deprivations during this window of opportunity can have lifelong repercussions. Nurturing care that encompasses nutrition, health, protection, early learning, and responsive caregiving is essential for all children to achieve their full developmental potential – especially in the first 1,000 days of life. The pandemic caused large-scale disruption of early childhood services, and children were confined to their homes without their normal access to learning, play, health and nutrition. Parents and caregivers became front-line responders during this unique crisis.

The COVID-19 pandemic has underscored a crisis of care and learning. It has also highlighted the significance of parents and caregivers as first responders for children's learning and development, especially when childcare and early learning services are disrupted. For many parents, these added responsibilities may impact their mental health and well-being, and they may experience increased social, emotional and economic stressors, which in turn could affect their ability to provide responsive care for their young children.

The knock-on effect of restricted early childhood development (ECD) services needs to be addressed. For example, women are often the primary caregiver,

which means that the lack of childcare services limits the extent to which women can work to earn money, thereby making them more likely to live in extreme poverty.¹²⁶ This continues to hinder ECD and places children at heightened risk of abuse and neglect.¹²⁷

Notwithstanding the challenges of 2020, multisectoral ECD programmes progressed during the pandemic. In addition to providing direct adaptable and flexible support to children and families, UNICEF has been working to strengthen systems. There has been a consistent trend towards institutionalizing ECD programmes within government systems, paving the way for sustainable scale-up. UNICEF collaborated with partners to explicitly elevate the needs of parents/caregivers, and to further amplify the importance of creative and alternative play-based learning and responsive care opportunities. UNICEF country offices adapted interventions so that countries could continue to enhance enabling environments and to deliver essential early childhood and parenting/caregiver support services at scale.

UNICEF supported nearly 2.8 million children under 5 years of age to participate in ECD and/or early learning programmes in humanitarian contexts in 74 countries, including through remote modalities, such as online programmes, in response to COVID-19.

The year-on-year progress in ECD is promising. However, the pace of progress is insufficient: available data indicate that the world is off track to achieve the SDG target for ECD. In 2020, only 57 per cent of children in UNICEF programme countries were receiving early stimulation and responsive care, both of which are critical for young children to realize their full potential.



Dwi Rizky Saputra, a child affected by COVID-19, plays with a hand puppet after receiving a recreational kit package at his home in Jombang, Indonesia.

Case Study 15: Indonesia and Peru: Adapting play and parenting support during the COVID-19 pandemic

The COVID-19 pandemic has disrupted traditional systems of early learning and childcare. To support parents and caregivers, UNICEF has adapted both content and delivery of existing interventions to best address the needs of each community. Among other modalities, UNICEF turned to free digital platforms, with low data requirements, using instant messaging and multimedia sharing to support families remotely and build communities of solidarity. UNICEF provided adaptive responses according to each country context.

In Indonesia, between 60 and 70 per cent of teachers interacted with pre-primary students, directly or through their parents, most commonly via WhatsApp. This helped to provide support for parents and caregivers, as learning activities were primarily play-based in the home. UNICEF deployed RapidPro to assist teachers and parents to monitor online and offline learning activities. UNICEF also helped to pilot an online counselling tool in one province using a WhatsApp chatbot. The tool coached mothers and caregivers on child wasting and integrated management of acute malnutrition.

In Peru, with seed funding from the UNICEF Innovation Fund, the start-up company Afinidata supported families with children under 2 years of age in the 8,000 primary health-care establishments nationwide. Afinidata provides virtual counselling via a chatbot that can interact with families '24/7' through their social media channels, with fun and playful activities to do with young children. The platform includes micro-videos on newborn care, premature baby care, breastfeeding, complementary feeding, play, sensitive interaction, mental health and vaccinations.

Result area/output statement for early childhood development

Output statement 1.h: Countries have institutionalized the delivery of quality early childhood development services as part of the health platform

UNICEF has been working towards increasing the proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being.

As of 2020, available data from 74 countries indicates that only 71 per cent¹²⁸ of children 36–59 months of age are developmentally on track.¹²⁹ Only 57 per cent of children in UNICEF programme countries received the early stimulation and responsive care that is critical to ensuring that children are developmentally on track.

This chapter highlights the contribution made by UNICEF to the three output indicators (*see Figure 89*) that assess the progress of countries to institutionalize the delivery of quality ECD services, establish an enabling policy environment and expand ECD programme interventions for young children affected by humanitarian contexts.

FIGURE 89: Strategic Plan early childhood development outputs results data

Output indicator	Disaggregation	Baseline ¹³⁰	2019 value	2020 value	Milestone (2020)	Target (2021)
1.h.1. Number of countries that have adopted ECD packages for children at scale	UNICEF programme countries with data	28	45	53	46	80
	EAP	1	5	8		
	ECA	4	8	8		
	ESA	6	9	9		
	LAC	13	14	16		
	MENA	1	3	3		
	SA	1	2	3		
	WCA	2	4	6		
1.h.2. Number of countries with national ECD policy or implementation plans for scale-up	UNICEF programme countries with data	65	83	87	107	116
	EAP	9	12	12		
	ECA	2	4	4		
	ESA	9	11	12		
	LAC	28	31	31		
	MENA	6	6	8		
	SA	3	4	4		
	WCA	8	15	16		
1.h.3. Percentage of UNICEF-targeted girls and boys aged under 5 years (0–59 months) in humanitarian situations who participate in organized ECD and/ or early learning interventions ¹³¹	UNICEF programme countries with data	76% ¹³²	76%	64%	78%	80%
	Female	237,167		781,694		
	Male	245,943		780,171		
	Disability	2,608		10,714		
	EAP	101%		105%		
	ECA	76%		77%		
	ESA	64%		103%		
	LAC	85%		53%		
	MENA	44%		55%		
	SA	100%		91%		
WCA	75%		64%			

Improving services and community demand

Enhanced support for caregivers and parents: Integration of multisectoral packages into existing platforms

With a crisis of care threatening the development of children from an early age, UNICEF has been strengthening multisectoral packages of interventions through diverse platforms in health, nutrition, education, social protection and services for children that are appropriate to their age and context, alongside providing support for parents and caregivers. In 2020, UNICEF continued to focus on stimulation and responsive care in the early years. Existing programme platforms, such as community health centres, home-visiting programmes, parenting networks and preschools are being increasingly used as entry-points to integrate stimulation and responsive care with maternal health, child health, nutrition and early learning services.

By the end of 2020, some 134 countries had intersectoral ECD programmes with a package of at least two interventions addressing stimulation and responsive care. The number of countries with government-owned multisectoral ECD programmes – in ‘emerging’ and above categories, according to the ECD four-level scale rating system (see Figure 90) – has been increasing since the beginning of the current UNICEF strategic plan (2018–2021), from 80 in 2018 to 105 in 2019 and 117 in 2020.

Among those 117 countries, 53 – up from 45 in 2019 – have reached at least ‘established’ level, demonstrating political commitment and costed action plans as preconditions for strong systems to scale up multisectoral ECD programmes (see Figure 91). These numbers manifest an increasing trend of institutionalizing ECD programmes within government systems, paving the way for sustainable scale-up.

UNICEF continues to promote the operationalization of the Nurturing Care Framework (NCF), a road map for action for caregivers, governments, service providers, civil society, private sector and other actors to ensure that every child gets the best start in life (see Figure 93). The NCF draws on evidence of how children develop in their early years to set out the most effective policies and services. Building on the established global partnership architecture of the NCF¹³³, UNICEF and partners have been strengthening engagement with government at all levels to institutionalize responsive care and stimulation in national systems, expanding support from 15 to 30 countries to operationalize the NCF, including adaptations to respond to COVID-19. For example, the innovative ‘Caring for the Caregivers’ training package (see Case Study 17) aims to increase the capacity of front-line workers to promote the mental health of parents/caregivers, and is being validated in eight countries. While the overall trend in multisectoral packages is encouraging, momentum needs to be sustained in the aftermath of the pandemic to achieve the ambitious target of 80 countries reaching ‘established’ or ‘advanced’ categories by 2021.

FIGURE 90: Four-level rating scale for adoption and scale-up of multisectoral ECD package

1. WEAK	2. EMERGING	3. ESTABLISHED	4. ADVANCED
Funded, implemented and monitored by only UNICEF/local partners (NGOs, CSO, private sectors, etc.)	There are at least two interventions that address stimulation for children aged 0–59 months adopted by the government but <i>lacking a costed action plan</i> to scale up with government’s ownership	There are at least two interventions that address stimulation for children aged 0–59 months adopted by the government with a costed action plan to scale up with government’s ownership	Government-led interventions with costed action plan and with both (a) monitoring system and (b) coordination mechanisms

Notes: CSO, civil society organization.

FIGURE 91: Status of multisectoral ECD packages at scale: 2018–2020 progress review

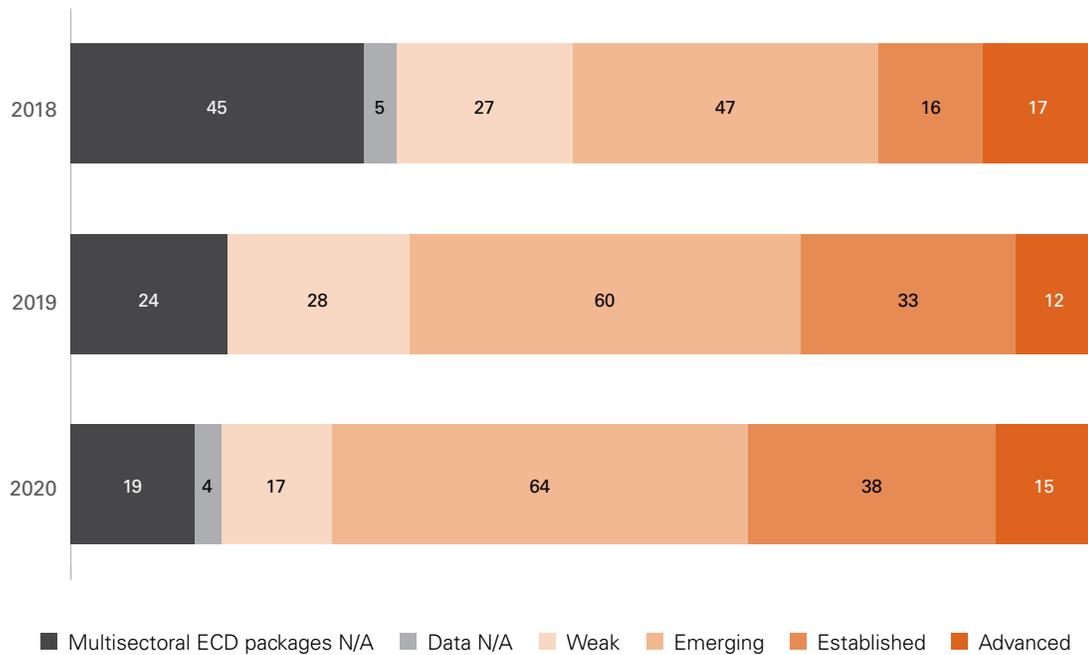
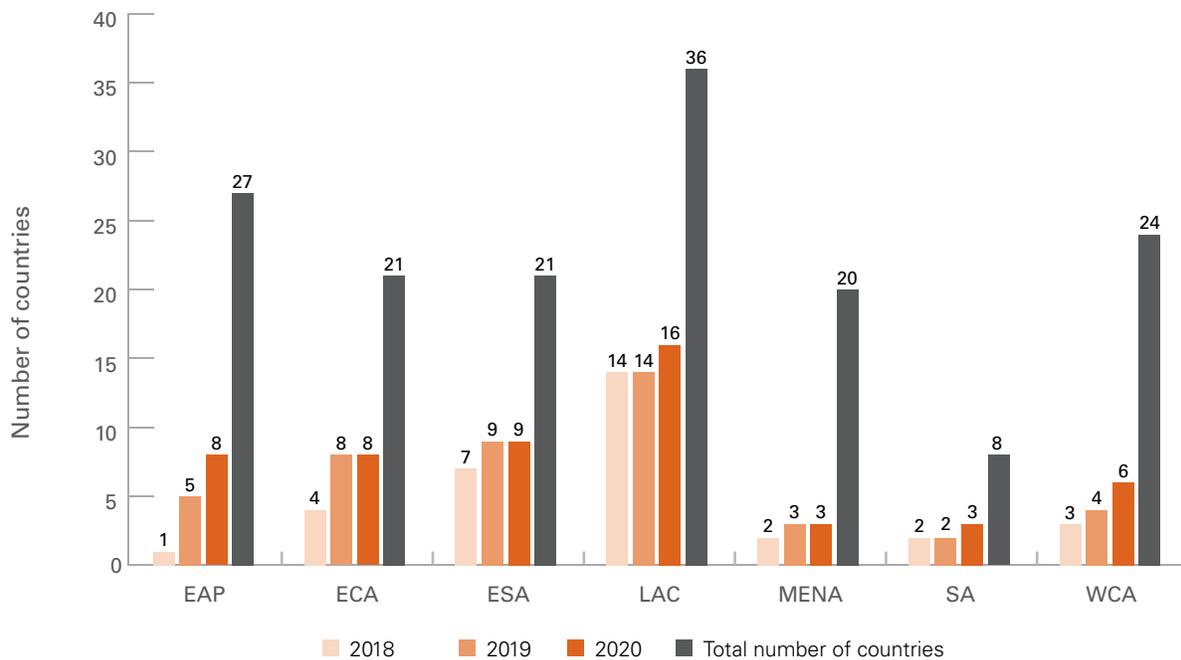


FIGURE 92: Multisectoral ECD packages at scale (established and advanced): 2018–2020 progress overview by region



Notes: EAP, East Asia and Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa.

FIGURE 93: Components of nurturing care



Case Study 16: Jamaica: Enhancing inclusive early childhood development

The landscape to provide support for children with disabilities in Jamaica is growing. A UNICEF report – mapping current national capacity and service provision of comprehensive care for young children with developmental disabilities – led the Early Childhood Commission to establish a national Early Years Care and Support sub-committee. Further building the framework for inclusion, UNICEF has been partnering with the Ministry of Education, Youth and Information and the International Development Bank to update the National Directory of Services for Children. This highlights all government and non-governmental agencies that target early childhood, children with disabilities and violence against children. The directory will become an online database in 2021. UNICEF plans to help link the directory to the 'First 1000 Days' app (which provides families with parenting tips and health information) and to the Child Health Development Passport given to all babies born in Jamaica and used as an early screening identification and referral pathway for children with disabilities.



Children at Savanna-la-Mar Inclusive Infant Academy, Jamaica's first inclusive government-run early childhood institution.

Using multisectoral packages of interventions: Illustrative examples

Wherever UNICEF is supporting ECD programmes, the priority during the pandemic has been to ensure children continue to benefit from quality ECD interventions, while protecting front-line workers and providing solid support for parents and caregivers.

In Tajikistan, UNICEF supported the Government to enhance provisions for multisectoral ECD work in the National Health Strategy 2021–2030. During the pandemic, UNICEF implemented an integrated and multisectoral approach, focusing on the continuity of critical health and nutrition services for children and pregnant women. UNICEF and partners also supported the Government to provide cash transfers to more than 55,000 families with children under 3 years of age and registered as poor. Messages on good nutrition and parenting practices that help children to stay healthy reached 6 million people through mobile platforms.

In Mozambique, integrating early learning and responsive caregiving has transformed the Nutrition Intervention Package (*Pacote de Intervenções de Nutrição*, PIN) into a multisectoral package for ECD. PIN is delivered by community health workers at bi-monthly parent-child meetings and covers counselling on responsive care and early learning in the first two years of life. Led by the Government and financed jointly by the World Bank, USAID and UNICEF at over US\$24 million, PIN is targeting 3 million children under the age of 2 years in eight provinces with the highest malnutrition rates. The integrated approach means that the significant resources attached to PIN can be

maximized for the child, leveraging financing opportunities to ensure that nutrition interventions also promote nurturing care.

In Honduras, UNICEF worked with the Government to strengthen the national ECD system (*Sistema Nacional de Primera Infancia*) to deliver quality ECD services for 196,608 children under 6 years of age. Service provision continued throughout the pandemic. UNICEF supported *Criando con Amor* (Parenting with Love), which builds caregivers' competencies on nurturing and sensitive care and includes tools for children's health, nutrition, safety and security, responsive caregiving and COVID-19 prevention. Under *Criando con Amor*, 36,662 indigenous families had at least two home visits from May to November 2020, in compliance with COVID-19 regulations.

'Playful parenting' encourages parents/caregivers to spend time with their child, actively playing and singing to engage them in learning. In Zambia, UNICEF conducted a multimedia communication campaign to highlight the positive role of playful parenting and nurturing care in a child's development, reaching an estimated 3 million people with messages over social media, billboards, print media, television and radio.

In the Niger, UNICEF has been working with the Government during the pandemic to promote Infant and Young Child Feeding Practices for Community-Based Management of Acute Malnutrition, including through social media and community radio. Since March 2020, some 1,122,231 caregivers of children aged 0–23 months have been reached with breastfeeding messages.



© UNICEF/UNI352109/Stakadhoma/OutSet Media

Playful parenting: 1-year-old baby Lucky and his mother, Zambia.

Case Study 17: Sierra Leone: Caring for the caregivers

Supporting the mental health and emotional well-being of parents and caregivers is key to optimal child development. UNICEF is developing a Caring for the Caregivers (CFC) training package to build front-line workers' skills in strengths-based counselling for caregivers. The training aims to increase caregivers' confidence and help them to develop stress management, self-care and conflict-resolution skills. Sierra Leone piloted the first version of the CFC package in 2018, and in 2020 became one of the eight countries to lead the validation and testing of a revised prototype version. Since the initial pilot, the Ministry of Health has taken the CFC initiative on board, using it to strengthen the core training curricula for community health workers.



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Fatu Kamara and Abu Sankoh hold their 3-week-old twin sons at home, in Katalan Village in Gbilan Dixon Chiefdom, Kambia District, Sierra Leone.

Building stronger institutions

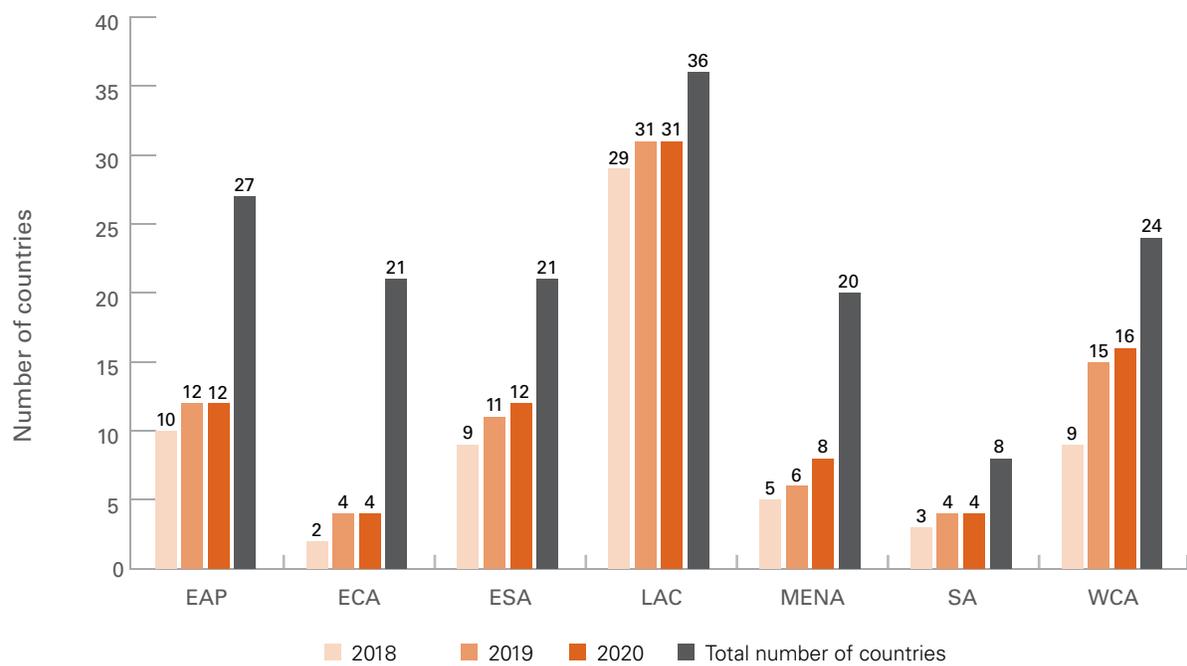
Enhancing enabling policy environments to support and strengthen families: Multisectoral ECD policies and plans

To promote sustainability of ECD intervention services – and take them to scale – UNICEF continued to work with governments to strengthen policy in 2020. In 2020, out of 157 countries, 87 (4 more than in 2019) confirmed that they have a national ECD policy or action plan. While positive, this figure indicates that progress slowed in 2020, likely due to the pandemic. By comparison, between 2018 and 2019, 16 countries formalized their ECD frameworks. The global picture thus remains virtually the same as last year: Latin America and the Caribbean region leads with 31 out

of 36 UNICEF programme countries with an established policy or plan. Other regions have some way to go: fewer than half the countries in East Asia and the Pacific, Europe and Central Asia, and the Middle East and North Africa have established a national ECD policy or action plan. As the 2020 milestone of 107 countries was not met, the target of 116 by 2021 is now an even more ambitious goal.

With the global economic slowdown caused by the pandemic, there is a significant risk of losing political momentum and investment in the ECD agenda. Maintaining ECD as a policy priority will be critical to ensuring progress towards SDG 4.2. Indeed, in the face of COVID-19, there is increasing demand for early childhood services and parenting support. The number of children below primary school entry age in need of child care rose to an estimated 349 million.

FIGURE 94: Numbers of countries with an early childhood development policy or action plan, 2018–2020, by region



Notes: EAP, East Asia and Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa.



Emily, Anahit and Mher are playing at a UNICEF-established preschool in Lori, Armenia.

Case Study 18: Turkmenistan: Building a strong framework for early childhood development action

Establishing an enabling environment for early childhood development (ECD) has been a UNICEF priority in recent years, an approach that paid dividends in 2020. In Turkmenistan, the Government endorsed the Action Plan and Monitoring and Evaluation Framework in 2020 – a critical milestone in implementing effective ECD programmes. Both will support the operationalization of the National ECD Strategy for 2020–2025, which focuses on cross-sectoral collaboration to maximize resources for the survival and development of young children. The Strategy highlights the importance of measuring progress through reliable data – and the need for strengthening coordination mechanisms and referrals at national and local levels. This will help to provide effective, efficient and quality services to young children and their families, as well as promote sharing of experiences and innovations, external advice and oversight. As a result, more children will survive and develop, more parents will be empowered to adopt beneficial childcare practices, and more professionals will enhance their skills.

Family-friendly policies

In recent years, UNICEF has made a call for action to advance family-friendly policies (FFPs) in workplaces around the world. FFPs aim to balance and benefit both work and family life through providing essential resources – time, finances and services – that parents/caregivers need. They promote gender equality and are good for children, women, businesses and the economy. To increase commitment to such policies in 46 countries, UNICEF has engaged in at least one of the following: (1) national reviews of FFPs; (2) national consultations on how to update existing policies or introduce new policies; (3) national coordination mechanisms to support families with FFPs;

(4) costing of national action plans/policy/law on FFPs; and (5) amendment of existing relevant labour/employment policies.

Of these 46 countries, 18 reported¹³⁴ having established or amended policies, laws and/or regulations to address at least one of the FFP asks: (1) paid parental leave for all parents and guardians; (2) support for exclusive breastfeeding for six months; (3) affordable, accessible quality childcare; and (4) provision of child benefits and adequate wages (*see Case Study 19*). Out of those 18 countries, 6 reported having established or amended policies, laws and/or regulations to address two or more FFPs in 2020, exceeding the annual milestone of one additional country.

FIGURE 95: Family-friendly policies: four sets of policies and four transformative shifts in the workplace

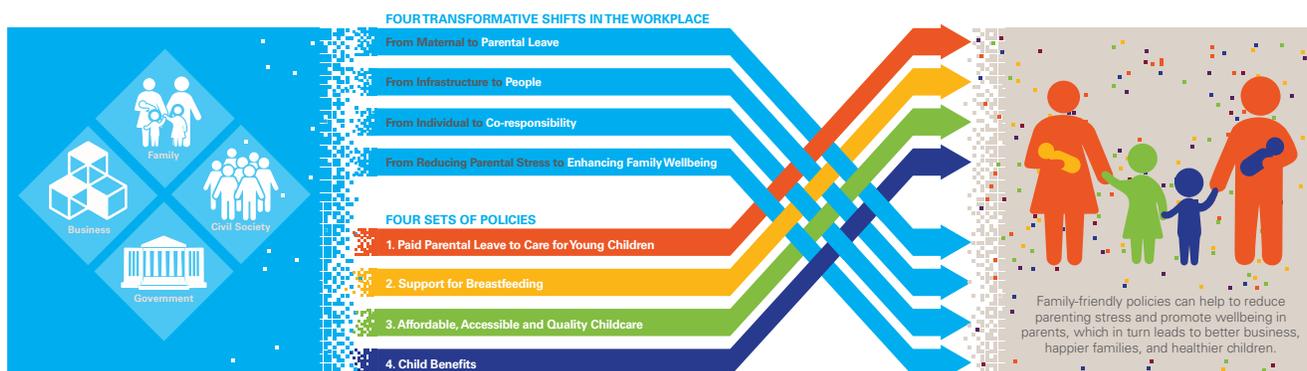
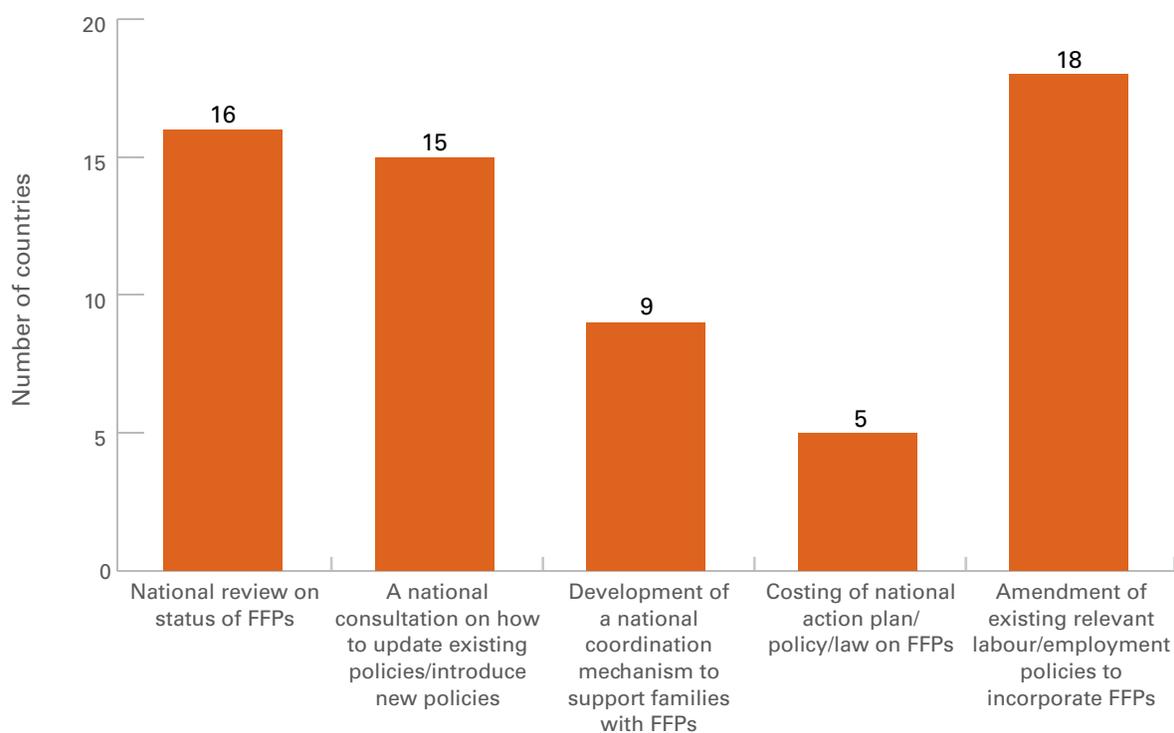
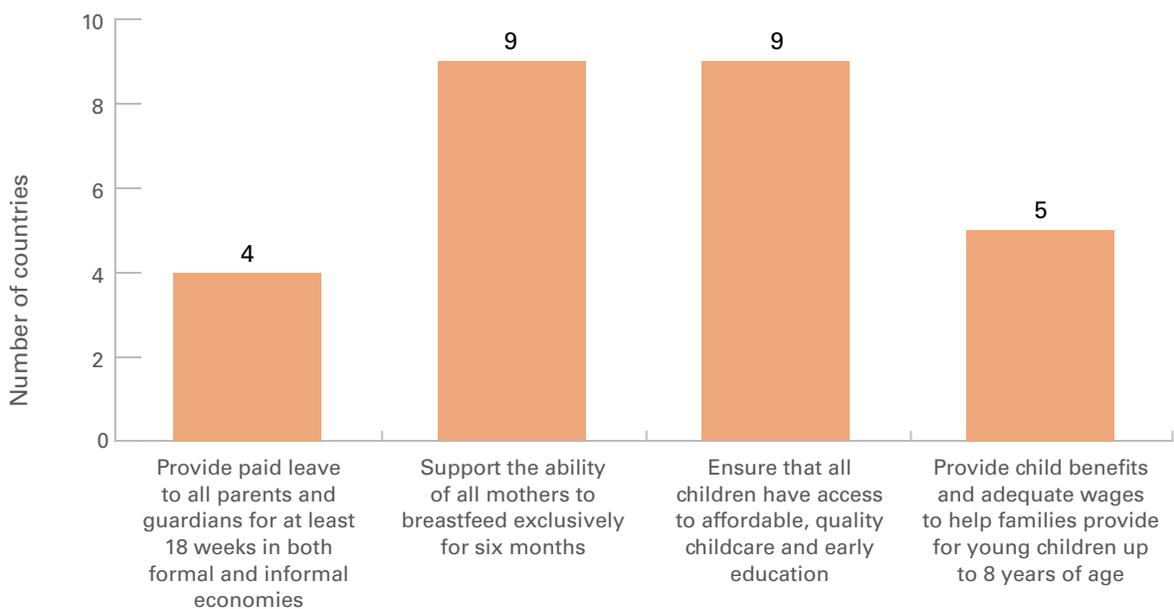


FIGURE 96: Number of countries UNICEF provided support towards the adoption of family-friendly policies in 2020 (by modalities of support)



Note: FFPs, family-friendly policies.

FIGURE 97: Number of countries that amended policies, laws and/or regulations to address each family-friendly policy



Public financing for ECD

Budget allocations for ECD are at risk in an environment of pandemic-induced austerity. Consequently, UNICEF is supporting countries to protect and expand ECD-related services, including evidence-based advocacy, and improve the planning, costing and prioritization of critical services for young children and their families. For example, UNICEF advocacy efforts in Argentina contributed to increasing

the allocation of social funding and investment in children. The National Budget 2021 – approved by the Congress in December 2020 – includes a total allocation of US\$166.87 million for ECD (US\$5.6 million more than in 2019). At the global level, UNICEF is collaborating with the ECD Action Network and partners to create a cost of inaction tool to support countries to advocate for the prioritization of ECD investments. The tool is being tested in Bulgaria and Madagascar and will be ready for global roll-out in 2021.

Case Study 19: Family-friendly policies

To strengthen enabling environments so that parents and caregivers give their children the best start in life, while boosting productivity and women's empowerment, UNICEF has been advocating for four evidence-based policy asks (see *Figure 95*). In 2020, UNICEF-led work on family-friendly policies (FFPs) has been particularly effective in Cameroon, India, Argentina, Bangladesh, Viet Nam and the Philippines. Progress in the latter four countries is described below.

In Cagayan de Oro City in the Philippines, the UNICEF-led review of the Expanded Breastfeeding Law and the existing Mother-Baby Friendly Workplace Certification programme found that neither had been implemented at the time of the review. Weak management and a low level of awareness among implementing agencies on the provisions of the law – such as whether lactation stations and breaks are mandatory or voluntary – have stymied progress. In response, the local government formed a technical working group to promote family-friendly enterprises in the business sector. The group set in place an action plan and established the criteria for a new 'Best Family Friendly Workplace' Award, based on the existing standards implemented by the Family Welfare Programme, the Mother-Baby Friendly Workplace Certification and COVID-19 social distancing measures. The award will be rolled out in 2021.

FFPs are now a part of the workplace policy conversation, helping to create a sustainable enabling environment for young children and their parents. In Viet Nam, UNICEF worked with the Chambers of Commerce and Industry to engage around 200 representatives of businesses and associations, NGOs, academia and government to share lessons learned and good practices in implementing family-friendly workplace policies. As a result, the Viet Nam Business Council for Sustainable Development integrated child rights criteria – including FFPs – into the Corporate Sustainability Index.

In Argentina, UNICEF engaged with union representatives and launched a digital platform (<https://empresasquecuidan.org/>) and the 'Companies that Care' initiative to promote FFPs in the private sector. After just two months online, more than 60 companies were using the digital tool to improve their current family-friendly and gender policies and strategies.

Efforts to institutionalize FFPs – particularly maternity rights and breastfeeding – in the workplace are coming to fruition in Bangladesh. UNICEF worked with the Ministry of Health and Family Welfare and the Ministry of Labour and Employment on the Mothers@Work intervention. Starting with 5 garment factories, the intervention has now expanded to 88, reaching around 160,000 workers and their children. With other factories interested in taking part, the target of reaching 2 million women workers by 2030 seems possible. The pilot factories have established childcare facilities and have committed to two 30-minute breastfeeding breaks for lactating mothers, many of whom now express milk, which was not common before the programme started. Overall, exclusive breastfeeding has risen from 12 per cent to 17 per cent. Productivity among lactating working mothers rose from 73 per cent to 79 per cent. Estimates suggest that an annual investment of US\$10,000 in Mothers@Work could prevent US\$62,400 in annual loss from rejected goods.



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A breastfeeding working mother put on a mask and used hand sanitizer to breastfeed her baby in a childcare centre in Crown Garments Factory in Bhaluka, Mymensingh, Bangladesh.

Strengthening national and subnational governance, policies and plans: Illustrative examples

In Burundi, UNICEF provided technical support to the Government for the implementation of its multisectoral plan on nutrition, which focuses on parenting practices. The Government of Burundi has also been working with UNICEF and partners to deliver a social protection programme. UNICEF has supported the World Bank's cash transfer programme with complementary multisectoral activities. The ECD module focuses on providing adequate nutrition and responsive care and protecting the health of children. In 2020, in total 56,090 households (compared with 13,000 in 2019) benefited from key information on essential family care practices. Integrating these interventions with a cash component is critical to communicating that ECD requires time and resources from family, as well as the State. Beneficiaries reported a positive impact on their capacity to provide for their children, as well as on family cohesion and joint decision-making, self-confidence and their ability to plan for the future.

In Thailand, the appointment of the National ECD Policy Committee and the finalization of the ECD Strategic Plan 2020–2027 by the Government signalled the importance of ECD in the national context. As a member of the ECD task force, UNICEF provided technical inputs to six planned strategic areas to strengthen enabling environments for children and their families: (1) equitable access to ECD services; (2) parenting programmes; (3) ECD services standards; (4) data and measurement; (5) ECD laws, regulation, and coordination and (6) research and knowledge generation.

UNICEF Nepal supported the development of the National ECD Strategy 2020–2030, which defines a multisectoral coordination mechanism and integrated services for ECD. The Cabinet approved the Strategy, paving the way to accelerate integrated ECD programming. UNICEF helped to develop an integrated ECD plan in 61 municipalities.

As a member of the National ECD Task Force in Egypt, UNICEF provided technical inputs to finalize the National ECD Strategy and to ensure effective coordination of multisectoral actions, alongside the National Council for Childhood and Motherhood, line ministries, civil society organizations, academia and religious leaders.

Renewed focus on ECD in emergencies: Action in humanitarian settings

Prolonged exposure to violence and insecurity in early childhood can have short and long-term impacts on human and socioeconomic development outcomes. COVID-19 has exacerbated the scale and complexity of pre-existing humanitarian situations – and thus complicated the way in which UNICEF and partners approach the humanitarian–development nexus. The need to support young children to survive and thrive in fragile situations persists. Parenting support programmes are urgently needed to sustain support for nurturing care for children and to promote their well-being and development in these challenging contexts.

In 2020, due to the COVID-19 crisis, a greater number of UNICEF country offices – 74 in 2020 compared with 46 in 2019 – prepared to support ECD or early learning programmes in humanitarian settings. UNICEF reached nearly 2.8 million children under 5 years of age who were living in humanitarian and fragile contexts, including the COVID-19 pandemic. While this represented an increase of

450 per cent from 2019, it is the 64 per cent of the 4.3 million children targeted by UNICEF country offices in 2020. This is proportionally less than the 2019 coverage (76 per cent) but is actually an increase of almost 2,150,000 children supported. This apparent disparity is due to the fast-evolving nature of the pandemic.

The ability to capture disaggregated data, which is critical for planning gender-responsive and disability-inclusive programmes in humanitarian settings, is gradually improving. In 2020, sixty-one countries reported sex-disaggregated data on children participating in ECD programmes, a large increase from 33 countries in 2019. There has also been an appreciable increase, from 14 to 25 countries, in reporting data on children with disabilities. In total, 10,714 children with disabilities were reported to have participated in ECD or early learning programmes in humanitarian settings, a significant increase from 2,608 in 2019. UNICEF will continue efforts to move beyond sex disaggregation to analyses of power structures and drivers of discrimination in order to improve programming for child development.



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A mother and child are examined by UNICEF Health and Nutrition staff at the breastfeeding room in Hamdayet Reception Centre in Gedarif state, the Sudan.

UNICEF has renewed its commitment to safeguard the right of children to realize their developmental potential in humanitarian contexts. The organization finalized the ECD section of the revised Core Commitments for Children, highlighting three programmatic priorities: (1) providing young children with equitable access to essential services; (2) building capacity for front-line workers; and (3) supporting parents and caregivers to engage in nurturing care in humanitarian and fragile settings. These revisions elevate ECD and gender-responsive parenting support in humanitarian actions by UNICEF, including the collection of ECD data to more effectively monitor results for children in humanitarian settings.

UNICEF co-leads the Inter-agency Network for Education in Emergencies ECD Task Team and leads two working groups of the Moving Minds Alliance, to promote strategic global advocacy and support ECD and parenting programme interventions.

Early childhood development in emergencies: Illustrative examples

In response to the COVID-19 pandemic, several countries implemented emergency programmes to address children's ECD needs. In both development and humanitarian contexts, UNICEF supported ECD stakeholders to innovate so that young children's development could continue to be prioritized. Offering a routine to children and their caregivers has been critical to creating a sense of normality. Countries in most regions sought to adapt ECD programmes to rely on distance modalities already in use, while other country programmes introduced online or broadcast learning for the first time.

In China, Thailand and Timor-Leste, UNICEF and partners conducted COVID-19 prevention awareness campaigns in preschools and ECD centres by sharing direct messages to pre-primary school children and migrant communities. In China, UNICEF worked with the Government on the 'Morning Call for Babies', an online education programme targeted at children aged 0–6 years, their caregivers and early education practitioners. The programme included a video demonstrating parent–child activities (viewed at least 11,266,206 times) and was supported by resource packages, including play materials, games, reading materials and material on safe hygiene practices.

UNICEF has helped to develop video materials with ideas for parents to stimulate development through play at home. In Mongolia, the messages included 'Play with your children' and 'Spend at least 20 minutes with your children' and were viewed 78,626 times. For the Montenegro #PlayAtHome initiative, an estimated 23,080 target preschool children (10,947 female and 12,133 male) accessed the material. Of these children, 240 were children with disabilities.

In many countries, the reach of the internet is not yet sufficient to facilitate access to ECD and early learning opportunities for all. UNICEF used television to promote distance learning to an estimated 60,259 young children (31,826 boys and 28,433 girls) in South Sudan. Likewise, the national Education Information Network in Turkey aired preschool lessons five days a week for 50 minutes each, with preschool teachers addressing the children directly. In Georgia, UNICEF developed TV programmes with the Public Broadcast Channel and helped to develop book-reading videos for young children. In Malawi, radio was used to broadcast lessons with interactive instructions for caregivers during COVID-19 school closures. ECD stakeholders, including UNICEF, developed pre-recorded lessons following the ECD curriculum every weekday on 12 radio stations.

During the pandemic, Serbia used digital technology and telephone counselling to deliver an alternative to home visits to 6,000 parents of young children. This included training and supportive supervision for home visiting nurses to provide remote support to families and children on nurturing care and playful parenting, as well as ways to cope and manage current stressors, encouraging caregivers to develop rewarding relationship with their children. The UNICEF-led online Playful Parenting campaign reached over 600,000 people.

Several COVID-19 responses also relied on traditional forms of assistance, particularly the distribution of materials to help children, parents and caregivers with hands-on learning. UNICEF distributed ECD kits, which include soap, games, toys and drawing materials, to help children continue their learning. Each kit contains resources for 50 children. UNICEF distributed 1,247 kits in South Sudan (to 62,350 children, 29,304 of whom were girls), 5,000 in Kosovo and to 1,100 children under 6 years of age in Jamaica who used these kits in quarantine zones.

In Turkey, 30–50 per cent of Syrian refugee children were unable to access distance learning when schools were closed in March 2020. With local partners, UNICEF and the Ministry of National Education distributed a 'Learn at Home' kit – comprising stationery, storybooks and brochures with information on COVID-19 – to 69,403 refugee children and 21,145 vulnerable Turkish children. In addition, around 5,000 Syrian and Turkish families receive three early learning activities via WhatsApp every day. Parents have the option to share a video of their children doing the daily activities with them.

When schools were closed in Egypt, UNICEF helped to reach 9,717 pre-primary refugee children through education grants, kits and teacher training to improve access to and quality of formal and non-formal early childhood education services. In addition, 378 teachers and education personnel were trained to adapt and improve their teaching approaches.

In the Sudan, UNICEF-supported social protection coverage expanded, reaching over 500,000 families with food and hygiene assistance in Khartoum state. Approximately 100,000 vulnerable families received cash cards during the COVID-19 lockdown to help them to buy essentials. Further, UNICEF developed the 'First 1,000 Days of Life Maternal and Child Cash Transfers', targeting pregnant women and children under 2 years of age, mobilizing €20 million for an initial roll-out in Kassala and Red Sea states.

In Kenya, UNICEF supported ECD for refugee children through construction of ECD centres in Kalobeyei Settlement, benefiting 2,071 children. To allow children to access quality, inclusive and protective pre-primary education, UNICEF trained and mentored 84 ECD teachers on the competency-based curriculum, child-centred learning and COVID-19 health protocols. Around 930 parents participated in education sessions on holistic child development, covering how child protection, health, nutrition, water, sanitation and hygiene (WASH), stimulation, play and early learning intersect for optimum child development.

Leveraging collective action

The year 2020 witnessed a significant growth in global-level commitment for ECD and enhancement of global ECD partnerships, to which UNICEF has provided technical leadership.

Advocacy and messaging: UNICEF Parenting

Giving a child the best possible start in life is no easy task for any parent, particularly with a barrage of uninformed information available online. As an acknowledged global knowledge leader on children's rights and development, UNICEF is well-placed to host a trustworthy platform for parents to access information. To that end, UNICEF has developed an online repository of resources to support families: 'UNICEF Parenting'. The site brings together resources, materials, tools and tips from credible, rigorous evidence in a way that is easily understood.

UNICEF Parenting is emerging as one of the world's leading recognized and authoritative parenting sites. A key feature of the site is the 'Mini Parenting Master Classes', which involve videos and 'Q&As' with experts. The subjects

Case Study 20: Jordan: Adapting a humanitarian programme to the COVID-19 situation

Prior to the pandemic in Jordan, UNICEF and partners provided face-to-face early childhood development (ECD) services in Makani centres, community safe spaces for children and young people to access learning opportunities and protection services. When the centres were closed during the lockdown, UNICEF helped to set up WhatsApp groups for parents, aided by ECD facilitators and community volunteers from the Makani Centres. Refugee families received internet data cards so that they could join the groups. WhatsApp enabled UNICEF to provide direct support and guidance to parents and caregivers on nurturing care, sending regular automated messages for families with information, tips and fun activity ideas for early learning in families. The content shared via WhatsApp was adapted from the pre-existing Better Parenting Programme for parents of children aged 0–6 years, to help to address the anxiety and insecurity that parents and their young children feel during the pandemic. Maximizing the participatory potential of the platform, UNICEF has been collecting feedback from parents to improve the content. So far, more than 70 videos have been developed and shared with approximately 7,000 parents. While these innovative methods have been helpful in reaching parents and children, the efficacy of these mechanisms is yet to be evaluated.

include building brains through play, vaccines for babies, building a baby's positive mental health, breastfeeding and food for babies. On the advocacy side, the site includes short videos from Goodwill Ambassadors and other celebrities who discuss their experiences as parents.

With parents becoming the front-line responders for everything to do with their child during the COVID-19 pandemic, the potential of UNICEF Parenting was further recognized, with the site being used to share material specifically related to facilitating a child's early development despite the challenges of a pandemic. This material included the 'COVID-19 guide for parents', which reached over 15 million people. Over 100 UNICEF regional and country offices adapted UNICEF Parenting content to provide context-specific and culturally sensitive information and advice to families, making it a truly global resource.

Partnerships and emerging work with the private sector

The massive impact of the COVID-19 pandemic on global economies and businesses is more than matched by its socioeconomic impact. Marginalized people – including women, low-income workers and workers in the informal economy – are among the most affected. Working parents/caregivers face the additional challenges of meeting the basic needs of their families, balancing work and care responsibilities. The crisis has already disrupted childcare and education services for at least 40 million children about to start school.¹³⁵

Family-friendly policies must be a critical part of immediate and longer-term government and business recovery plans to ensure that working parents, caregivers, children and families receive the support they need. Building on the work of regional offices in East Asia and the Pacific, and Eastern and Southern Africa, UNICEF worked with United Nations Women and the International Labour Organization (ILO) to develop interim recommendations, outlined in 'Family-Friendly Policies and Other Good Workplace Practices in the Context of COVID-19: Key steps employers can take',¹³⁶ released in March 2020. The International Chamber of Commerce adapted these guidelines, distributing their 'Guide to Family-Friendly Business Continuity' to members, and making a joint call to action with UNICEF. Investing in measures that promote the well-being of all stakeholders helps to safeguard the longevity and productivity of employees and supports the communities where businesses and government operate.

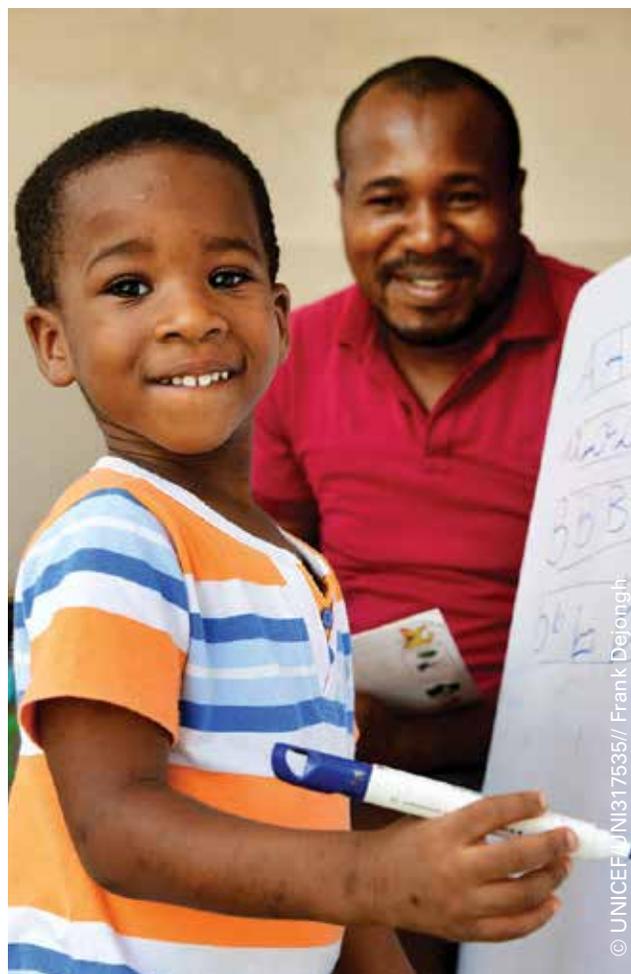
Enhanced inter-agency collaboration through the Nurturing Care Framework

In 2020, the NCF core group (UNICEF, WHO, Partnership for Maternal, Newborn and Child Health and the World Bank) continued to develop global goods to provide practical guidance and support to countries, partners and parents/caregivers. These included, in response to the COVID-19 pandemic, a series of key advocacy messages

for promoting and protecting nurturing care, as well as a repository of resources that caregivers can use at home with young children. In addition, the core group developed a Policy Brief on Nurturing Care for Children in Humanitarian Settings.

A critical component of the core group collaboration is documenting the knowledge base to advocate for the framework and contribute to its growth. To illustrate how countries are operationalizing NCF, UNICEF and partners developed case studies – in Ethiopia, Ghana, Mozambique and Peru – as part of the Nurturing Care Advocacy Toolkit that was launched in 2020, along with thematic briefs, frequently asked questions and key messages.

In addition, the Nurturing Care Implementation Working Group (comprised of over 50 United Nations agencies, academic partners and civil society organizations) facilitated knowledge exchanges around responsive feeding, caregiver mental health and playful parenting programmes, which are of particular value during the COVID-19 pandemic.



Three-year-old Paul is studying at home with his father in Abidjan, in the south of Côte d'Ivoire.

Global measurement for SDG on child development outcome

The Early Childhood Development Index 2030 (ECDI2030¹³⁷) is a new tool that captures the achievement of key developmental milestones by children between the ages of 24 and 59 months and is the validated measure to report on SDG indicator 4.2.1. UNICEF began developing ECDI2030 in 2015, along with experts, partner agencies and national statistical authorities. The tool was launched

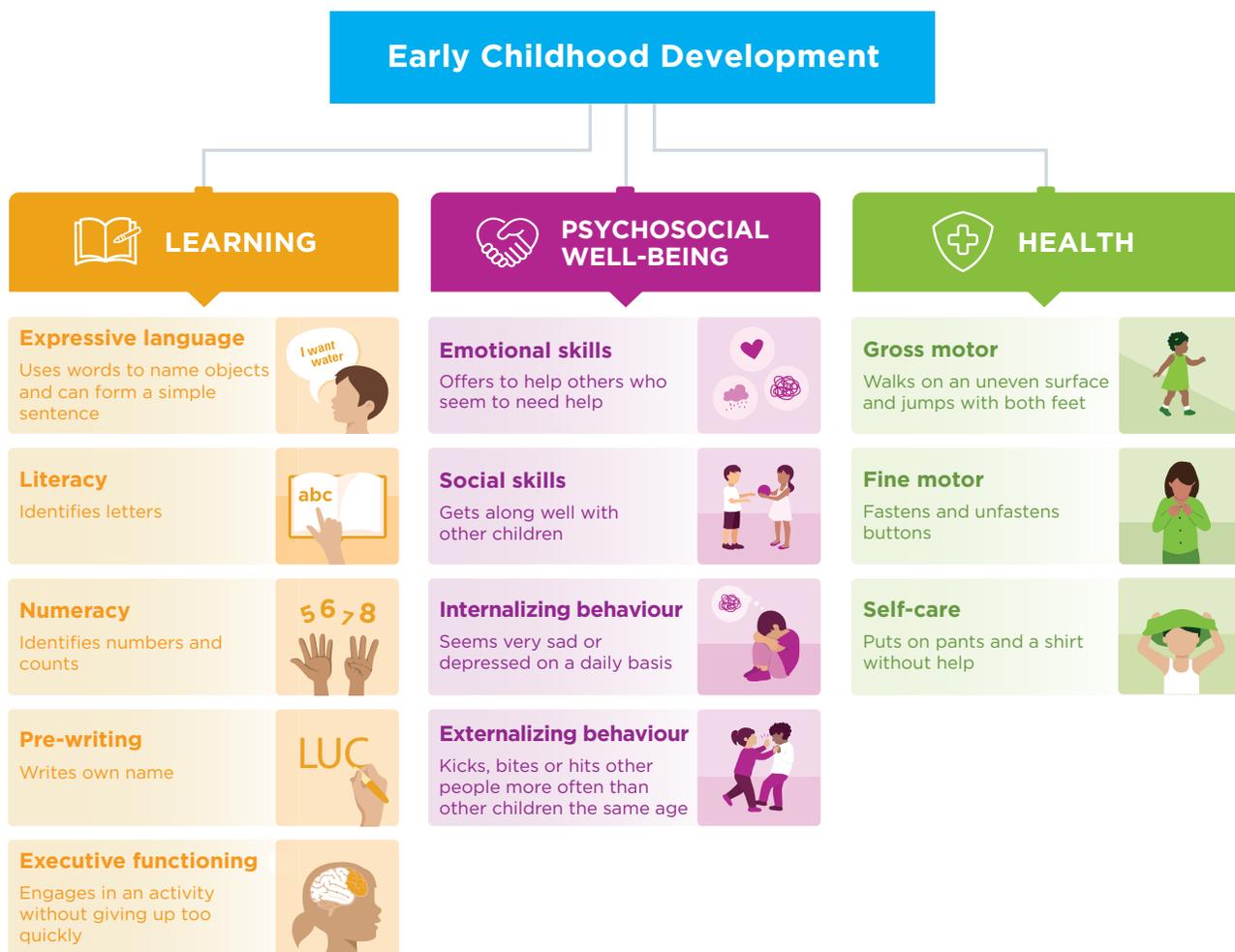
in March 2020, along with implementation tools to help countries integrate the new instrument into their data collection efforts. ECDI2030 is designed to be used within household surveys and is administered to mothers (or primary caregivers). It includes 20 questions about the way children behave in some everyday situations, and the skills and knowledge they have acquired. UNICEF hosted a series of regional webinars and national workshops to promote its use.

FIGURE 98: ECDI 2030 – Early Childhood Development Index¹³⁸



ECDI2030
Early Childhood Development Index

Measuring up for young children



Lessons learned and challenges

Global awareness and demand for programmes to promote parents' and caregivers' well-being and mental health, combined with the support to enhance their nurturing care practices, provides a significant opportunity for UNICEF to strengthen its leadership to elevate gender-responsive parenting to the global agenda. Community engagement for and with parents, and increasing male/father engagement in parenting, will support children's development and help to address harmful gender norms in families. It is critical that parenting support¹³⁹ is complemented by family support¹⁴⁰ through social protection mechanisms.

In the response to COVID-19, policy and programme priorities have tended to focus on the 'Survive' agenda, sometimes at the cost of the 'Thrive' agenda. Given that the pandemic is likely to have a far-reaching and long-term impact on human and socioeconomic development outcomes, continuing to support parents with counselling on responsive care and early learning will be critical in closing this gap. Social protection mechanisms should explicitly address supporting families of young children to ensure their access to resources and services. Far from being neglected, investments in the early years should be elevated further in times of crisis to safeguard the well-being and developmental potential of young children.

Against this background, UNICEF should continue to focus on enabling environments, including family friendly policies, regulations, coordination and public financial management mechanisms, that promote the holistic development of young children, and ensure adequate, equitable and efficient financial resources to scale up ECD programmes and implement FFPs. To meet SDG targets and fulfil obligations to the Convention on the Rights of the Child, stakeholders need to endorse policies that provide parents and caregivers with time, resources and services – including paid parental leave, breastfeeding support, accessible affordable quality childcare, child benefits and adequate wages. Business engagement is critically important in promoting FFPs, as is engaging with government bodies to encourage business to take action.

Many countries demonstrated their potential to adapt their ECD and parenting programmes to remote implementation, using TV programmes, tele-health visits and instant messaging. Building back better in the aftermath of the pandemic should include ensuring continuity of services through digital and non-digital means to help parents to support their own – and their children's – physical, emotional and mental health and well-being. It must also entail evaluations of programme adaptations, creating feedback loops for quality enhancements.

The landscape for ECD is populated by a growing number of actors from different sectors. In order to remain a technical leader and valuable actor, UNICEF should demonstrate its value by investing in the ECD agenda, both financially and programmatically.

Throughout 2020, UNICEF continued to strengthen partnerships with other United Nations agencies, bi- and multilateral agencies, the private sector, civil society organizations, and academic and research institutes, to align technical guidance, advocacy, and programming intervention strategies in response to COVID-19. These collaborations have resulted in elevating strategic priorities such as NCF, parenting support and FFPs as common global agendas. Building on this momentum, UNICEF should continue to provide leadership to achieve impact for the global ECD agenda. Strengthened partnerships with other United Nations agencies will help to address the crisis of care and learning, including via parenting support, childcare service, mental health of caregivers, ECD financing and FFPs. Private sector engagement also has significant potential to promote a family-friendly work environment and unlock resources – including technological – to accelerate the progress of the ECD agenda.

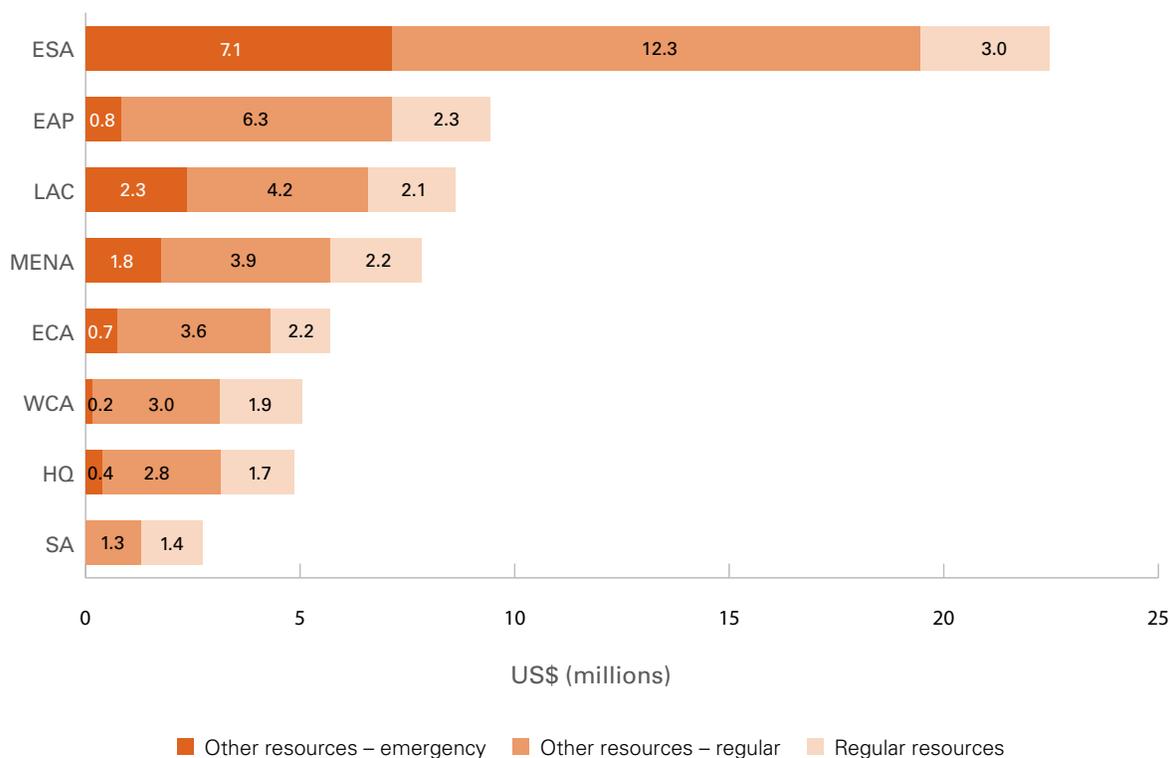
ECD financial report

In 2020, UNICEF spent nearly US\$66.7 million on ECD globally, comprising US\$16 million in regular resources (RR), US\$37.4 million in 'other resources – regular' (ORR) and US\$13.3 million in 'other resources – emergency' (ORE).

Considering the growing recognition of the global crisis of care and the momentum to increase investment in ECD, this amount is disproportionately small. In many regions and headquarters, ECD programmes remain heavily dependent on ORR. In light of the COVID-19 pandemic and

the anticipated economic slowdown, the following two-pronged approach will be critical to secure and leverage the financial resources to accelerate Strategic Plan results in child development: (1) elevating the financial commitment within programme sectors (Health, Nutrition, Education, Child Protection, water, sanitation and hygiene [WASH] and Social Policy) to promote ECD and parenting support through their sectoral platforms; and (2) securing core flexible funds for ECD, such as 7 per cent set-aside funds, to catalyse system-level changes in countries.

FIGURE 99: Expenses for ECD by region and fund type, 2020



Notes: EAP, East Asia and Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; HQ, Headquarters; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; ORE, other resources – emergency; ORR, other resources – regular; RR, regular resources; SA, South Asia; WCA, West and Central Africa.

Conclusion

The response to the COVID-19 pandemic exposed the critical contribution of parenting programmes to support the healthy growth and development of every child. Amid ongoing challenges, the pandemic is an opportunity to refine interventions and programmes to better address the mental health and well-being needs of the most vulnerable children and their caregivers. It is also an opportunity to elevate inclusion and highlight gender equality and support to children with disabilities (and their parents). Engagement with parents as key stakeholders can ensure sustained and continued provision of stimulation and nurturing care, and also helps to support the mental health of children and their caregivers.

Enriching children's environments through gender-responsive parenting requires strategic commitment, prioritization of key interventions and allocation of

resources. The data highlight the need to leverage multisectoral programme expertise for optimal parenting programmes. To this end, UNICEF needs to elevate parenting support in all existing sectoral platforms with the objective of providing enhanced home environments that promote early stimulation and responsive caregiving, including maintaining the momentum of remote modalities, such as online learning, used during the pandemic.

This critical moment should include systems strengthening, focused on the early years, while enhancing multisectoral linkages to enable coordinated investments and actions across sectors and ministries. Leveraging the growing momentum on ECD and parenting support will be critical in promoting the development and well-being of young children along the humanitarian–development continuum.



Strengthening systems for child survival, growth and development results

Nurses wear masks and gloves to protect against COVID-19 in the health centre of Port Bouet, a suburb of Abidjan, in the south of Côte d'Ivoire.

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The coronavirus disease 2019 (COVID-19) pandemic overwhelmed some of the world's most robust health-care systems in 2020. More than 90 per cent of countries experienced health service disruptions. Yet, despite the threat posed by the pandemic to every child's right to survive and thrive, all four programmes under UNICEF Goal Area 1 – health, nutrition, HIV/AIDS and early childhood development – progressed towards their 2021 targets. This is a significant achievement, as UNICEF views primary health care (PHC) as the sustainable path to the achievement of Goal Area 1 results.

In 2020, active collaboration among partnering agencies and governments resulted in increased trust and improved mutual understanding. Ensuring that the right incentives are in place to maintain and institutionalize collaboration over the long term, including sustainable financing for health and other accelerator areas, will be key to continued progress.



Tuli, Bauchi State, Nigeria – In Adamawa, Bauchi and Kebbi EU–UNICEF have been supporting the Hard-to-Reach (HRT) mobile medical team providing expectant mothers and children health-care services in communities that are located 5 kilometres from a primary health care facility and lack social amenities such as access roads, clean water, schools and electricity.

Primary health care: A cornerstone of universal health coverage

The critical role of PHC towards achieving universal health coverage has been underscored during the COVID-19 pandemic.

As part of the Global Action Plan for Healthy Lives and Well-being for All (SDG 3+GAP), UNICEF is working with partners to leverage the SDG 3+GAP to fill gaps and add value to existing global, regional and national coordination mechanisms.¹⁴¹ Within the SDG 3+GAP framework, UNICEF increased collaboration with WHO as part of its co-lead responsibility for the PHC accelerator theme.

UNICEF contributed to the WHO guidance 'Maintaining essential health services: operational guidance for the COVID-19 context', that provides practical actions that countries can take to reorganize and safely maintain access to high-quality, essential health services in the pandemic context.

In December 2020, UNICEF and WHO published the 'Operational Framework for Primary Health Care: Transforming Vision into Action', to bring the vision outlined in the Declaration of Astana to reality. UNICEF support for this agenda is resulting in increased institutionalization of the community health workforce, progress in quality of care and the implementation of a national health sector supply chain strategy or plan by an additional seven countries.¹⁴²

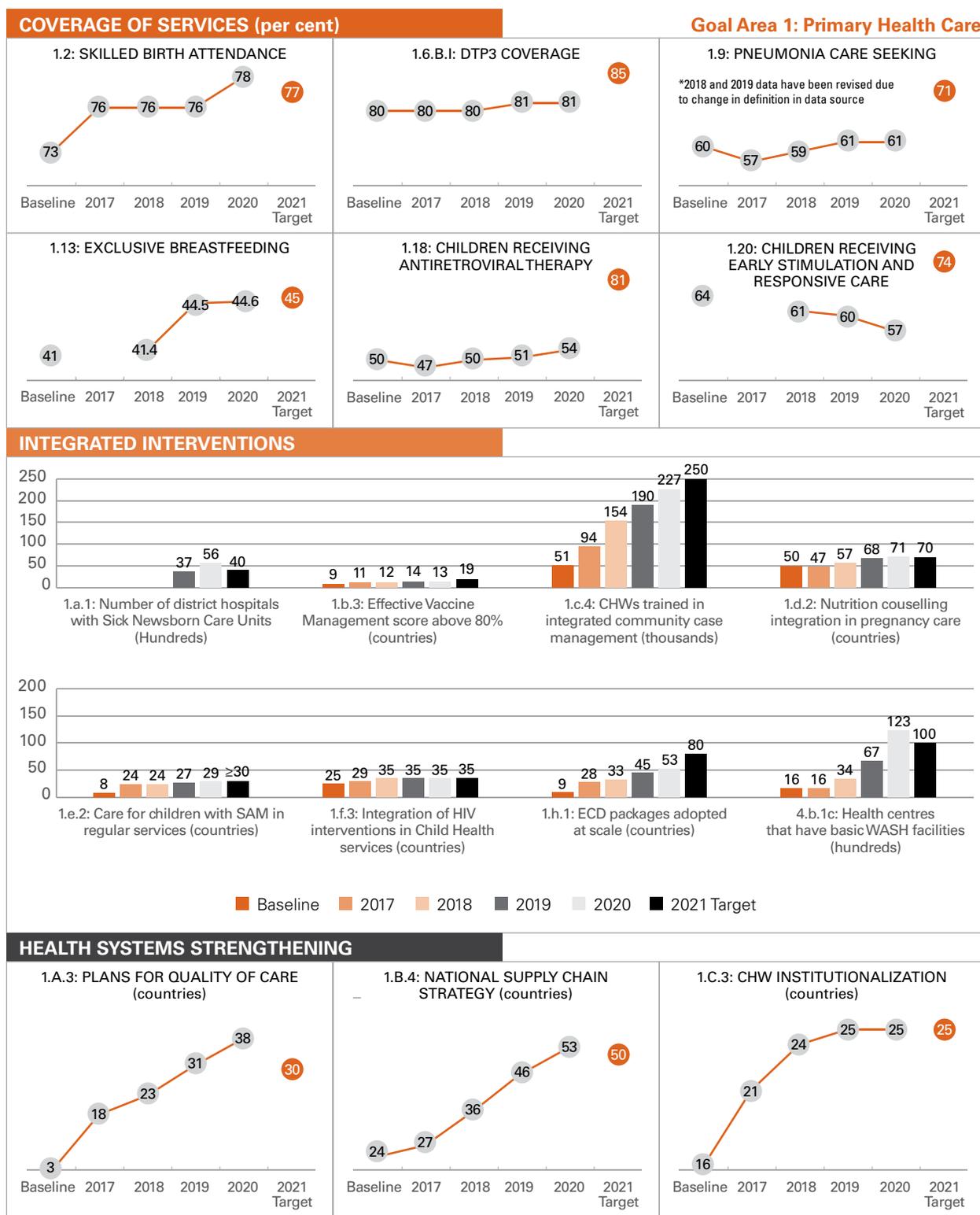
In May 2020, in partnership with the International Federation of Red Cross and Red Crescent societies, UNICEF produced an interim guidance on community-based health care, in the context of the COVID-19 pandemic. The guidance outlined the role of community-based health care and adaptations to keep people safe, maintain the continuity of essential services and ensure an effective response to COVID-19.

The UNICEF Eastern and Southern Africa and West and Central Africa Regional Offices launched the sub-Saharan Africa knowledge exchange platform for PHC system-strengthening, to provide a one-stop-shop for resources on district and community health system-strengthening, health information systems and digital health, health financing, supply chain systems strengthening and many more related topics, for government counterparts, external partners, UNICEF staff and donors.

As measured by service coverage (*see Figure 100*), all four programmes under Goal Area 1 show progress towards the 2021 target. Among a set of eight indicators tracking progress on integration, four have met or exceeded the 2021 Strategic Plan target. All three indicators for health systems strengthening (HSS) are showing excellent progress.

To further the evidence base on HSS, UNICEF authored or co-authored 49 publications and guidance products, including nine journal articles.

FIGURE 100: Results on addressing inequities, promoting integrated health policies and programmes, and health systems strengthening, 2020



Source: UNICEF New York, 2020.

Applying the health systems strengthening approach across UNICEF programmes

In 2020, HSS continued to be used as a foundation for strengthening PHC – for example, in quality of care, in the institutionalization of community health workers (CHWs) in the health system and in supply chain management.

Quality of care

By the end of 2020, thirty-eight of the 52 high-burden countries had a national quality improvement programme with guidelines, standards and implementation plan in place. To strengthen the quality of care, UNICEF also improved access to water, sanitation and hygiene (WASH) in 4,725 health-care facilities in these high-burden countries (see *'Health: Results Area 1'* for more details).

Institutionalizing community health workers

Institutionalizing CHWs into the formal health system is a critical component of bringing care to the last mile. For institutionalization to occur, as a first step, policies defining roles, tasks based on local needs and relationships to the health system must be in place at the country level. By the end of 2020, all 25 countries with high burdens of childhood illnesses had policies in place that met criteria for institutionalization. In addition, UNICEF helped governments to establish a package of care, incentive and compensation structures, supervision and supply chain models (see *'Health: Results Area 3'* for more details).

Supply chain management

By the end of 2020, 53 out of 64 priority countries were implementing a national health sector supply chain strategy and 38 UNICEF country offices supported supply chain strengthening interventions (see *'Health: Results Area 2'* for details). During 2020, UNICEF and WHO Europe leveraged their joint technical expertise to support the health authorities of five countries in optimizing the performance of their supply chains. The deployment of the UNICEF Supply Chain Maturity Model allowed a comprehensive review of the performance of 13 critical operational and technical supply chain functions. The evidence gathered was instrumental in determining countries' readiness level and management capacity to achieve an equitable, fast and efficient rollout of all health products, including COVID vaccines.

UNICEF and WHO also worked to expand the scope of the UNICEF Supply Chain Maturity Model by developing a new module to assess the resiliency and health emergency preparedness capacity of national supply chains against sudden shocks. National supply chain strengthening investments will set the foundation for countries to enhance the efficiency of their contingency planning and

emergency preparedness capacity. Contributing to the expansion of populations' access to life-saving commodities in emergency contexts and beyond, strengthened national supply chains will bridge the gap between humanitarian and development planning and response approaches.

Since 2019, the UNICEF Supply Chain Model had been utilized by 29 countries to identify their investment needs across various public programmes.

Building decentralized management capacity through district-level health systems strengthening

Communities need well-trained local practitioners to implement effective, equitable health interventions. The district HSS approach remains an important way of operationalizing the equity agenda at the subnational level to achieve universal health coverage and realize children's rights to health.

In 25 countries in Africa, the Middle East and Asia, UNICEF and partners work at the district level to enhance the availability and quality of data, improve the use of data in planning and management, and improve accountability mechanisms within governments and with communities. This approach is improving evidence-based planning and performance management, general health management capacity and accountability mechanisms, and is being used to address other contextual barriers to the adoption of good management practices.

In Uzbekistan, for example, district HSS training has been integrated into post-graduate curricula for health managers that will result in approximately 100 health-care managers receiving knowledge and skills each year to better manage local health-care facilities.

Enhancing the quality and use of data: Strengthening administrative data systems and digital health

Digital health

Strong information systems drive action for children. UNICEF and partners leverage digital health technologies to strengthen health systems and enhance the reach and quality of care, which simultaneously improves the quality, availability and use of data. Evidence-based programming is used for maternal, newborn, child and adolescent health by strengthening systems for national health management and information, civil registration and vital statistics.

Two innovative approaches that are helping to strengthen administrative data systems and digital health during the COVID-19 pandemic include the COVID-19 Digital Classroom¹⁴³ which offers open-licence content primarily

designed for CHWs in low-and middle-income countries, and UNICEF's guide, 'Digital Learning Solutions to Support Community Health Workers in the COVID-19 Response'.

In Malawi, the development of the COVID-19 Quarantine Management, a RapidPro-based application allows the Ministry of Health and Population to track real-time conditions of people in quarantine or self-isolation, while adhering to infection and prevention control measures. Some 7,533 community members used the application to receive COVID-19 prevention information. The application is expected to be adopted by the Government as part of broader disease surveillance.

UNICEF worked with partners to develop the 'Digital Implementation Investment Guide: Integrating Digital Interventions into Health Programmes', to support ministries of health and technical partners to plan digital health implementations that focus on one or more health programmes to support national health system goals.

UNICEF facilitated the G20 countries in developing the Digital Health Implementation Approach to Pandemic Management. The approach focuses on underscoring the need for individual countries to strengthen their pandemic preparedness and management plans in alignment with planning for and investing in digital health infrastructure and tools used as part of health systems.

Information Systems

UNICEF continued to support countries in strengthening the use of geographic health. Globally, UNICEF coordinated with WHO, the Bill & Melinda Gates Foundation and Columbia University's Center for International Earth Science Information Network to streamline availability of core geospatial datasets for countries. This resulted in the release, in collaboration with Gavi, of a landscape review and theory of change on the use of geospatial technologies to improve immunization coverage and equity, forming the benchmark for Gavi's current strategic investment in GIS.

At the country level, UNICEF works to translate GIS evidence into decision-making for health programmes. In Kenya, for example, UNICEF supported the first integration of GIS maps of immunization equity into the country 'Coverage and Equity' assessment, allowing better geographic identification and targeting of inequities in vaccination coverage resulting from socioeconomic disparities.

UNICEF also continues to promote and support countries in a systemic approach to build the capacity and infrastructure required for sustainability of geospatial health applications into health systems. UNICEF entered a global coordinated push with multiple donor partners to establish a common master facility registry service in multiple countries.

In partnership with the University of Oslo, UNICEF continues to support in-country health management information systems for the provision of technical support. During 2020, nine¹⁴⁴ countries received support on DHIS2

from UNICEF Headquarters and regional offices. The development of guidance on CHW strategic information and service monitoring was completed by harmonizing and aligning national reporting mechanisms and facilitating the integration of community data into the broader health information system.

Birth registration and civil registration and vital statistics

Birth registration is a key indicator for the health sector, and civil registration and vital statistics (CRVS) are core data for health planning: birth registration is also a key indicator for the SDGs. UNICEF aims to bring health and CRVS stakeholders together in support of people's rights to civil registration and to improve data so that children can access their rights from birth.

UNICEF and WHO have compiled operational guidance to assist health programme managers to define strategies to strengthen CRVS by actively collecting and triggering vital events (live birth, death and stillbirth) notification to ensure these events are officially registered by national civil registration systems. The guidance also highlights the role that the work of health-care facilities and health workers can play in accelerating civil registration and draws attention to the mutual benefits of a well-functioning CRVS.

In Zambia, UNICEF worked with partners to support the Government in strengthening the role of the health sector in birth registration, including the development of electronic birth registration systems in health-care facilities, as well as the development of birth registration guidelines for health workers.

Equitable impact sensitive tool

The equitable impact sensitive tool (known as EQUIST) focuses on proposing cost-effective interventions and prioritizes key bottlenecks that constrain their coverage.

In 2020, UNICEF supported the introduction of EQUIST in Bangladesh, Kyrgyzstan, Pakistan, Suriname/Guyana and Zambia, to make a total of 14 countries that received UNICEF support to strengthen capability on data for decision-making, bottleneck analysis and development of investment cases. Training sessions were conducted for government and partners in Bangladesh, Kyrgyzstan, Pakistan and Zambia.

Globally, EQUIST was used by at least 225 personnel in UNICEF to generate scenarios for cost-effective interventions. Scenarios were also generated in 82 countries from UNICEF offices, researchers and universities. In Pakistan, UNICEF and partners supported the Government to develop an equity-based investment plan for integrated service delivery in 40 very high-risk union councils in three provinces where polio is endemic, to advance PHC. EQUIST was used to develop the investment case to address multiple deprivations and disrupt active poliovirus circulation.

Enhancing preparedness of the health system to prevent and respond to health emergencies

During 2020, UNICEF responded quickly to the challenges presented by the pandemic. Under the leadership of national governments and in coordination with WHO and other partners, UNICEF advocated for child rights and supported the public health response, the continuity of essential social services and the Access to COVID-19 Tools – Accelerator partnership to ensure equitable access to COVID-19 tests, treatments and vaccines. Through its leadership in the COVAX facility, UNICEF is playing a key role in COVID-19 vaccine procurement, preparedness and delivery for countries otherwise at risk of being left behind.

UNICEF provided personal protective equipment (PPE) to nearly 2.6 million health workers within health-care facilities and communities in 103 countries. Around 4 million health care facility staff and CHWs in 75 countries were trained in infection prevention and control. Another important part of UNICEF's COVID-19 response was the delivery of 16,795 oxygen concentrators to 94 countries.¹⁴⁵

Through the establishment of WASH facilities and services in health centres and with the implementation of alternative modalities (mobile and virtual health), many health services

were able to continue throughout 2020. In 2020, UNICEF supported the delivery of life-saving interventions to 92.2 million children and women in UNICEF-supported facilities.

UNICEF's unprecedented access to, and participation in, the WHO global public health planning and response to COVID-19, has fostered full collaboration between UNICEF, WHO and other partners. With WHO, UNICEF co-authored global guidance on the safe reopening of schools (with UNESCO, the World Bank and the World Food Programme), and on infection prevention and control for health-care facilities, schools, homes and public spaces. UNICEF, WHO and the International Federation of Red Cross and Red Crescent Societies jointly developed the global Risk Communication and Community Engagement strategy.

In 2020, UNICEF also responded to 211 health emergencies worldwide that included Ebola virus disease, cholera, Zika and measles outbreaks. UNICEF supported priority countries in mainstreaming planning for public health emergencies in the Emergency Preparedness Platform.

UNICEF is committed to leveraging global and domestic resources to secure sustainable investments in PHC and ensure resilience in the face of ongoing and future pandemics and emergencies, to ensure that the most marginalized children survive and thrive.



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On 3 April 2020, a nurse takes a girl's temperature at a Primary Health Care Centre in Beirut, Lebanon.

Resilient primary health care

In 2020, the COVID-19 pandemic underscored the importance of resilient health systems to withstand shocks and continue the delivery of life-saving routine services, while catering to new and emerging health needs. The importance of system-strengthening, and resilience building is particularly important in humanitarian contexts.

As part of its work on risk informed programming to achieve collective outcomes in fragile and crisis-affected contexts, UNICEF continued to respond to emergencies in a way that both strengthens capacities and existing systems. UNICEF's health response strategy to the COVID-19 pandemic was exemplary of this commitment to resilience building of systems.

UNICEF has also continued to implement development programmes based on risk assessment that builds resilience and reduces risk for communities by strengthening social service systems most at risk of shocks and stresses. In Yemen, a CHWs network was expanded in the most vulnerable districts with a focus on establishing preventive services and referral mechanisms but also with capacities to support responses during emergencies including disease outbreaks.

Enhancing UNICEF technical capacity for health systems-strengthening

UNICEF continued to build its own capacity on HSS at global, regional and national levels through the blended HSS course offered in collaboration with the University of Melbourne. In 2020, 85 UNICEF staff completed the course online, bringing the total number of graduates in four years to 432 from 86 country offices. Graduates are using their skills and knowledge in regular and emergency programming, in peer-to-peer learning, development of country plans, providing targeted technical assistance on multisectoral systems, PHC, and harmonizing HSS actions in global funding mechanisms such as Gavi, the Vaccine Alliance, the Global Financing Facility and the Global Fund.

In 2020, a total of 28,588 public health-care professionals from over 175 countries attended the Massive Open Online Course (MOOC) on HSS. The MOOC is designed to strengthen the capacity of governments and partners in resource allocation at national, subnational and community levels; in health financing; and in human resources for health, supply chain, quality of care and mixed health systems.

Case Study 21: Middle East and North Africa: Ensuring the continuation of primary health-care services during the COVID-19 pandemic

The COVID-19 pandemic has put an enormous strain on health systems globally and front-line health workers have struggled to cope with the increased workloads, while fighting fear, stigma and misinformation around COVID-19.

The UNICEF Middle East and North Africa Regional Office has developed a series of critical recommendations to minimize disruption of essential and routine child health and nutrition services. One of these was the development and implementation of situation-appropriate public communication and community engagement strategies to maintain trust in the public health system and promote healthier behaviours.

UNICEF collaborated with WHO and other agencies to develop an online training course, 'Primary Health Care (PHC) Practice in the Context of COVID-19 Pandemic', to support PHC front-line workers to maintain essential services while ensuring their own protection through effective infection prevention and control mechanisms and maintaining the community's trust in the health system.

Just a few weeks after the launch, more than 9,000 participants had enrolled for the course, and by the end of 2020, some 18,873 participants had enrolled. Arabic, French and Farsi versions of the training have been developed and the course is also available with a mobile-application form free-of-charge in all app stores. UNICEF is working with WHO to reach key audiences through digital marketing and to raise further awareness with ministries of health.



Dainess and her grandchild Bernard, 3 years old, learn about nutritious food with a nutrition promoter at the George Clinic, Lusaka, Zambia.

Shaping food systems for child survival, growth and development

The food system comprises the policies, services and actors needed to ensure that children, adolescents and women have access to nutritious, safe, affordable and sustainable diets. Food systems bear critical responsibility for the nutritional quality, safety, availability and affordability of foods for children – yet most food systems are failing to meet children’s needs.¹⁴⁶ Many are profit-driven rather than child-centred, meaning that they rarely account for the special nutritional needs of children when determining what foods need to be produced, processed, packaged, stored and marketed. The cost of nutritious foods puts them out of reach for many households, whereas ultra-processed and less nutritious foods are increasingly available, affordable and marketed in all countries.¹⁴⁷

In 2020, lockdowns and other strategies to prevent the spread of COVID-19 disrupted food systems, including the production, transportation and sale of nutritious, safe and affordable foods. Vulnerable families have been most impacted by economic downturn, spiralling unemployment and overburdened social protection systems. As a result, more families are now facing food insecurity, while others are forced to rely on nutrient-poor, heavily packaged and processed foods. In this context, the quality of children’s diets is expected to deteriorate below the poor situation that existed before the pandemic, making engagement with food systems an even more pressing priority for UNICEF.

UNICEF engagement with food systems

UNICEF works to improve the quality of children's foods, food environments and food practices. As outlined in the *UNICEF Nutrition Strategy 2020–2030*, this involves leveraging the policies, services, resources and actors of the food system to make them more accountable for improving children's foods, food environments and food practices, in all contexts.

UNICEF priorities for engagement in shaping the food system are:

- adequate foods and diets for children in national guidelines and standards
- better foods and diets for children through actions in food supply chains
- healthy food environments for children through public sector policies
- healthy food environments where children live, learn, eat, play and meet
- improved food and feeding practices for children.

Children's right to nutrition must be at the heart of food systems transformation.¹⁴⁸ This transformation should be underpinned by evidence-based guidance on healthy and sustainable food and diets for children. It also requires public sector policies that create healthy food environments for children, such as subsidies for healthy and sustainable

foods, taxation for unhealthy foods and restrictions on the marketing of unhealthy foods. Healthy food environments – in places where children live, learn, eat, play and meet – are particularly important to improving children's nutrition.

Actions in food supply chains, such as large-scale food fortification of staple foods and complementary foods for young children, are also important to deliver better foods and diets for children. Improvements to the food supply and food environments must be supported by innovative Communication for Development (C4D, also referred to as social and behaviour change communication, SBC), campaigns and nutrition education in schools to lead to improved food and feeding practices for children.

Results in 2020

Drawing from the Nutrition Strategy, the UNICEF approach to food systems was integrated within new programming guidance issued in 2020, such as the *Programming Guidance on Improving the Quality of Young Children's Diets During the Complementary Feeding Period*, which highlights the determinants and drivers of poor diets in young children, describes the most recent evidence on improving complementary foods and feeding practices, and presents action frameworks to accelerate progress using a systems approach.¹⁴⁹

In 2020, UNICEF continued its leadership in building the evidence base for better food systems for children. To gain a better understanding of what is required to achieve



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In Mexico, UNICEF works with the Government and civil society to improve the school food environment for children and adolescents.

healthy diets for children and adolescents within global food systems, EAT¹⁵⁰ and UNICEF convened 29 experts from governments, academia, development agencies and youth organizations for the workshop 'Diets of children and adolescents: Unlocking current and future gains for human and planetary health' in 2020. Participants reviewed the latest evidence on healthy and sustainable diets for children, identified research gaps and opportunity areas for action, and explored the role children and adolescents can play in advancing food systems transformation.¹⁵¹

In 2020, UNICEF also contributed to a special issue of the peer-reviewed *Global Food Security* journal on food systems for children and adolescents, outlining the global data on the diets of children and adolescents and proposing a conceptual framework for articulating how children's diets are shaped by food systems.¹⁵² UNICEF also contributed to a handbook for parliamentarians on nutrition and food systems, to be published by the Food and Agriculture Organization of the United Nations (FAO) and the Inter-parliamentary Union. The handbook aims to support parliamentarians in putting the necessary legislative tools in place and identifying concrete actions towards achieving food systems that deliver good nutrition for all.

Urbanization is changing the way families live and eat, contributing to the changing face of malnutrition worldwide.¹⁵³ In 2020, UNICEF developed a road map for the organization's work on the specific food and nutrition challenges that families face in urban contexts. The road map establishes why an urban food and nutrition agenda for children is needed, where action can be taken, what

sorts of relevant activities, tools and promising practices exist, and how UNICEF plans to contribute with partners to increase impact.¹⁵⁴

In countries, UNICEF leveraged opportunities to engage food systems in improving maternal and child nutrition. This included providing technical support to strengthen national nutrition guidelines to improve the quality of children's diets. In Ghana, for example, UNICEF worked with the Ministry of Food and Agriculture to develop the national food-based dietary guidelines for children, which provide a basis for fostering healthy eating habits and lifestyles. The process is at an advanced stage and will be completed in 2021.

UNICEF worked with governments to strengthen policies and legislation to protect children from the harmful impact of food marketing in 2020 (*explored further in 'Adolescent nutrition', page 111*). In Thailand, UNICEF helped the Government introduce stronger controls on the marketing of foods, including by generating evidence on the rationale for such restrictions and mechanisms for monitoring and enforcement. In Mexico, UNICEF supported the government to strengthen food labelling measures to prevent childhood overweight and obesity (*see Case Study 22*).

Finally, in 2020, UNICEF was appointed the vice-chair of the United Nations Interagency Task Force for the Food Systems Summit (described further below), highlighting the organization's global leadership in strengthening food systems to be fit for children.

Case Study 22: Mexico: Strengthening policies and legislation for healthier food environments for children

UNICEF contributed to the adoption and implementation of new food labelling measures in Mexico through evidence generation, advocacy and technical support. Specifically, the Mexican Official Norm on Food and Beverage Labelling was modified to replace the guideline daily amount with new nutritional warning octagons that were better understood by regular consumers. In partnership with the National Institute of Public Health (INSP), UNICEF published a paper providing evidence on why warning labels are the most effective option for orienting consumers towards healthier food choices.¹⁵⁵ The paper also presented evidence for regulating other elements of food labels, such as the use of cartoons and health claims. This evidence was used to support the advocacy efforts of the multistakeholder group, which were successful in pushing for the adoption of the new front-of-pack nutrition labelling in the country. To improve regulation of marketing of food and beverages aimed at children, UNICEF, INSP and FunSaEd (Foundation for Health and Education) also conducted two innovative studies on digital marketing and retail marketing. The partnership was crucial for generating the evidence needed to justify the urgency of modifying national legislation to improve nutrition environments for children.

The school environment is a critical venue for regulating food and beverage sale and distribution in Mexico. UNICEF contributed to improving the 2010 National Guidelines for Food and Beverage Sale and Distribution in Schools, which were approved by both health and education authorities. Using C4D, UNICEF provided technical support to the Ministry of Education to develop video clips and other educational material via distance learning to reach primary and secondary students messages on healthy lifestyles, hygiene and physical activity. The initiative reached 23 million primary and secondary students in 2020.

Looking ahead

In September 2021, the United Nations Secretary-General will convene a Food Systems Summit as part of the Decade of Action to achieve the SDGs by 2030. The Summit aims to deliver the following outcomes:

- Raise awareness and elevate public discussion about how reforming food systems can help achieve the SDGs by implementing reforms that are good for people and planet.
- Generate significant action and measurable progress towards the SDGs by identifying food system solutions and issuing a call for action at all levels of the food system, including national and local governments, companies and citizens.
- Develop principles to guide governments and other stakeholders looking to leverage their food systems to support the SDGs. These principles will set an optimistic and encouraging vision in which food systems play a central role in building a fairer, more sustainable world.
- Create a system of follow-up and review to ensure that the Summit's outcomes continue to drive new actions and progress. This system will allow for the sharing of experiences, lessons and knowledge; it will also measure and analyse the Summit's impact.

For UNICEF, the Food Systems Summit is an opportunity to mobilize global efforts to improve food systems for children and youth in support of healthy and sustainable diets. As such, UNICEF will aim to ensure that that: (1) the specific nutritional needs of children and young people are prioritized at the Summit; and (2) that young people are meaningfully engaged in the process, throughout its planning, implementation, and follow-up.

To achieve these objectives, UNICEF will: (1) organize food systems dialogues with children and young people across 20 countries, culminating with a final report and high-level advocacy event; (2) serve as global vice-chair of the United Nations Task Force for the Summit, collaborating with key partners such as WHO, FAO, WFP, the Global Alliance for Improved Nutrition and EAT; (3) provide technical leadership on the nutrition of children, adolescents and women through the organization of two high-profile events to shape food systems solutions for children and adolescents; and (4) demonstrate its thought leadership through the timely launch of a flagship nutrition report on children's diets.



High-level priorities

A school girl in Mongolia has her temperature taken with an infrared thermometer supplied by UNICEF.

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As the coronavirus disease 2019 (COVID-19) pandemic enters its second year, UNICEF remains firmly committed to working with partners to provide a future where children thrive as well as survive.

Health priorities

In responding to COVID-19, UNICEF has been guided by four strategic priorities: supporting the public health response to reduce coronavirus transmission and mortality; responding to the immediate socioeconomic impacts through the continuity of basic health services; advocating for child rights; and facilitating access to the Access to COVID-19 Tools (ACT) Accelerator partnership. This multisectoral approach is critical to ensuring that the most marginalized and vulnerable groups are reached.

The COVID-19 pandemic has highlighted the importance of PHC in the provision of affordable universal health care for all. As health services are restored, UNICEF is committed to building back better. The UNICEF WHO Operational Framework for Primary Health Care (published in 2020) provides guidance to help bring the vision of affordable PHC to reality, describing 14 levers that countries can use to strengthen PHC-oriented health systems and proposing relevant actions and interventions. Amongst the stark challenges lie opportunities to develop solutions that

respond to the COVID-19 pandemic whilst strengthening health systems for increased resilience to future shocks, including those arising from a changing climate.

The continued focus on equity and zero-dose children will help maintain services, with UNICEF focusing on missed communities that are often found in remote rural, urban poor and conflict or fragile areas and humanitarian settings. UNICEF will continue to leverage global and domestic resources to enable further investment in health systems, infrastructure and human resources for primary health care. In strengthening health systems, UNICEF will prioritize building the capacity of front-line workers, supply chains, the quality of care and digital health information and data. The urgent need for flexible funding to support these efforts is more imperative now than ever.

Whilst ensuring that children survive, in countries with lower child mortality burdens, UNICEF will continue to develop and scale up thrive programmes, including child development, child disability, injury, non-communicable disease, environmental pollution and climate change.

Nutrition priorities

In 2021, UNICEF nutrition programming will focus on the roll-out of both the Nutrition Strategy 2020–2030 and the Global Action Plan on Child Wasting. As vice-chair of the upcoming Food Systems Summit, UNICEF will also provide leadership to the global effort to improve food systems for children and youth by ensuring the strategic and coordinated engagement of the United Nations System throughout the Summit's preparatory process.

With the launch of the *Nutrition Strategy 2020–2030*, completed at the end of 2020, UNICEF committed to supporting national governments and partners in upholding children's right to nutrition, and ending malnutrition in all forms over the next decade. In 2021 UNICEF will focus on roll-out across the organization by developing the capacities of staff across sectors to deliver on the Strategy's vision, including through training and the launch of a 'master class' on nutrition. UNICEF will also work with countries to align the Nutrition Strategy with country programme documents.

Through its leadership role in the Global Action Plan on Child Wasting, UNICEF will lead and coordinate the Plan's roll-out across 23 countries, working closely with governments and partners to develop and implement road maps for action. The Global Action Plan, along with the

UNICEF-WFP partnership framework on child wasting, are important opportunities to advocate for child wasting as a public health priority and to mobilize inter-agency efforts at a global, regional and national level in a more decisive and coordinated manner.

In September 2021, the United Nations Secretary-General will convene a Food Systems Summit as part of the Decade of Action to achieve the 2030 Agenda for Sustainable Development. With only 10 years remaining, many of the 17 SDGs remain far out of reach. In many cases, unsustainable food systems are part of the problem. It is hoped that the United Nations Food Systems Summit will serve as a turning point in the world's journey to achieve all the SDGs. Rebuilding the food systems of the world will also help respond to the United Nations Secretary-General's call to 'build back better' from COVID-19. For UNICEF, the Summit is an opportunity to mobilize global efforts to improve food systems for children and youth in support of healthy and sustainable diets. UNICEF is the Vice-Chair of the United Nations Task Force for the summit, which will work to ensure strategic and coordinated engagement of the United Nations System throughout the preparatory process.

HIV priorities

UNICEF will also prioritize the strengthening and integration of comprehensive HIV responses into sustainable health systems for Universal Health Coverage and will work to reduce HIV-related stigma by addressing the social, cultural and legal contexts that perpetuate it.

The integration of comprehensive HIV responses into sustainable health systems will include a focus on strengthening PHC and on the effective integration with other sectors for joint results based on clearly defined and shared accountabilities. It will also utilize data-informed, evidence-based differentiated responses for regional, national and subnational programme prioritization (e.g., focus on prevention of mother-to-child transmission of HIV in West and Central Africa, key populations in Europe and Central Asia and East Asia and the Pacific). In addition, UNICEF will engage in advocacy for an enhanced focus on women, children and adolescents and for the adoption of best practices by national programmes, stakeholders and implementers. Finally, UNICEF will support and implement

an approach that combines innovation (novel diagnostic, treatment, prevention and information technologies and strategies) with knowledge leadership to enhance programme responses through better-designed PHC platforms.

In order to reduce HIV-related stigma, UNICEF will pursue two strategies in 2021. The first is to develop dedicated, well-informed peer leaders and advocates. By providing evidence of the negative impact of stigma on individuals and communities, they can help to change national and local policies, such as the disclosure of HIV status or age-of-consent for testing uptake. UNICEF also intends to use a digital solution, through websites and mobile-based platforms, to build the capacity to conceptualize stigma, and its intersectionality and structural determinants, to address the relevant issues around HIV, sexual and reproductive health and rights and gender-based violence.

Early childhood development priorities

In 2021, UNICEF will elevate support for parents and will continue to invest in advocacy and technical support for the adoption, scale-up and sustainability of ECD programmes.

Against the background of the COVID-19 pandemic, elevating parenting support is a critical game-changer to safeguard the well-being and developmental potential of young children. As a priority, UNICEF will leverage intersectoral programme expertise for optimal parenting programmes, elevating parenting support in all existing sectoral platforms – health, nutrition, education and social

protection – with the objective of providing enhanced home environments that promote early stimulation and responsive caregiving.

UNICEF will also continue to invest in advocacy and technical support to help move countries along the four-level Rating Scale for Adoption and Scale-up of Multisectoral ECD Package. This will shore up political commitment, institutionalization and sustainability of ECD programmes, laying a solid foundation for the achievement of the SDGs.

Abbreviations and acronyms

ACT	Access to COVID-19 Tools	ESA	Eastern and Southern Africa
ANC	antenatal care	EU	European Union
ART	antiretroviral treatment	EVD	Ebola virus disease
C4D	Communication for Development	EVM	effective vaccine management
CCCs	Core Commitments for Children in Humanitarian Action	FAO	Food and Agriculture Organization of the United Nations
CCD	Care for Child Development	FFP	family-friendly policies
CCE OP	Cold Chain Equipment Optimization Platform	GAP	Global Action Plan
CDC	Centers for Disease Control and Prevention (United States)	GIS	geographic information system
CHW	community health worker	Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
COVID-19	coronavirus disease 2019	GPEI	Global Polio Eradication Initiative
CRVS	civil registration and vital statistics	HMIS	health management information system
CSO	civil society organization	HPV	human papillomavirus
DFID	Department for International Development (United Kingdom)	HSS	health systems strengthening
DHIS2	District Health Information Software 2	IA 2030	Immunization Agenda 2030
DPT3	diphtheria–pertussis–tetanus vaccine (three doses)	iCCM	integrated Community Case Management
EAP	East Asia and the Pacific	ICT	information and communication technology
ECA	Europe and Central Asia	IECD	Integrated Early Childhood Development
ECD	early childhood development	IFA	iron and folic acid
ECDI	ECD index	ILO	International Labour Organization
ECHO	European Commission Humanitarian Office	IYCF	infant and young child feeding
EID	early infant diagnosis (of HIV)	KMC	kangaroo mother care
EMTCT	elimination of mother-to-child transmission	LAC	Latin American and the Caribbean
ENAP	Every Newborn Action Plan	MAM	moderate acute malnutrition
EPI	Extended Programme on Immunization	MENA	Middle East and North Africa
		MMS	multiple micronutrient supplements

MNP	micronutrient powder	SDG 3+GAP	Global Action Plan for Healthy Lives and Well-being for All
MNTE	maternal and neonatal tetanus elimination	SMS	short message service
NCD	non-communicable disease	SP	Strategic Plan
NCF	Nurturing Care Framework	SRH	sexual and reproductive health
NGO	non-governmental organization	SRHR	sexual and reproductive health and rights
NID	national immunization day	SUN	Scaling Up Nutrition
ORE	other resources – emergency	TB	tuberculosis
ORR	other resources – regular	UBRAF	Unified Budget, Results and Accountability Framework
ORS	oral rehydration salts	UHC	universal health coverage
PCV	pneumococcal conjugate vaccine	UNAIDS	Joint United Nations Programme on HIV/AIDS
PENTA	Paediatric European Network for Treatment of AIDS	UNDP	United Nations Development Programme
PHC	primary health care	UNESCO	United Nations Educational, Scientific and Cultural Organization
PMNCH	Partnership for Maternal, Newborn and Child Health	UNFPA	United Nations Population Fund
PMTCT	prevention of mother-to-child transmission (of HIV)	UNHCR	United Nations High Commissioner for Refugees
POC	point of care	UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
PrEP	pre-exposure prophylaxis	USAID	United States Agency for International Development
PSBI	possible serious bacterial infections	VAS	vitamin A supplementation
RR	regular resources	WASH	water, sanitation and hygiene
RUTF	ready-to-use therapeutic foods	WCA	West and Central Africa
SA	South Asia	WFP	World Food Programme
SADC	Southern African Development Community	WHO	World Health Organization
SAM	severe acute malnutrition		
SBC	social and behaviour change		
SDG	Sustainable Development Goal		

Annex 1: Financial report*

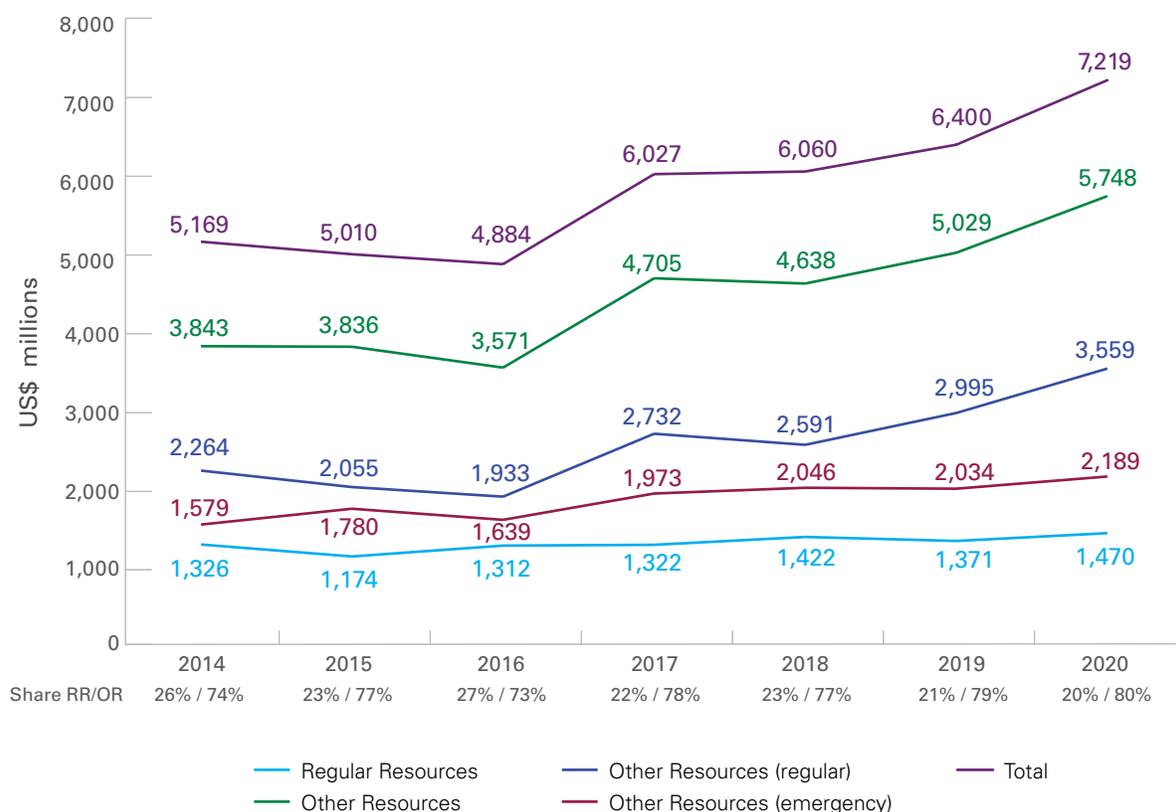
* All funding data as of 6 April 2020, pending audit and certification.

UNICEF income in 2020

In 2020, total income to UNICEF increased by 13 per cent compared to 2019, reaching an all-time high of US\$7,219 million. This was largely due to an increase in earmarked funds to specific programmes (other resources) income, which grew by 14 per cent, up from US\$5,029 million in 2019 to US\$5,748 million in 2020. Although un-earmarked

funds (regular resources) income also increased, to US\$1,470 million in 2020 compared to US\$1,371 million in 2019, it decreased as a proportion of total income to UNICEF to 20 per cent, down from 21 per cent in 2019 (see Figure A1-1).

FIGURE A1-1: Income by funding type, 2014–2020*



*Figures are based on 'income' which here represents contributions received from public sector and revenue from private sector.

'Other resources' contributions increased by 13 per cent compared to 2019, and contributions to UNICEF's thematic funding pools increased by 27 per cent, from US\$346 million in 2019 to US\$438 million in 2020. Thematic funding also increased as a percentage of all 'other resources', from 7 per cent in 2019 to 8 per cent in 2020. This is 6 per cent below the milestone target set out in the UNICEF Strategic Plan, 2018–2020, of thematic funding being 14 per cent of all 'other resources' in 2020. The increasing overall amount of thematic funding, as well as increasing ratio of thematic funding as a percentage, is a result of both an increase in non-humanitarian thematic funding as well as an increase

in humanitarian thematic funding driven by the COVID-19 pandemic. This trend is encouraging and in line with the Funding Compact commitments. In the Funding Compact between governments and the United Nations Sustainable Development Group, United Nations Member States have committed to double the share of non-core contributions that are provided through single agency thematic, such as UNICEF's thematic funding pools. In alignment with this commitment, UNICEF aims to double thematic funding as a share of all 'other resources' to 15 per cent by 2021. To reach this goal, UNICEF encourages partners to channel more contributions through these softly earmarked funds.

'Income' is defined as contributions received from Governments, inter-organizational arrangements and intergovernmental organizations, and revenue from the private sector.

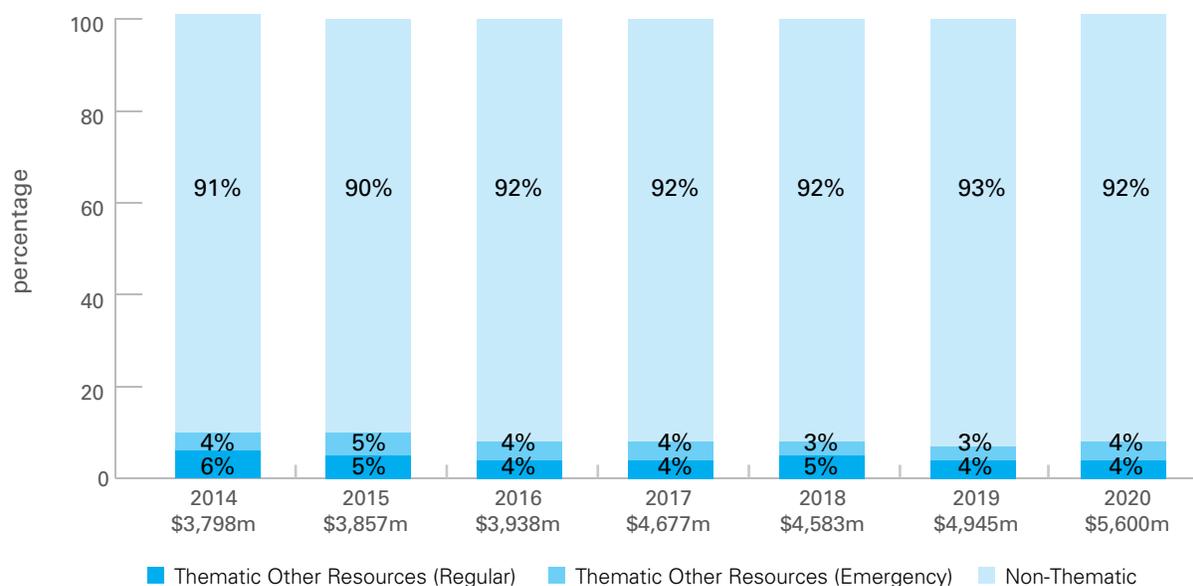
Regular resources (RR): Un-earmarked funds that are foundational to deliver results across the Strategic Plan.

Other resources (OR): Earmarked funds for programmes; supplementary to RR and intended for a specific purpose, such as an emergency response or a specific programme in a country/region.

Other resources – regular (ORR): Funds for specific, non-emergency programme purposes and strategic priorities.

Other resources – emergency (ORE): Earmarked funds for specific humanitarian action and post-crisis recovery activities.

FIGURE A1-2: Other resources contributions 2014–2020: Share of thematic funding*



Note: *2014–2016 contributions restated to reflect change in accounting policy for comparison with 2017–2020.

Thematic funding remains a critical source of income for UNICEF programme delivery. Through thematic funding contributions at global, regional and/or country levels, partners support UNICEF-delivered results at the highest programme level in each of these contexts for the greatest impact. They act as an ideal complement to regular resources, as they can be allocated on a needs basis. The flexibility of thematic funding allows UNICEF to respond more effectively. It facilitates longer-term planning, sustainability and savings in transaction costs, leaving more resources for UNICEF programmes.

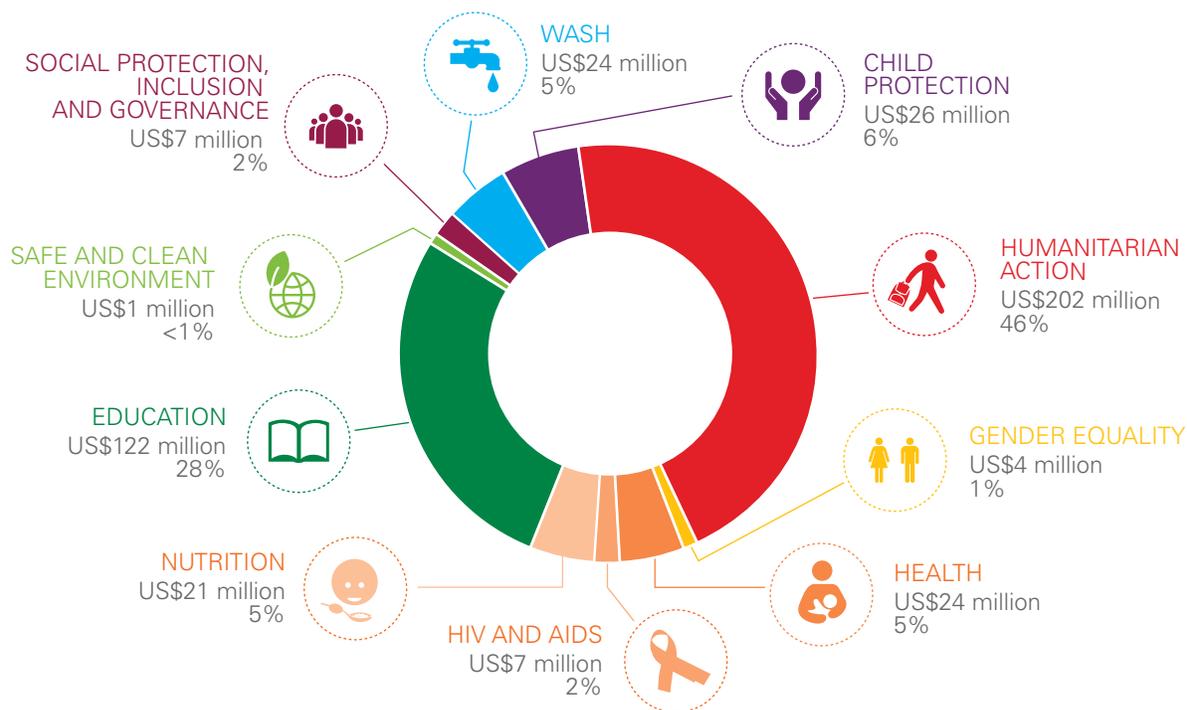
For partners, contributions to UNICEF’s 10 thematic funding pools are in keeping with the principles of good multilateral resource partnerships. Thematic contributions have the greatest potential of ‘other resources’ to produce high-level results directly aligned to the Strategic Plan, as endorsed by the UNICEF Executive Board, and supported by the aims of the Paris Declaration on Aid Effectiveness. They yield a

higher return on investment than more tightly earmarked contributions, as lower management and reporting costs result in a larger percentage of funds going towards programming. They also simplify renewal and allocation procedures and reduce the administrative monitoring burden for partners.

Overall contributions to the thematic funding pools increased from US\$346 million in 2019 to US\$438 million in 2020. The largest public sector contributors to the thematic funding pools in 2020 were the governments of Norway, Sweden and the Netherlands, while the largest private sector contributions were facilitated by the German Committee for UNICEF, the U.S. Fund for UNICEF, and the United Kingdom Committee for UNICEF.*

* For more information on thematic funding and how it works, please visit: www.unicef.org/publicpartnerships/66662_66851.html.

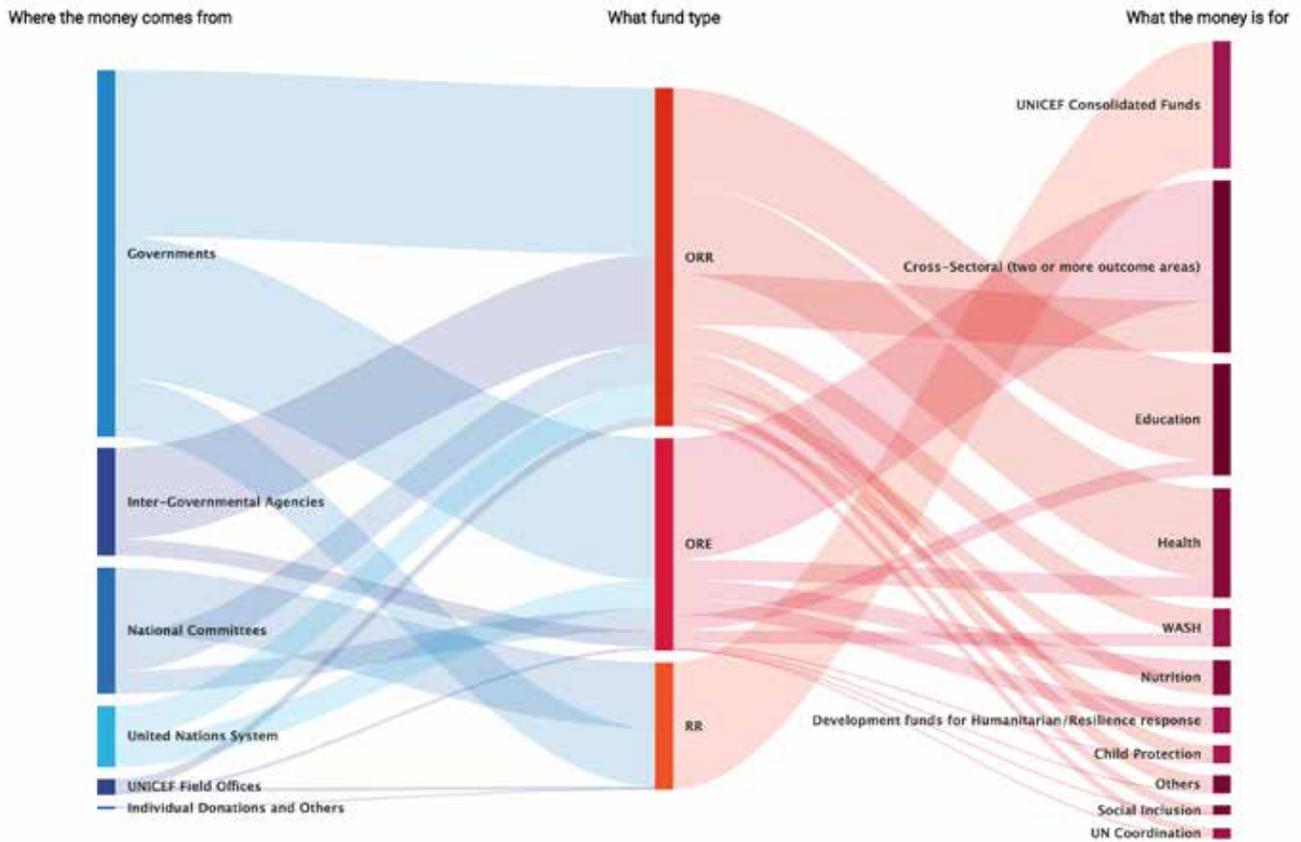
FIGURE A1-3: Thematic contributions by thematic pool, 2020: \$US438 million



The allocation and expenditure of all thematic funding contributions can be monitored on the UNICEF transparency portal (open.unicef.org) and the results achieved with the funds, assessed against Executive Board-approved targets and indicators at country, regional and global levels, are consolidated and reported across the suite of Global Annual Results Reports.

Specific reporting for country and regional thematic funding contributions is provided separately for partners giving at those levels.

Transparency: Follow the flow of funds from contribution to programming by visiting <http://open.unicef.org>.

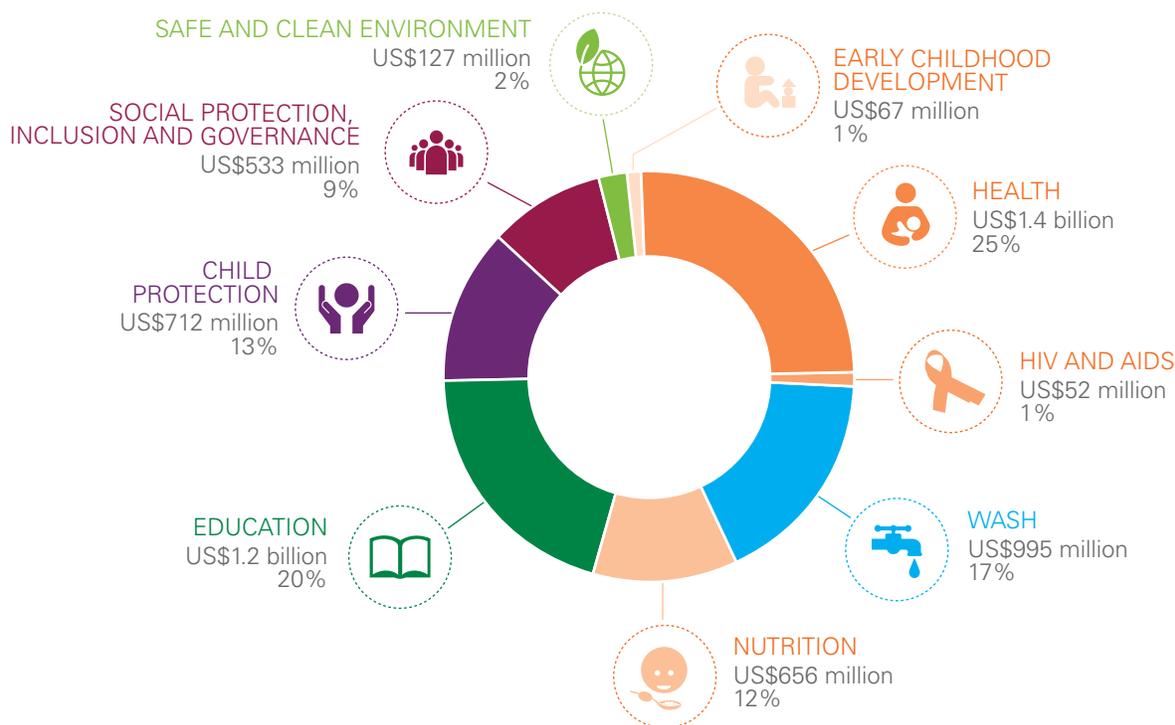


UNICEF expenses in 2020

Note: Expenses are higher than the income received because expenses are comprised of total allotments from regular resources and other resources (including balances carried over from previous years), whereas income reflects only earmarked contributions to Goal Area 1 in 2020. In 2020, total expenses for UNICEF programmes amounted to US\$5.72 billion.

'Expenses' are recorded according to IPSAS standards and are accrual based. These are used for official financial reporting. 'Expenditures' are recorded on a modified cash basis. They are used for budget reporting, since they are aligned with cash disbursements and goods receipts (the way budgets are consumed).

FIGURE A1-4: Total expenses by strategic outcome area, 2020



Endnotes

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100. 2018 SAM admissions do not represent the full year of reporting, as the majority of the countries reported data as of October or November 2018. UNICEF is currently revising the methodology to address this issue and an updated figure will be published in the data companion and scorecard for 2019.
101. 2019 SAM admissions capture a full year from October 2018 to September 2019.
102. The 2018 SAM admissions do not represent the full year of reporting, since the majority of the countries reported data as of October or November 2018. UNICEF is currently revising the methodology to address this issue and an updated figure will be published in the data companion and scorecard for 2019.
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130. The original baseline was set using data for a subset of countries, while the latest value reflects all UNICEF programme countries with data.
131. Indicator and Strategic Monitoring Questionnaire revised in 2020 Mid-Term Review. For Indicator 1.h.3, the data is based on the target numbers of children and the numbers actually reached during 2020; numbers are not cumulative.
132. Due to the revision of Indicator and Strategic Monitoring Questionnaire, the 2019 value is used as the baseline as per the agreement in the MTR revision of the Strategic Plan Results Framework.
133. The Nurturing Care Framework was developed by the core group of WHO, UNICEF, the World Bank, the Partnership for Maternal, Newborn and Child Health, and the Early Childhood Development Action Network.
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