



GOAL AREA 1

Every child survives and thrives

Global Annual
Results Report 2021

unicef 
for every child

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Farida, 10, is in a child-friendly space in Mazar-e-Sharif. These centres help to restore childhoods by providing a safe, bright and stimulating environment for children whose lives have been disrupted by conflict, natural disasters or other emergencies.

Expression of thanks: © UNICEF/UN0274548/Herwig

Hamam, 5 years, and his sister Sham, 4 years, are refugees from Syria. Their family has been living in Jordan for six years. The children have just received winter clothing kits from UNICEF and its partner Mateen.



Expression of thanks

In 2021, UNICEF completed the last year of its 2018–2021 Strategic Plan and launched an ambitious new Plan aimed at accelerating progress towards the 2030 Sustainable Development Goal targets. While COVID-19 continues to disrupt, many countries are beginning to emerge from the worst of the crisis. In the prevailing global context, decades of advancement in child rights have been threatened, and the support and protection many children have relied upon has seemed out of reach. Yet even in these incredibly challenging circumstances, UNICEF was able to adapt and move forward with life-saving and life-sustaining services due to the steadfast and responsive support from its donors and partners.

UNICEF's work is funded entirely through the voluntary support of people around the world, as well as partners in government, civil society and the private sector. With these contributions, UNICEF works to ensure that children's rights are fully realized and that children have equal opportunities to reach their full potential, even in the most challenging circumstances and environments.

The results reflected in this report are a testament to the value of that continued support. The Goal Area 1 team would like to take this opportunity to thank its partners for the trust they have placed in UNICEF and for the continued commitment to reaching all children, everywhere.

PARTNER TESTIMONIAL

“The main objective of Luxembourg’s development cooperation is to contribute to the eradication of poverty, while promoting economic, social and environmental sustainability. The survival and well-being of children is a key element of this commitment. 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. In this regard, Luxembourg’s financial contributions enable UNICEF to strengthen 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 to reinforce maternal health systems.”

- Franz Fayot, Minister for Development Cooperation and Humanitarian Affairs, Luxembourg (2022)



In 2021, these children and their mothers participated in a workshop about early child development (ECD) organized by the Comprehensive Child Development Community Centre (CECODII), a UNICEF supported centre in Chirrepec, Alta Verapaz, Guatemala. UNICEF promotes positive parenting and care practices that include health, nutrition, early learning, security and safety, and responsive caregiving. As a strategy to combat chronic malnutrition in the country, which affects 1 in 2 children under 5 years of age.

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Seventy-five years after UNICEF was established and thirty-two 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 is able to fully enjoy their rights. 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 2021 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 2021 Executive Director Annual Report (EDAR), UNICEF's official accountability document for the past year.

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Executive Summary

Twenty-five year old Lusanda plays with her son in Phillipi, an informal settlement in Cape Town, South Africa.

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As UNICEF marks its seventy-fifth year of service, it faces the sobering reality of multiple and overlapping threats to the health and well-being of children, their families and their communities. While notable progress has been made since the adoption of the Sustainable Development Goals (SDGs) in 2015, the world remains significantly off-track towards meeting many of them. And as the countries of the world continue to combat and recover from the COVID-19 pandemic, a confluence of factors has compounded already significant vulnerabilities including the effects of climate change and climate-related disasters, an increase in numbers of children living in conflict zones, and a dramatic increase in multidimensional poverty that now affects an estimated 1.2 billion children worldwide¹ depriving them of access to health care and adequate nutrition, as well as many other rights essential to their growth and development.²

Yet within this troubling and complicated global environment, UNICEF and its broad range of national and international partners continued to push forward, with a steady focus on reaching all children, everywhere, with high

quality, equitable rights-based support. This commitment is based around the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities, through which UNICEF strives to address inequalities, abuses and discriminatory practices that prevent children from accessing their full human rights.

This report covers progress made during 2021 through UNICEF's Goal Area 1, which brings together four interconnected programmes – health, nutrition, HIV/AIDS and early childhood development (ECD) – which feed directly into SDGs 2, 3, 4 and 5. The remarkable advancements made – despite the many challenges faced during the ongoing pandemic – were possible because of the continued financial support from UNICEF's steadfast and committed donors and partners. During the year, funding for the Goal Area 1 programmes reached 157 countries and offices, with expenditure totalling \$2.53 billion, or 40 per cent of UNICEF's annual expenses. This included \$1.39 billion for humanitarian action.

Key results achieved in 2021

UNICEF continued to support countries with their public health response to the pandemic and the continuity of essential health services and access to essential supplies. UNICEF's central role in the Access to COVID-19 Accelerator partnership helped to ensure equitable access to COVID-19 tests, personal protective equipment, treatments and vaccines. In 2021, COVAX (the vaccines pillar of the Access to COVID-19 Accelerator) delivered 958 million COVID-19 vaccine doses to 144 low-and-middle income countries. In 156 countries, UNICEF responded to at least one outbreak or other public health threat.

Between 2018 and 2021, antenatal care, institutional deliveries and postnatal care increased in the 52 priority countries with UNICEF support, as did quality of care interventions, including the number of countries implementing plans to strengthen the quality of newborn and maternal health, which increased to 39. As part of UNICEF's efforts towards the transformation of care for small and sick newborns, support was provided to countries to increase the number of sick newborn care units, from 5,639 in 2020 to 6,263 in 2021.

Due in part to COVID-19 disruptions, 23 million children missed out on basic childhood vaccines through routine health services in 2020,³ and thus, the percentage of children vaccinated with the third dose of the diphtheria, tetanus, and pertussis vaccine (DPT3) in the 64 priority countries reduced from 81 per cent in 2019 to 78 per cent in 2020.⁴ Despite the severe disruptions, UNICEF and partners supported the vaccination of more than 64 million children with DPT3 in the 64 priority countries in 2020.

UNICEF supported the vaccination of almost 2.8 million girls with a final dose of human papillomavirus vaccine (HPV) in 2020 and 8 million women of reproductive age with tetanus and diphtheria vaccinations. Work with partners in the Global Polio Eradication Initiative,⁵ supported the vaccination of close to 160 million children in 12 countries.

Although many child health indicators have stagnated, in the 25 high-burden countries, an additional 26.8 million children with suspected pneumonia were treated with antibiotics between 2018 and 2021 with UNICEF support; and as an integral part of primary health care, community health workers were integrated in the formal health system in the 25 high-burden countries. In response to the evolving burden of disease, UNICEF continued to scale up its programmes on health and well-being expanding its thrive portfolio through a comprehensive multisectoral life course approach to ensure that primary health care addresses key priorities for children and adolescents. UNICEF supported 37 countries in the implementation of school health programmes to reach adolescents. Between 2018 and 2021, the number of countries with multisectoral and gender-responsive national plans for adolescent health in place had increased from 50 to 81. UNICEF actively supported the implementation of these plans in 39 of those countries.

UNICEF supported countries in recovering from pandemic-related disruptions to maternal and child nutrition programmes, helping them regain or surpass pre-pandemic progress levels. Despite the setbacks of 2020 and 2021, UNICEF achieved nearly all nutrition targets in the Strategic

Plan: 335.9 million children were reached with services to prevent stunting and other forms of malnutrition (a 38 per cent increase from 2020); 67.4 million adolescents benefited from services and support to prevent anaemia and other forms of malnutrition (a 90 per cent increase from 2020); and 5.4 million children received treatment for life-threatening wasting (a 10 per cent increase from 2020).

UNICEF support from 2018 to 2021 allowed more countries to strengthen policies and programmes to prevent malnutrition in early childhood. By 2021, 66 countries had a national strategy to prevent stunting (up from 49 in 2018); 63 countries had programmes to improve dietary diversity (up from 32 in 2018); 73 countries had integrated nutrition counselling into pregnancy care programmes (up from 57 in 2018); and 31 countries had programmes for the prevention of overweight (from 17 in 2018).

UNICEF worked with governments to introduce and scale up adolescent nutrition programmes and strengthen delivery platforms to maintain or re-establish services in response to school closures. With UNICEF support, the number of countries implementing programmes on the prevention of anaemia more than doubled, from 30 in 2018 to 72 in 2021. Further, 89 countries have a policy, strategy or plan of action for adolescent nutrition.

In 2021, UNICEF supported 76 countries to provide services for the early detection and treatment of child wasting. Through programmatic innovations and simplified approaches to adapt services during the COVID-19 pandemic, UNICEF and partners were able to expand and sustain access to care, despite pandemic-related disruptions. From 2018 to 2021, the number of children with wasting admitted for treatment increased by 1.3 million. The number of countries providing treatment for wasting as part of an essential package of services increased from 24 in 2018 to 30 by 2021, achieving the Strategic Plan target.

UNICEF mobilized commitment to food systems transformation through its leadership in the United Nations Food Systems Summit in 2021. The Summit resulted in 396 new commitments to nutrition from 66 countries and more than US\$27 billion in financial commitments. UNICEF facilitated children's participation in the Summit, engaging more than 23,000 children and adolescents from 23 countries to harness their insights and opinions on food systems.

UNICEF has a unique mandate to be the voice for children and adolescents, and ensure access to rights-based, equity-focused HIV prevention and treatment services. In 2021, that mandate led to intensified global advocacy and support, inspired by the new Global AIDS Strategy (2021–2026), as well as direct service provision in 35 HIV priority countries.

There has been remarkable progress in sub-Saharan Africa towards providing antiretroviral treatment (ART) to pregnant women living with HIV. Eleven countries recently reached the 2020 super fast-track target of 95 per cent ART coverage in pregnant women and in 2021 Botswana was the first high prevalence country in the world to be validated

as on the path to eliminating vertical transmission of HIV. UNICEF's contributions to strengthening capacities and systems of care and support were instrumental in mitigating the severest impacts of health systems and socioeconomic challenges stemming from the COVID-19 pandemic.

In 2021, UNICEF saw the increased engagement of adolescents and young people advocating for policy, structural and system changes for improved and equitable access to HIV prevention, treatment and care services. A notable new initiative called Education Plus was launched, co-convened by UNICEF, UNAIDS, UNESCO, UNFPA and UN Women to promote education and empowerment of adolescent girls and young women in sub-Saharan Africa, advocate and galvanize political commitment, and advance accelerated investments in HIV prevention with secondary education as the entry point.

Despite these efforts, however, the global 2020 target of reducing new HIV infections in children to fewer than 20,000 was not reached, with 160,000 new child infections reported that year. Coverage for access to paediatric treatment, at 54 per cent, remained far below coverage among adults and pregnant women. Children continue to die of AIDS, with an estimated 100,000 deaths each year. Progress in the reduction of new infections among adolescents and young people is also troubling. A reduction of more than 60 per cent would be needed just to reach the already missed 2020 global target of fewer than 100,000 new infections per year.

It is clear that the AIDS epidemic is not over. The pace of progress is too slow to meet the 2030 SDG targets without sustained and strategic engagement of all valued partners and more efficient and thoughtful use of existing resources. To promote faster and more consistent improvement towards the targets across the thematic areas of paediatric and adolescent prevention and treatment and mother-to-child transmission of HIV, the new UNICEF Strategic Plan emphasizes differentiation, integration, partnership and innovation.

Early childhood remains one of the most crucial periods for children's holistic development, given the profound, lifelong impact of early experiences on children's future learning, health and earning potential. Early childhood development (ECD) interventions are key accelerators towards programme impacts that integrate across health, nutrition, education, child protection, social policy and other sectors.

Throughout the 2018–2021 Strategic Plan period, UNICEF drove strong results in three output areas: enhancing ECD policy environments, institutionalizing multisectoral ECD programme packages and integrating ECD interventions into humanitarian action. More countries have adopted multisectoral ECD packages integrating responsive caregiving, early stimulation and other essential services across sectors. In 2021, a total of 61 countries had government-owned, multisectoral ECD packages with costed action plans (up from 28 countries in 2017) and 99 countries had established ECD national policy or action plans (up from 65 in 2017).

The number of countries reporting on ECD interventions in humanitarian responses has more than tripled: from 23 in 2017 to 76 in 2021. A total of 1.6 million children under 5 years in humanitarian settings were reached with ECD and early learning interventions in 2021. Reporting from countries indicates that demand for such interventions has rapidly outpaced available resources and capacities.

Amid progress, however, data show that only 71 per cent of children aged 3 to 4 years were developmentally on track and only 58 per cent of children in 79 UNICEF-assisted

countries received early stimulation and responsive care from their parents or primary caregivers in 2021. To enhance programme impact at scale, UNICEF will elevate its multisectoral approach to integrating essential ECD and parenting support through sectoral policy and service platforms, including in humanitarian responses. As a strategic priority, UNICEF will strengthen the measurement of ECD results and programme effectiveness to accelerate evidence-informed programming and advocacy.

Looking ahead

At the end of 2021, UNICEF closed its 2018–2021 Strategic Plan and moved into the first of two new sequential Strategic Plans aimed at aggressively pushing towards the 2030 Sustainable Development Goal targets. The first of these, covering 2022–2025, takes place in a world where children are vulnerable to a degree that has not been seen in more than a generation.⁶ Despite these significant global challenges, UNICEF is deeply committed to reaching the SDGs through clear and committed programming, robust

partnerships at the country, regional and international levels, and passionate advocacy on a global scale to keep the rights of children at the forefront of the development agenda. UNICEF will continue reaching children “in the poorest countries and the most discriminated-against, underserved communities in order to build back more-sustainable, accessible, inclusive and equitable systems that are resilient against future shocks”⁷



In Tudparas Village, Chattisgarh, India, Bapi na Uvat (Tips of Grandmother) is a joint initiative by the District Administration and UNICEF aimed at decreasing the rate of malnutrition in the district and to spread awareness among the rural women about health and child care. Through the initiative, the elder women of the villages voluntarily meet with women in rural areas and give them useful tips on various topics related to child and mother care.



Strategic context: Children survive and thrive

Ely Fuel is a 42-year-old mother of 5 children in Bobo-Dioulasso, in the Southwest of Burkina Faso. She says, "When I tested HIV positive I was so shocked, I thought I was going to die. In the end I followed all the advice and have been on medication ever since and have a normal life as I was told.... My children are all healthy and I can only advise everyone to definitely follow the treatment, and you will have a life like everyone else." For every child, an HIV-free life.

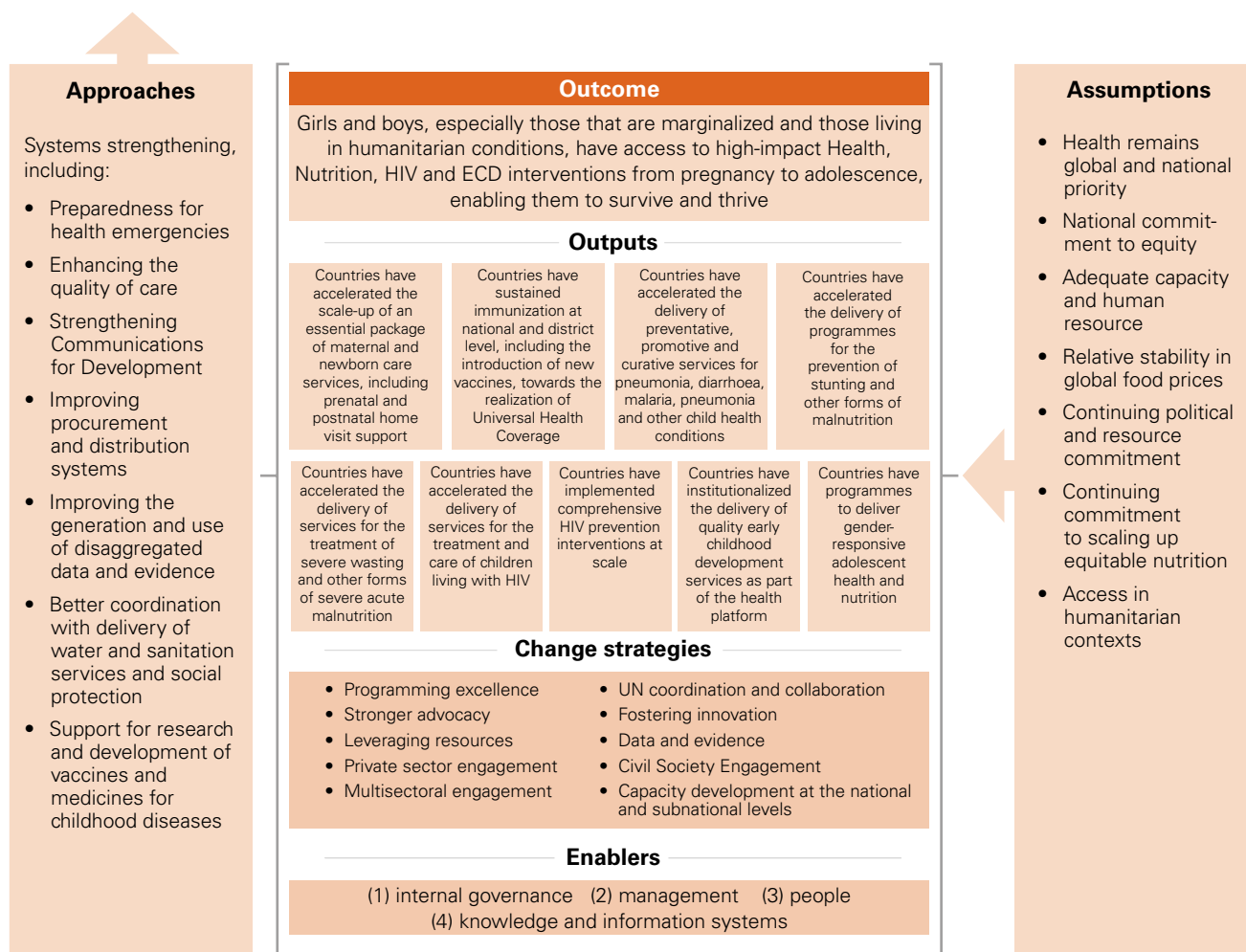
Since its inception 75 years ago, UNICEF's mission and focus have evolved to meet the changing needs of children around the world. UNICEF's programmes now extend to over 190 countries and territories with the aim of reaching every child, everywhere, with equitable access to the full range of their rights as enshrined in the Convention on the Rights of the Child.

UNICEF focuses its actions through its Strategic Plan. Within this plan, UNICEF has identified what it calls Goal Areas, around which key programmes and services are developed. The programmes represented by Goal Area 1 acknowledge that poverty, climate change, malnutrition, inaccessible or inadequate care, exposure to HIV, and poor maternal health and nurturing practices prevent millions of children from surviving early childhood and from growing into healthy adults.

Goal Area 1 focuses on strengthening systems across four interconnected programmes: health, nutrition, HIV/AIDS and early childhood development. The related 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. A number of these services have greater impact when they are provided together. A dedicated chapter on 'strengthening systems for child survival, growth and development results' provides more information on UNICEF's work in this area (See page 199).

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.

FIGURE 1: Schematic overview of Goal Area 1



Global trends

Since the start of the COVID-19 pandemic, an estimated 150 million more children in low- and middle-income countries are living in multidimensional poverty, increasing the total number to 1.2 billion children worldwide.⁸ Governments continue to struggle to combat, and recover from, the immediate and long-term impact of the disease. COVID-19 has increased the vulnerability of children already at risk due to multiple, overlapping threats. For instance, the Children's Climate Risk Index shows that 1 billion children live in extremely high-risk countries where they are exposed to the most severe hazards, shocks and stressors.⁹ This includes areas prone to multiple, overlapping climate and environmental hazards, such as droughts, floods and severe weather, and other environmental stresses. With the number of climate-related disasters having tripled in the last 30 years,¹⁰ the impact on children has been profound.

Children are also more at risk than ever due to armed conflict. More than 426 million children now live in conflict zones¹¹ – a higher number than at any time in UNICEF's 75-year history.

Global Trends in Health

While a child born today has a much better chance of surviving to their fifth birthday than just 30 years ago, in 2020 alone more than 5 million children died before turning five,¹² with children in sub-Saharan Africa and Southern Asia continuing to face the highest risk of death globally. Moreover, the decline in newborn mortality has not kept pace with the decline in the under-five mortality rate.¹³ If current trends continue, 54 countries will not meet the SDG under-five mortality target by 2030, while more than 60 countries will not meet the SDG neonatal mortality target.¹⁴

Immunization coverage has plateaued since 2010, as a result of significant inequalities in coverage. In 2020, there was an increase of 3.4 million unvaccinated children globally¹⁵ – the largest increase in 20 years. Many immunization indicators are off track to meet SDG and 2030 Immunization Agenda targets.¹⁶ The most recent data (2020) show that immunization coverage has declined, mainly due to COVID-19 and the associated response, erasing more than a decade of progress. Global coverage of diphtheria, tetanus and pertussis (DPT3) vaccination coverage – the proxy indicator for immunization – fell from 86 per cent in 2019 to 83 per cent in 2020.¹⁷

Nearly 1 million adolescents died in 2020.¹⁸ While unintentional injuries, violence and suicide were among the leading causes of death, unhealthy trends including increased alcohol and tobacco use, unhealthy eating, inactivity and mental health issues, are threatening their health and well-being.

Public health emergencies are increasing in frequency and severity, driven by population mobility and displacement, the growth of urbanization and population density, climate change, and by the impact of, often protracted, humanitarian crises. The annual number of outbreaks has increased more than threefold since 1980. Since 2009, six Public Health Emergencies of International Concern¹⁹ – swine flu (2009), polio (2014), Ebola (2014, 2018), Zika (2016), and COVID-19 (2020) – have been declared and disproportionately affected children, women and their communities.

Decades of progress on child survival, health and well-being, and the realization of children's rights to survive and thrive, are threatened by a complex and changing global context: COVID-19, antimicrobial resistance, climate change, environmental degradation, conflict, displacements, population migration, economic instability, predatory commercial practices, and reduced bilateral, multilateral and private-sector investments.

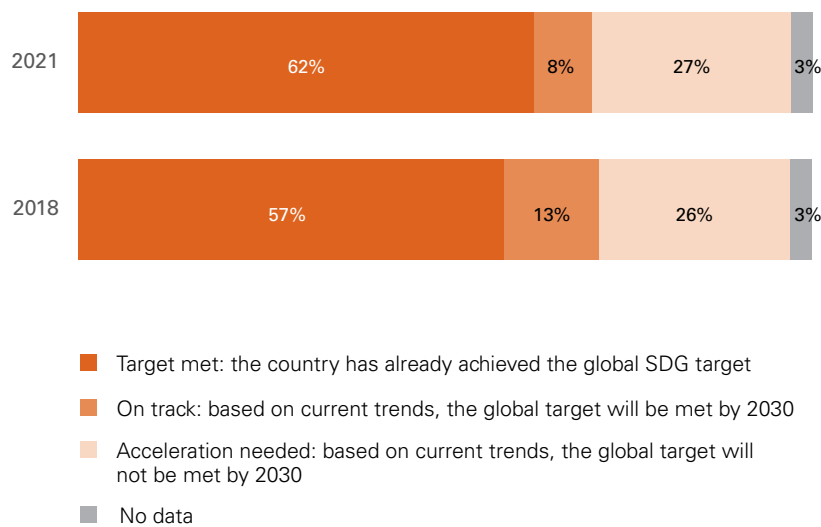
Global Trends in Nutrition

Tremendous progress in maternal and child nutrition has been achieved over the past two decades. The proportion of children under 5 suffering from stunting has fallen by one third since 2000, and the number of children who are stunted has declined by 55 million. Despite this progress, a triple burden of malnutrition – undernutrition (stunting and wasting), micronutrient deficiencies and overweight – continues to threaten children's right to survive and thrive.

Globally, 149 million children are affected by stunting, about 45 million suffer from wasting and 39 million are living with overweight (see *Figure 3*).²⁰ While stunting is declining, high levels of wasting persist, and the trend of increasing overweight must be reversed if the 2030 SDG targets are to be achieved. Maternal nutrition is also poor globally: about 170 million women are underweight, while more than three times as many are overweight.²¹ Each year, more than 20 million babies are born at low birthweight, an early form of malnutrition linked to women's nutritional status before and during pregnancy.²²

These estimates do not account for the full impact of the COVID-19 pandemic, which stands to increase all forms of malnutrition among women and children and widen existing inequities, especially in low- and middle-income countries. Indeed, the pandemic could increase the number of children with wasting by up to 13.6 million by 2022²³ and an estimated 660 million people may still face hunger in 2030 due to lasting effects on food security.²⁴ Child and adolescent overweight may also rise in the wake of the pandemic, as nutritious foods become increasingly unaffordable, and families increase their consumption of unhealthy, processed convenience foods.

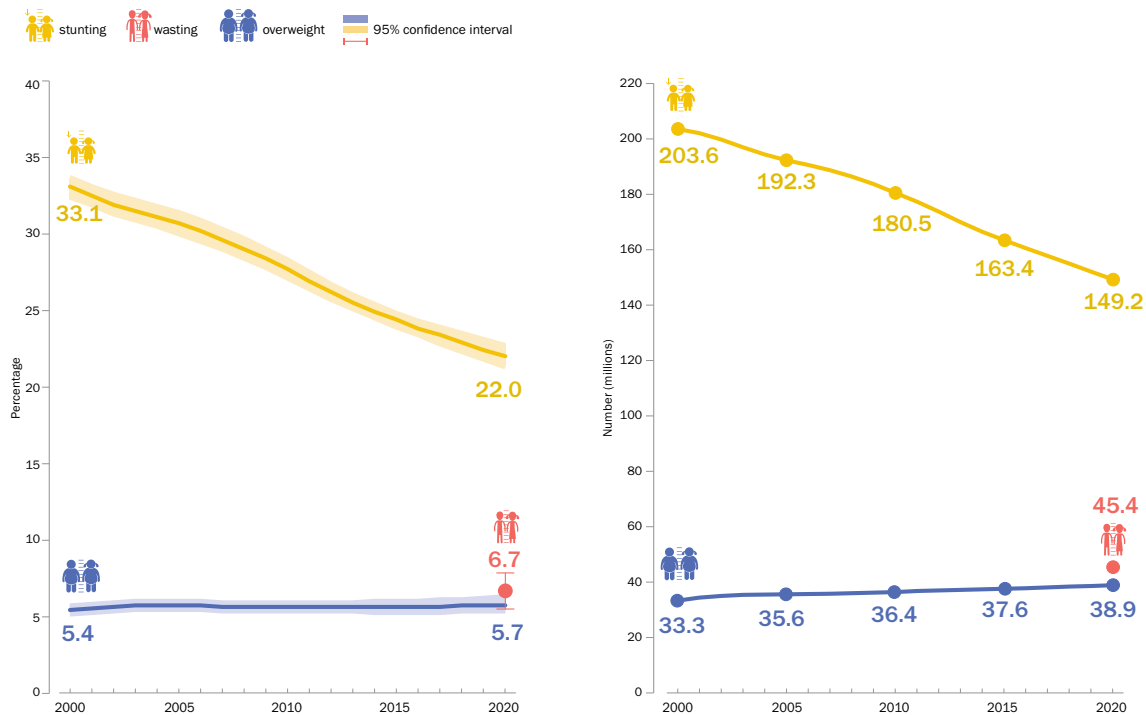
FIGURE 2: Progress of countries under-five mortality rate



About 70 per cent of countries assessed already achieved or were on track to meet the Sustainable Development Goal target on the under-five mortality rate. While children appear to be largely spared the direct mortality impacts of COVID-19, the indirect effects stemming from strained health systems and disruptions to life-saving health services, such as immunization and antenatal care, can result in increases in child mortality.

Data source: UNICEF data companion & scorecard to the annual report of 2021 of the Executive Director of UNICEF

FIGURE 3: Percentage (left) and number in millions (right) of children under 5 affected by stunting, wasting and overweight, global, 2000–2020*



Source: UNICEF, WHO, World Bank Group Joint Malnutrition Estimates (JME), 2021 edition.

*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. One of the covariates used in the country stunting and overweight models takes the impact of COVID-19 partially into account; see the full JME, page 3, for further details.

This crisis of malnutrition is occurring against a backdrop of globalization, urbanization, increasing inequities, climate change and humanitarian emergencies, which pose critical challenges to feeding children the nutritious and sustainable diets they need to grow and develop to their full potential.

Global trends in HIV and AIDS

For years, countries and their partners have worked to meet the 2020 global super-fast-track targets towards ending AIDS in children, adolescents and young women by 2030. The effort had considerable success, preventing millions of new infections and saving millions of lives over the past 20 years, but has ultimately fallen short. In some cases, the gap between achievement and goal was relatively narrow.

In 2020, the global share of pregnant women living with HIV who were accessing HIV treatment was 85 per cent. In contrast, overall progress for children and adolescents in the key results areas is far below the targets: For example, in 2020, the number of new infections in children was 150,000, many times more than the target of fewer than 20,000; an estimated 960,000 children (aged 0–14) living with HIV were on antiretroviral treatment, just two thirds of the target of 2.4 million; and some 260,000 adolescent girls and young women (ages 15–24) were newly infected with HIV, nearly triple the target of fewer than 100,000 per year.

Recent trends are particularly concerning. Most of the significant gains in ending AIDS among children and adolescents were made before 2018. For the past five years or more, progress has largely stalled.

The consequences of failing to maintain momentum underscore the epidemic's continued and disproportionate impact. In 2020, children accounted for 5 per cent of all people living with HIV but comprised 15 per cent of all people who died from AIDS-related causes.²⁵

Gaps in finding and testing infants and children are a key factor behind this inequity. More than two fifths of children living with HIV are undiagnosed, and thus untreated. That in turn contributed to just 40 per cent of children living with HIV having suppressed viral loads, compared with 67 per cent of adults. As well, far too many adolescents and young people are unaware of their status, as indicated by findings from 2020 survey data in Eastern and Southern Africa – the region most affected by HIV – showing that only 25 per cent of girls and 17 per cent of boys aged 15–19 had been tested for HIV in the past 12 months.

While COVID-19 has been responsible for some of the poor results, the slowdown in progress began well before the pandemic. Diminishing attention to and funding for

the overall global HIV response is a longer-term trend exacerbated during the COVID-19 era and the emergence of high-profile humanitarian crises.

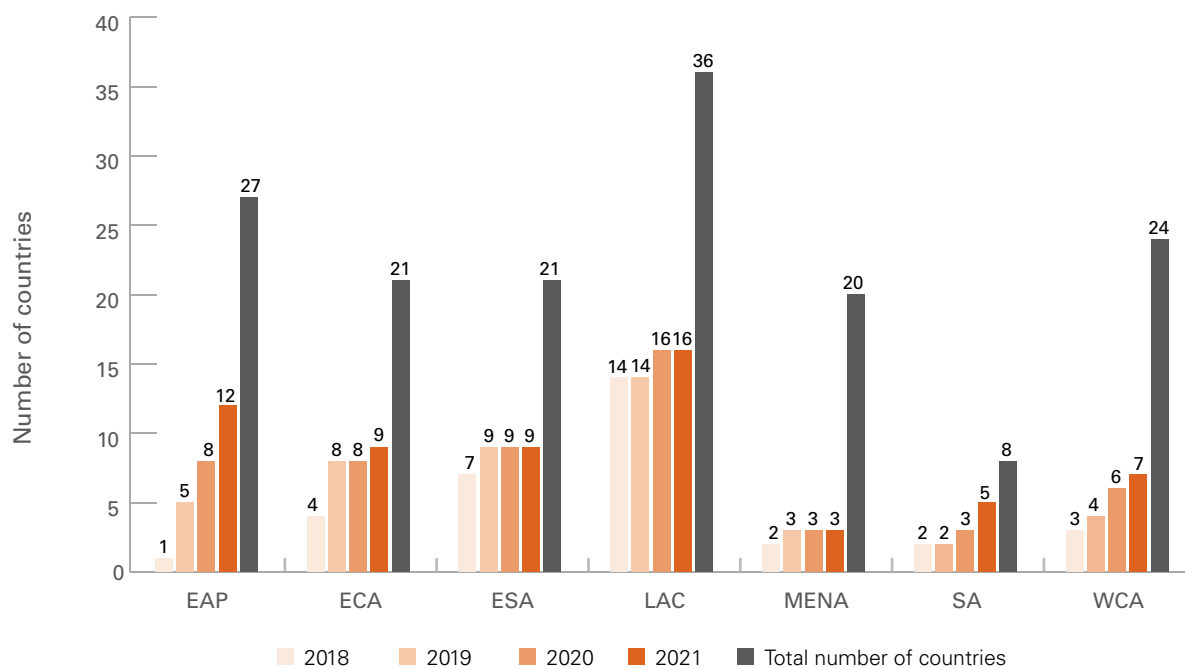
Global trends in early childhood development

Global commitment to enabling policy environments and consolidating multisectoral approaches to early childhood development (ECD) increased significantly during the Strategic Plan period. Over the past four years, countries have increasingly adopted, institutionalized and implemented multisectoral ECD packages with at least two interventions – such as early stimulation and responsive caregiving to enhance the programme's impact. In 2021, governments in 128 countries had adopted national, multisectoral ECD programmes, of which 61 had strengthened systems with costed action plans, paving the way for sustainable scale-up.

Ninety-nine countries had established ECD national policy or action plans in 2021, and the number of countries reporting having two or more family-friendly policies – on parental leave, support for breastfeeding, access to good-quality childcare and child benefits – has more than doubled. More countries are also incorporating ECD into their humanitarian responses. However, demand for such interventions has rapidly outpaced available resources and capacities, signalling the need for strategic resource allocations and coordination to safeguard the development potential of young children affected by humanitarian crises.

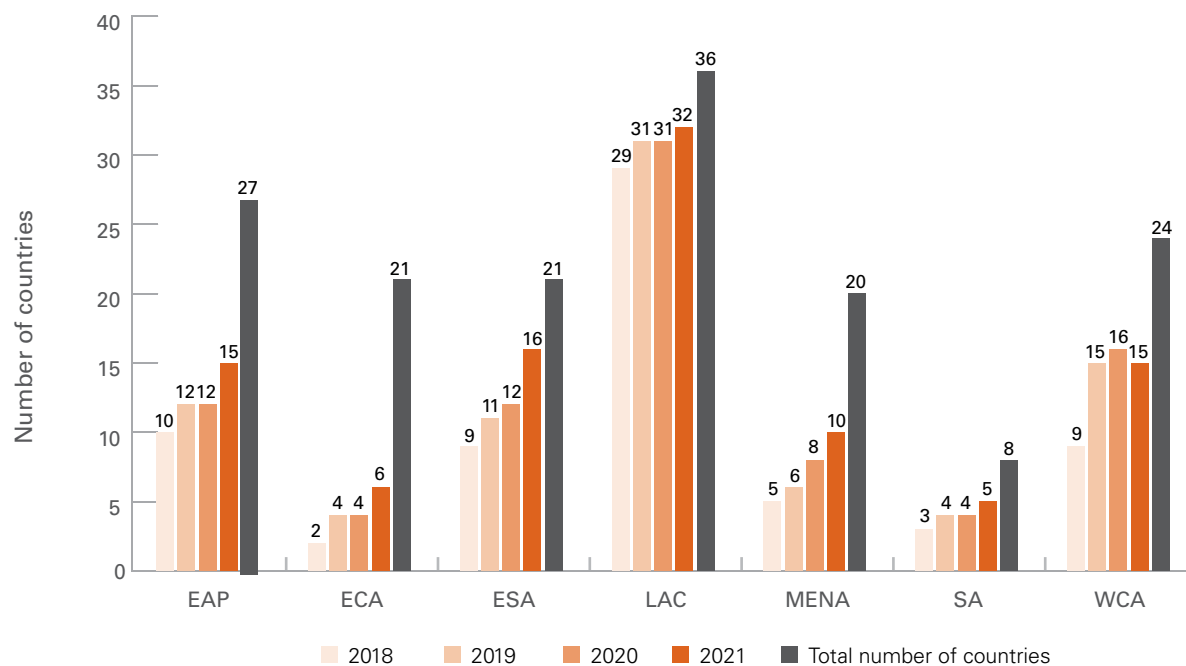
Data from 73 countries show that only 71 per cent of children aged 36–59 months are developmentally on track; there is an urgent need to close that gap if the world is to achieve SDG target 4.2 by 2030. The ECD global evaluation, conducted by UNICEF in 2021, highlighted that integrating ECD and parenting support through sectoral policy and service platforms, including in humanitarian responses, has the potential to enhance programme impact at scale. The systematic measurement of ECD results and programme effectiveness is a strategic priority to accelerate evidence-informed programming and advocacy. Despite evidence of high returns on ECD investments, national budgets for ECD programmes remain insufficient in a world still affected by COVID-19, and policy gains must be protected amid the potential loss of political will and investment in ECD agendas. UNICEF therefore is working with governments to strengthen public finance systems and to translate ECD policy commitments into budgets for programmes at scale.

FIGURE 4: Multisectoral ECD packages at scale (established and advanced), 2018–2021: progress overview by region



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

FIGURE 5: Numbers of countries with an early childhood development policy or action plan, 2018–2021, by region



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



Results: Health

On 25 January 2021, a mother looks happy after getting her child vaccinated at the measles and rubella campaign at Trishal outreach centre in Mymensingh, Bangladesh.

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The full impact of the coronavirus disease 2019 (COVID-19) pandemic on the health and well-being of children and adolescents may not become apparent until quality data become available. Progress towards UNICEF's strategic goals of ensuring that all children survive and thrive has been thwarted by the unprecedented pandemic. UNICEF's mandate to support the full realization of the rights of all children, and to leave no child behind acquires a new urgency as equity gaps have been widened by the pandemic. Indeed, the pandemic highlighted that primary health care (PHC) is of utmost importance during public health emergencies to provide frontline response and recovery services, and enable continuous access to essential health services.²⁶ (See Strengthening systems for child survival, growth and development results, Page 199)

For maternal and newborn health (MNH), indicators for the 52 high-burden UNICEF countries are encouraging, showing good progress as planned against strategic targets. During the last four years, steady progress was seen in care around the time of birth and significant gains were made in improving the quality of care for mothers and newborns. UNICEF's leadership continued to shape the global agenda for maternal and newborn health – such as Every Newborn

Action Plan (ENAP) and Ending Preventable Maternal Mortality (EPMM). The organization's support of scaling up quality of care at health-care facilities and communities contributed towards positive results for mothers and newborns.

UNICEF's results for immunization coverage had plateaued before 2020. At the end of the Strategic Plan period, many targets were not achieved. The pandemic and the associated response resulted in fewer supplementary immunization activities, including to eradicate polio and maternal and neonatal tetanus. The newer vaccine introductions have also plateaued, following a similar pattern of uptake upon initial introduction. Despite the challenges, UNICEF and partners supported the vaccination of more than 64 million children with the third dose of diphtheria-tetanus-pertussis (DPT3) in 64 priority countries in 2020. The certification of Nigeria as free of the wild polio virus in 2020 was a remarkable achievement, which UNICEF contributed to through its role as a key partner within the Global Polio Eradication Initiative. The organization continues to provide a critical contribution in prioritizing zero-dose children and communities in the global agenda.



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Baby Elvis Mungotimu weighed in at 3kg at birth. Born in Uganda to 18-year-old Kwicwiny Sylvia on 31/10/2021, the mother describes him as a gift from God. UNICEF and partners are supporting newborn care initiatives including provision of equipment to keep small babies warm at the hospital where baby Elvis was born.

FIGURE 6: Progress of outcome and output results between 2018 and 2021

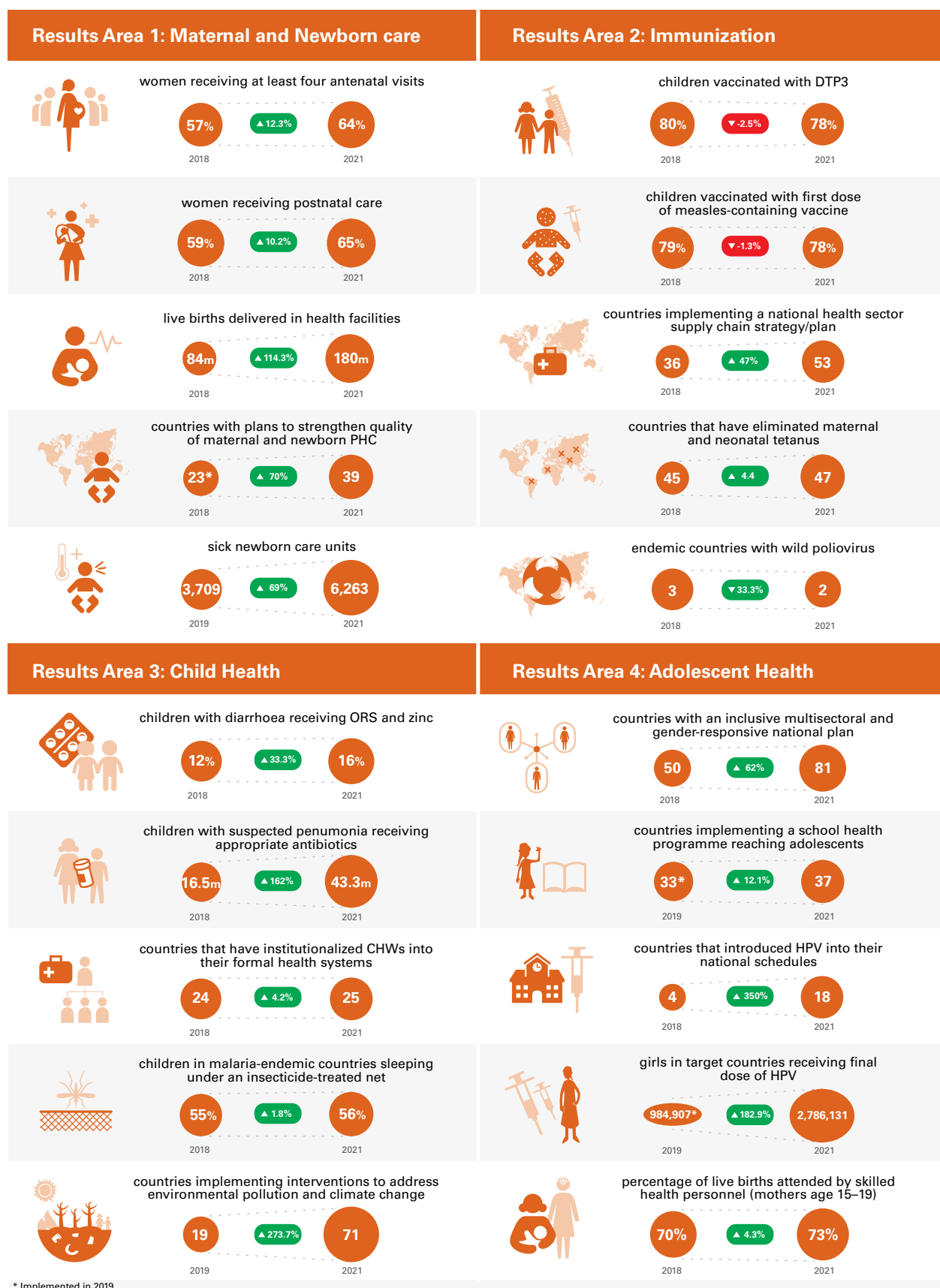
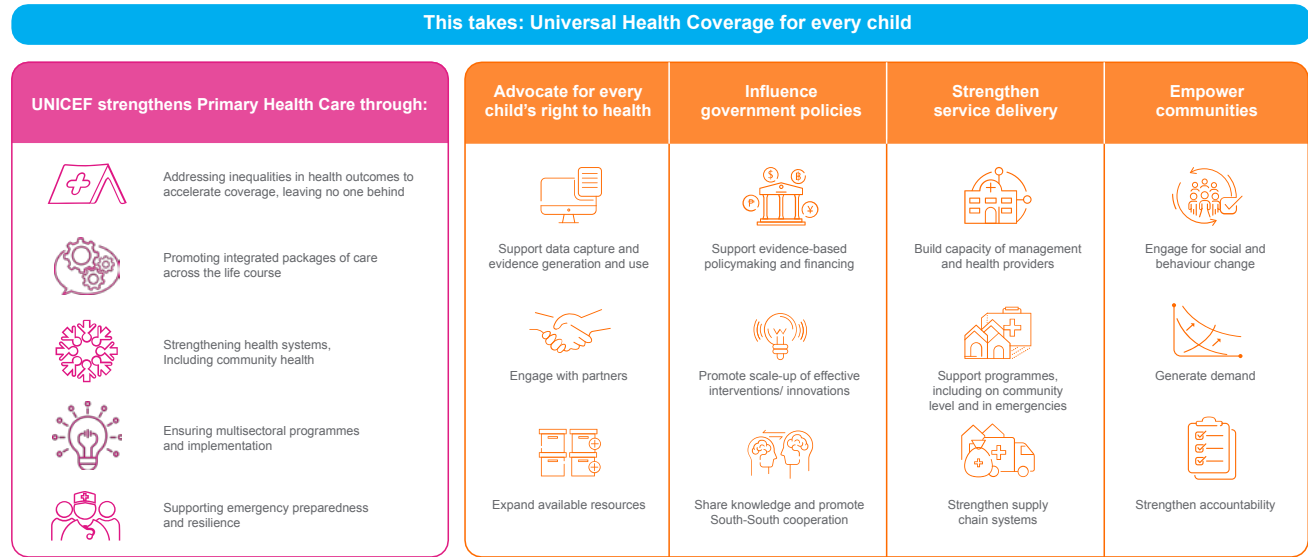


FIGURE 7: UNICEF Health strategic framework, 2016–2030

UNICEF 2016–2030 Health Strategy Vision:

A WORLD WHERE NO CHILD DIES FROM PREVENTABLE CAUSES AND ALL CHILDREN REACH THEIR FULL POTENTIAL IN HEALTH AND WELL-BEING



Source: UNICEF Strategy for Health 2016–2030

FIGURE 8: Knowledge products for health, 2021

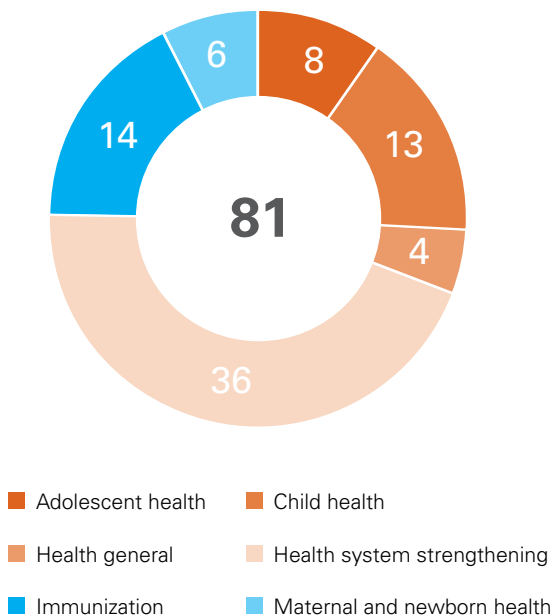


FIGURE 9: Guidance and toolkits for health, co-authored by UNICEF, 2021

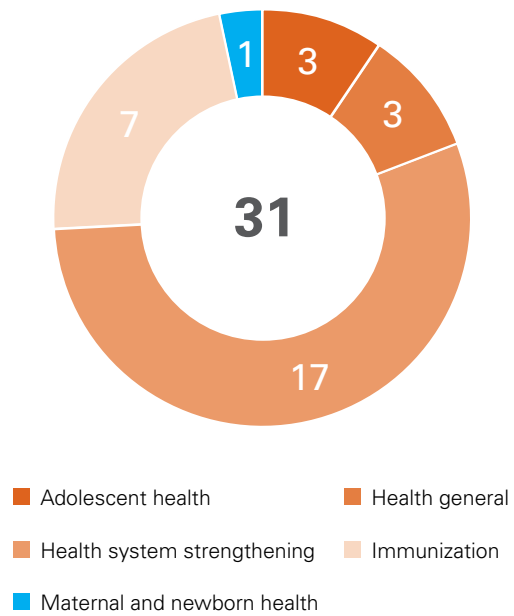
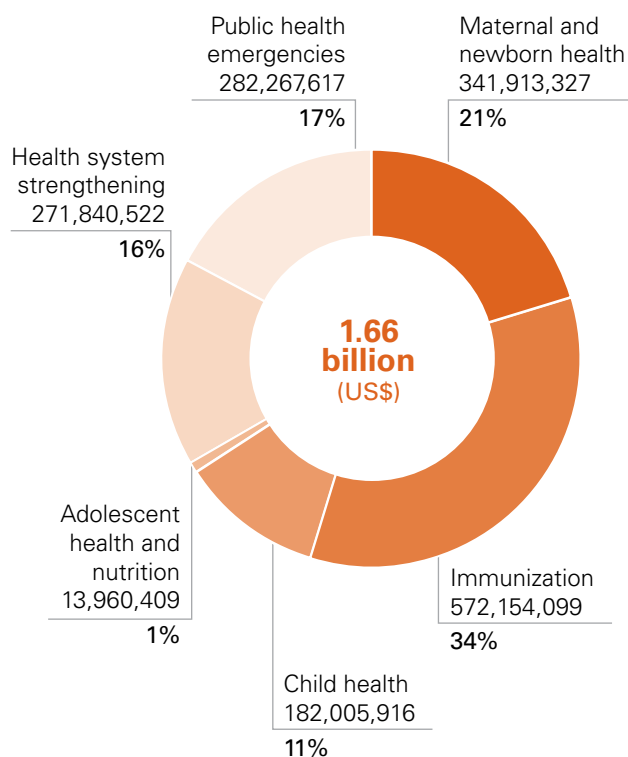


FIGURE 10: Health expenses by sector, 2021



Many UNICEF strategic indicators for child health had stagnated before the onset of the pandemic and progress even further. An increased focus and targeted investments are imperative to prevent and treat the common infectious diseases that kill children under five in large numbers.

Despite major challenges, over the last four years, UNICEF saw some solid achievements in the 25 high-burden countries which it supports, such as the number of children with suspected pneumonia receiving antibiotics increased almost threefold, and community health workers have been integrated in the formal health systems in all 25 countries.

Through a comprehensive multisectoral life-course approach, UNICEF has successfully scaled up its programmes on health and well-being, which include nurturing care for early childhood development and disability interventions through health platforms, non-communicable disease and chronic care, injury prevention, and interventions to address environmental pollution and

climate change. The number of countries implementing interventions as part of UNICEF health programmes increased almost threefold over the course of the Strategic Plan.

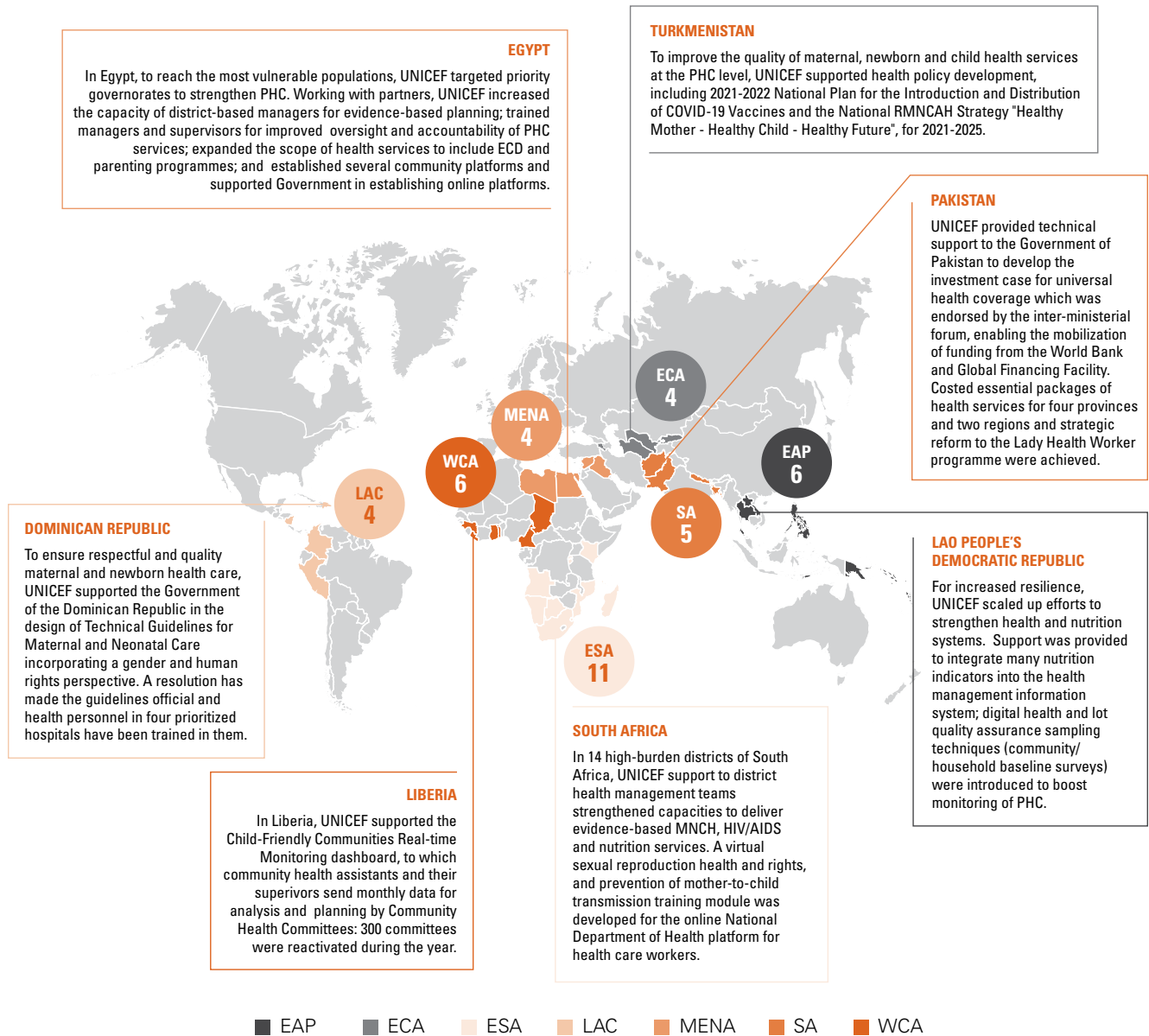
Over the last four years, significant progress was achieved in the area of adolescent health: UNICEF supported countries in the development, planning and implementation of national plans for adolescent health, seeing a significant increase in the number of countries with multisectoral and gender-responsive national plans. Progress was achieved in the implementation of school health programmes for adolescents before the pandemic hindered further advancements. UNICEF has increased its focus on mental health for adolescents, especially during the pandemic, which has severely impacted the mental health of children and adolescents globally.

In 2021, UNICEF responded to multiple, and often simultaneous, public health events, such as cholera, hepatitis E, Zika, yellow fever, polio and measles outbreaks, promoting a child-centred and whole-of-society approach to public health emergencies. UNICEF also expanded its efforts to address the impact of the COVID-19 pandemic, bringing together the public health, social-economic and humanitarian responses into an integrated and community-based response. UNICEF sustained support to governments and partners to strengthen infrastructure, develop preparedness plans and re-establish routine health services. The organization's role in COVID-19 Vaccines Global Access (COVAX) and in the Access to COVID-19 Tools Accelerator (ACT-A) has been of critical importance. UNICEF has seized opportunities to strengthen health systems whilst responding to the pandemic. (See Strengthening systems for child survival, growth and development results, page 199)

Aligned with United Nations reform, and to advance the Global Action Plan for Healthy Lives and Well-being for All (SDG 3 GAP), UNICEF has played a key role leading the PHC accelerator in 37 countries. The SDG 3 GAP is providing a critical platform to improve collaboration in the multilateral system to support countries to recover from the pandemic and drive progress towards the health-related SDGs, with a focus on equity and enabled by stronger PHC.

To address inequities in health outcomes and to strengthen health systems, increased investments that help UNICEF to plug priority gaps are urgently needed. Increased thematic funds are also imperative to enable integrated UNICEF health programmes, to support countries in their pandemic response and recovery, and to bolster support in the delivery of integrated front-line services through communities, schools and health-care facilities, as part of more resilient PHC.

FIGURE 11: Allocation of global health thematic funding with examples of UNICEF's work, 2021



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.

78 per cent to Country Offices; 12 per cent to Regional Offices; 10 per cent to Headquarters

Data source: UNICEF New York, 2021



Laughing child being held in the arms of a woman, in Kenya.

Results Area 1: Maternal and newborn health

The reduction of maternal mortality and the prevention of neonatal mortality remains a cornerstone for achieving SDG 3 and is integral to Goal Area 1 of the Strategic Plan. UNICEF remains deeply committed to supporting the realization of the right to affordable, high-quality health care before, during and after childbirth, for all newborns and mothers.

To end preventable maternal and newborn deaths, UNICEF focuses on high-impact survival programmes with a particular focus on improving the quality of care at the time of birth, acceleration of global efforts to transform care for small and sick newborns, and linkages between facility-based care with follow-up care in the community.

Investment in care during pregnancy, childbirth and the first month of life is the best investment, with a quadruple return: saving mothers and newborns; preventing stillbirths; reducing disabilities; and paving the way for optimal child development and lifelong health and well-being.²⁷

Results for maternal and newborn health for the final year of the 2018–2021 Strategic Plan are encouraging: overall, in the 52 high-burden UNICEF countries, good progress

against targets was achieved as planned. However, data should be interpreted with care because the full impact of the COVID-19 pandemic on this area of work will only become apparent when data from the next set of household surveys become available and global estimates are updated.

In 2021, the number of live births delivered in health-care facilities through UNICEF-supported programmes increased to 38.9 million, with an increase in skilled health personnel to 80 per cent in the 52 high-burden countries. Both antenatal and postnatal care also improved: the percentage of women receiving at least four antenatal visits increased to 64 per cent and the percentage of mothers receiving postnatal care increased to 65 per cent. Quality of care interventions have risen, including the number of countries implementing plans to strengthen the quality of newborn and maternal PHC, which increased to 39. In 2021, the number of district hospitals with sick newborn care units critical to ensuring better survival and health of newborns, their growth and development, increased to 6,263. To improve the quality of health care, UNICEF also supported water, sanitation and hygiene (WASH) interventions in 3,618 health-care facilities.

Outcome and output indicators for maternal and newborn health

FIGURE 12: Outcome results on maternal and newborn health, 2021

Outcome	Baseline	2021 value	2021 target
Percentage of pregnant women receiving at least four antenatal visits (SDG 3.8.1)	Total: 51% Age 15–19: 52%	64% Age 15–19: 52%	Total: 65% Age 15–19: 57%
Percentage of live births attended by skilled health personnel (home and facilities) (SDG 3.1.2)	73%	80%	79%
Number of live births delivered in health-care facilities through UNICEF-supported programmes	25 million	180 million	144 million
Percentage of (a) mothers and (b) newborns receiving postnatal care (SDG 3.8.1)	(a) Total: 48% Age 15–19: 48% (b) 33%	(a) Total: 65% Age 15–19: 60% (b) 60%	(a) Total: 62% Age 15–19: 62% (b) 43%

FIGURE 13: Output results on maternal and newborn health, 2021

Output indicator	Baseline	2021 value	2021 target
Number of district hospitals with sick newborn care units	3,709*	6,263	4,000
Number of countries that are verified/validated as having eliminated maternal and neonatal tetanus	44	47	59
Number of countries implementing plans to strengthen quality of maternal and newborn PHC	18	39	30

Note: * 2019 baseline.

The first month of life is the riskiest time for a child's survival. A neonatal death occurred every 13 seconds in 2020, cumulating in 2.4 million deaths in that year alone. Stillbirths remain an urgent issue with almost 2 million babies stillborn each year. Stillbirths are closely related to access to high-quality antenatal and skilled delivery care.

The latest data (2017) shows that the global maternal mortality ratio declined from 342 deaths to 211 deaths per 100,000 live births between 2000 and 2017.^{28 29} This represents a substantial reduction of maternal deaths, but it still falls far short of the SDG goal of 70 maternal

deaths per 100,000 live births.³⁰ A substantial proportion of these deaths can be attributed to lack of access to quality antenatal and delivery care.

The care of sick and small newborns is a critical component for attaining the SDG 3 target and remains the main item on the unfinished agenda to end preventable child deaths.³¹ To achieve the vision and goals set out in ENAP, greater focus and investments are needed to transform care for small and sick newborns in low- and middle-income countries.

Improving services and community demand

Antenatal care

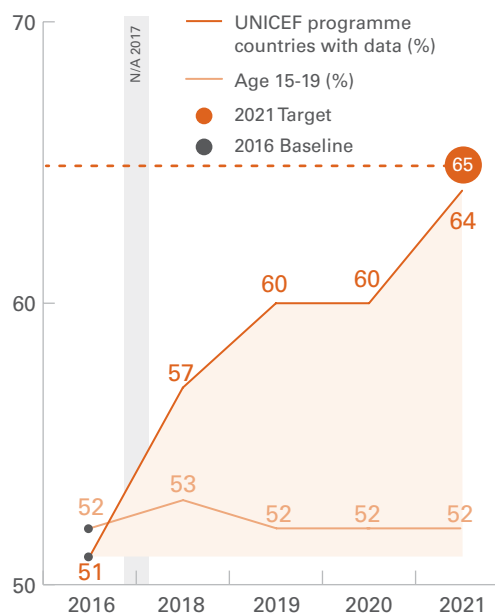
When women have regular contact with a doctor, nurse or skilled birth attendant during their pregnancy, their chances of a healthy pregnancy and a healthy baby are greatly increased.

Over the course of the 2018–2021 Strategic Plan, solid progress was achieved in the percentage of women receiving at least four antenatal visits in UNICEF’s 52 high-burden countries. From 57 per cent in 2018, the percentage of women increased to 60 per cent in 2020 and by the end of 2021, 64 per cent received at least four antenatal care (ANC) visits. Progress in Afghanistan, China, India and Viet Nam accounted for the increased value. Conversely, over this same period, the percentage of adolescent mothers (aged 15–19) receiving at least four ANC visits decreased from 53 to 52 per cent, highlighting the urgent need for a renewed focus on MNH services for adolescent girls.

In Papua New Guinea, UNICEF continued to support the Government’s ‘Saving Lives Spreading Smiles’ programme to strengthen the delivery of integrated packages of maternal, newborn, child and adolescent health (MNCAH), nutrition, immunization and prevention of parent-to-child transmission of HIV services: 110,964 women received antenatal care; 67,107 babies were delivered in health-care facilities; and 41,030 newborns were provided with early essential newborn care.

FIGURE 14: Percentage of pregnant women (including adolescents (aged 15–19)) receiving at least four antenatal visits in the UNICEF 52 high-burden countries

Global trend 2016–2021



Note: Data not available for ECA and LAC
Data source: UNICEF New York, 2021



A woman, Lo Thi Xuan from the Thai ethnic minority community from Na Phat A village, who is four-months’ pregnant, consults the chief nurse, Lo Thi Tinh, and village midwife, Thao Thi De, from the Mong ethnic minority community Viet Nam. Xuan shared that she has experienced bad morning sickness, she fears the smell of food and could not eat at all at the beginning of her pregnancy. Commune health workers have provided Xuan with very useful tips to overcome the morning sickness to keep her baby healthy until now.

During 2021, UNICEF delivered 8.4 million courses of sulphadoxine-pyrimethamine to 13 countries for intermittent preventative malaria treatment in pregnancy, which was equivalent to 2.8 million pregnant women receiving the treatment from three focused ANC visits.

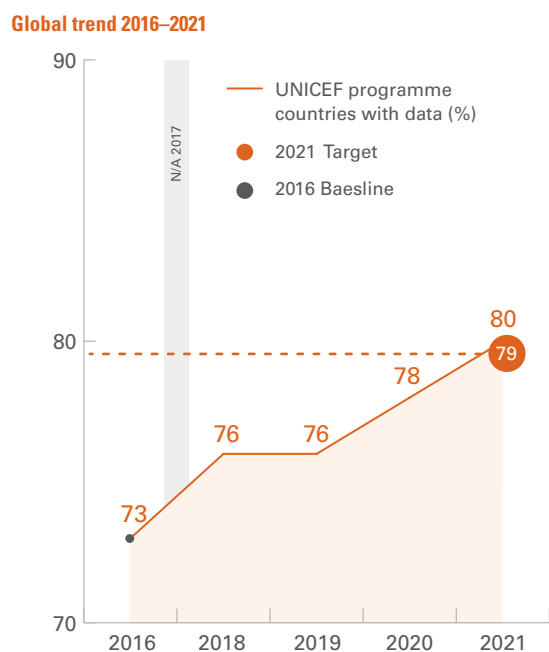
Skilled birth attendants

The assistance of skilled birth attendants is critical for the reduction of maternal and neonatal mortality, morbidity and disabilities. Skilled attendance during and immediately after birth has yielded positive results by improving essential newborn care practices and reducing newborn mortality.³²

In UNICEF's 52 high-burden countries, the percentage of live births attended by skilled birth attendants increased from 78 per cent in 2020 to 80 per cent in 2021, exceeding the 2021 target (79 per cent). Substantial increases for this indicator were seen in Chad and India. Under ENAP, the introduction of a specific target for skilled birth attendance has increased the focus on this area of work.

During 2021, in the 52 high-burden countries, 38.9 million live births were delivered in health-care facilities through UNICEF-supported programmes, an increase from 30.5

FIGURE 15: Percentage of live births attended by skilled health personnel (home and facilities) in the UNICEF 52 high-burden countries



Note: Data not available for ECA and LAC
Data source: UNICEF New York, 2021

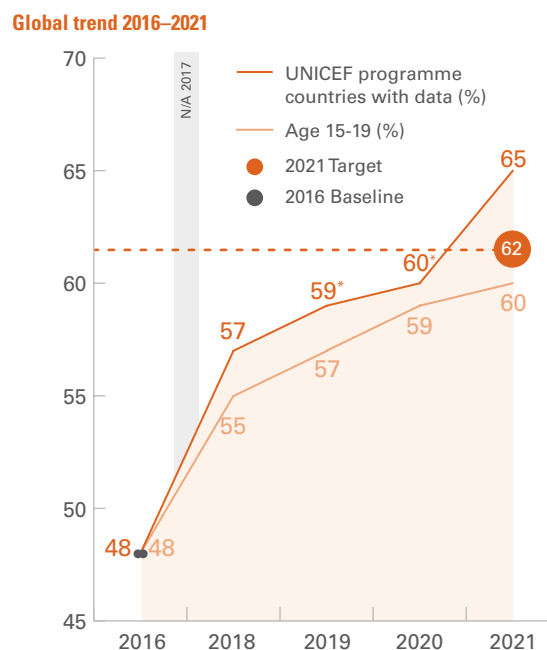
million in 2020. Between 2018 and 2021, with UNICEF support, the cumulative total increased from 84 million to 180 million live births delivered in health-care facilities, far exceeding the Strategic Plan 2021 target (140 million).

In Yemen, UNICEF supported MNH services in 23 hospitals through operational assistance and MNH essential supplies. Through 2021, 525,629 women received ANC; 182,244 women delivered babies with skilled birth attendance; and 80,526 women received postnatal care. To strengthen the response at the community level, UNICEF is also supporting 148 community midwives in a three-year pre-service training.

Postnatal care for mothers and newborns

Postnatal care for both mothers and newborns, especially during the 24 hours after birth, is critical for neonatal survival and maternal health. UNICEF interventions are based on evidence and include the immediate assessment of babies, breastfeeding, umbilical cord care and the reinforcement of postnatal care messaging among families and caregivers.

FIGURE 16: Percentage of mothers (including adolescents age 15–19) receiving postnatal care



*Data revised for 2019 and 2020 because China withdrew their data for these years.

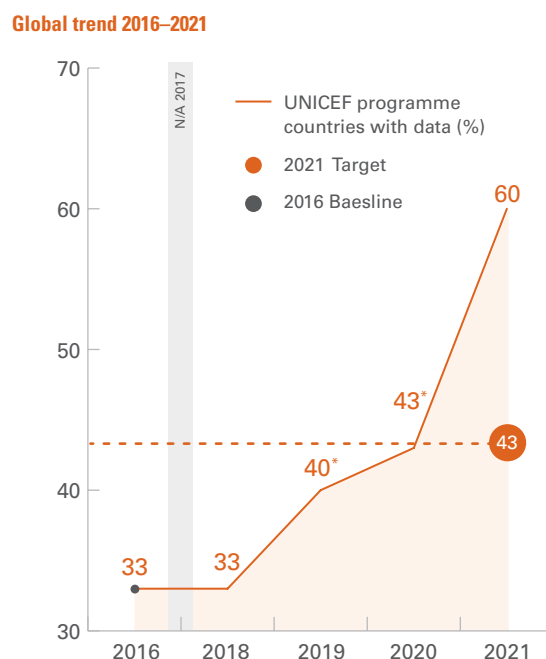
Note: Data not available for ECA and LAC
Data source: UNICEF New York, 2021

The percentage of mothers receiving postnatal care increased from 60 per cent³³ in 2021, exceeding the 2021 target (62 per cent). Postnatal care has been allocated a specific target under ENAP, which has led to an increased focus on both maternal and newborn postnatal care. Postnatal care for adolescent mothers increased from 55 per cent in 2018 to 60 per cent in 2021 but fell short of the target (62 per cent), once again highlighting the need for a renewed focus on MNH care for this cohort.

Postpartum haemorrhage is the leading direct cause of maternal deaths in low-resource settings. UNICEF has used the non-pneumatic anti-shock garment (NASG) to save women's lives by reducing blood loss and stabilizing women until treatment is available. UNICEF has added NASG to its Supply Catalogue and is providing technical guidance and support for its procurement, distribution and integration into maternal healthcare programmes.

Considerable gains were seen in the percentage of newborns receiving postnatal care: the percentage increased significantly from 43 per cent¹ in 2020 to 60 per cent in 2021, far exceeding the 2021 target (43 per cent). The gains were largely driven by improvements in the South Asia and Eastern and Southern Africa regions, with a 52 per cent increase in percentage points in India alone. UNICEF has been providing targeted support for quality improvement for MNH services in these regions, which have been the least developed in this area of care.

FIGURE 17: Percentage of newborns receiving postnatal care



*Data revised for 2019 and 2020 because China withdrew their data for these years. Note: Data not available for ECA and LAC
Data source: UNICEF New York, 2021



Rimpi Telli, 23 year-old accredited social health activist, dries her hands prior to a postnatal check-up in Muttuck, Assam India.

Community demand for services

The use of social and behavioural change (SBCC)/ Communication for Development (C4D) approaches has been a critical tool for service utilization during the COVID-19 pandemic, which has affected both the provision of high-quality essential MNH services, as well as the demand for services. Many resources – including skilled birth attendants – were diverted from regular service delivery to response efforts. Pregnant women and mothers with newborns may not have had access to services or may have avoided health-care facilities because of fear of infection.

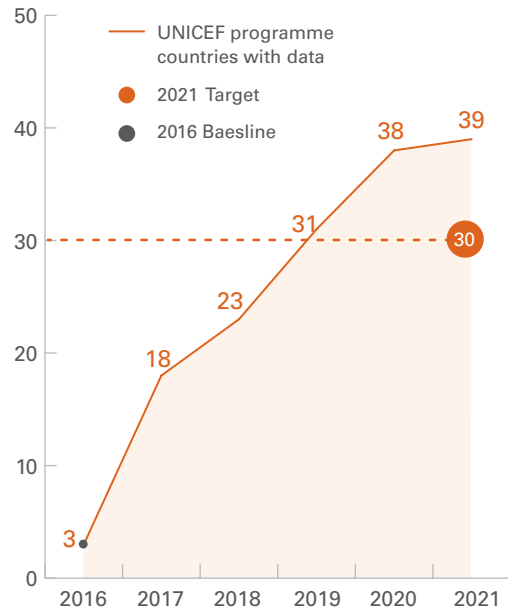
UNICEF launched the module “Integrating stakeholder and community engagement in quality-of-care initiatives for maternal, newborn and child health” with social and behavioural change, and started to work with stakeholders in Bangladesh, Ghana, and the United Republic of Tanzania.

Quality of care

The quality of care before, during and after childbirth is critical for healthy outcomes for mothers and newborns. The evidence shows that poor-quality care accounts for 61 per cent of neonatal deaths and 50 per cent of maternal deaths.³⁴ Basic medicines and supplies, clean, well-equipped health-care facilities, and simple interventions

FIGURE 18: Number of countries implementing plans to strengthen the quality of maternal and newborn primary health care

Global trend 2016–2021



Note: Data not available for ECA and LAC



With the support of ECHO and the Halu Foundation, UNICEF installed hand washing points in the Maternal and Child Health Centre in Arauca, Columbia, to prevent the spread of COVID-19. These hand washing points were installed to benefit the migrant population and the host community.

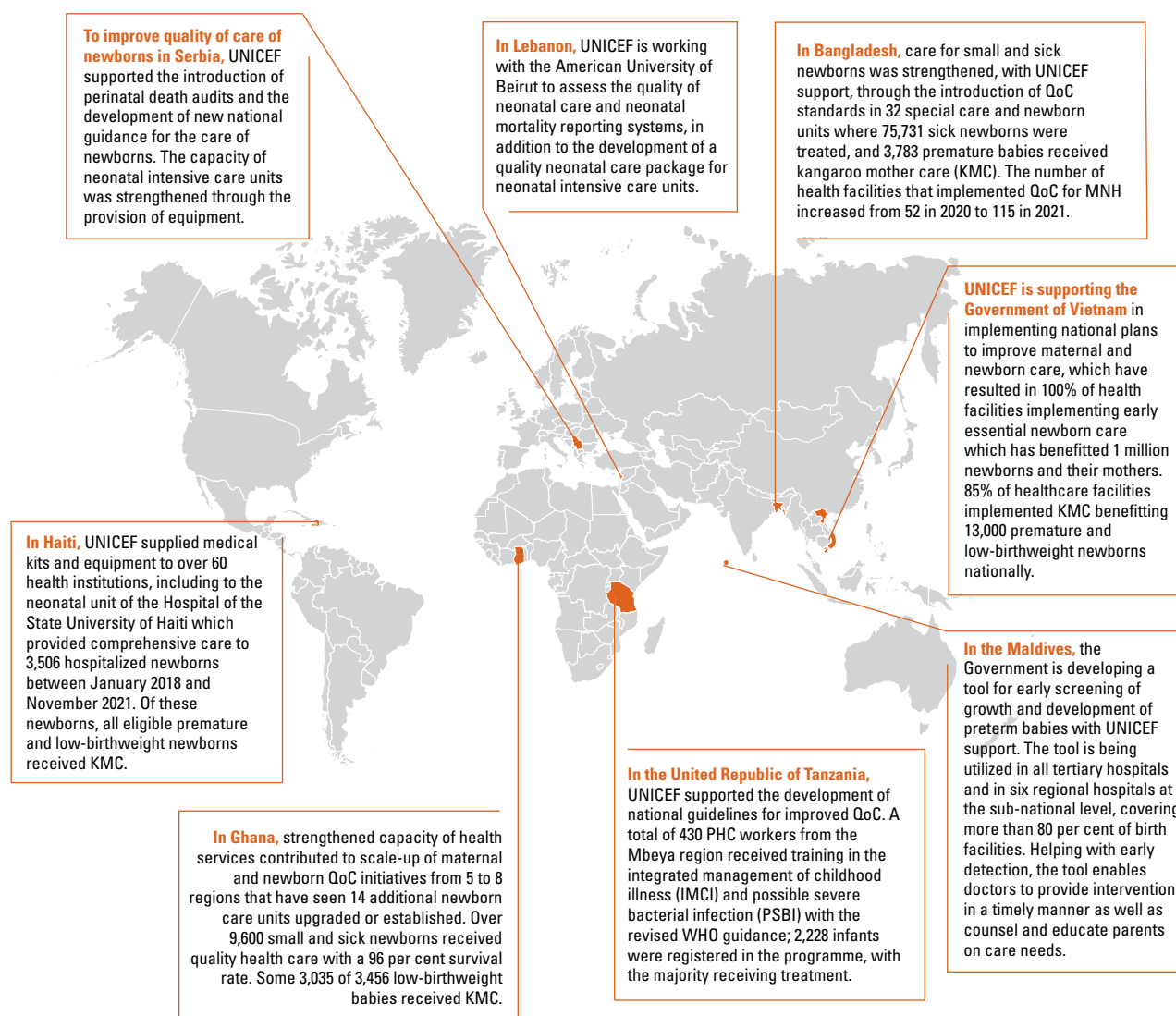
like skin-to-skin contact between parent and newborn can reduce the risk of maternal and infant deaths. UNICEF places special emphasis on improving the quality of care at the time of birth and works to help train birth attendants and other health workers to provide emergency obstetric and newborn care.

By the end of 2021, with the addition of Namibia, UNICEF supported 39 countries in the implementation of plans to strengthen the delivery of quality and dignified maternal and newborn care, exceeding the 2021 target (30 countries). For the 52 high-burden countries, 653,318 health workers were trained on MNH, quality improvement

standards were enhanced in 7,725 facilities, and 9,239 health-care facilities were supported with equipment or maternal and newborn kits. In 2021, UNICEF delivered most or some of the pre-packed obstetric surgical kits and midwifery kits to 31 countries.

In partnership with the World Health Organization (WHO), UNICEF developed a maternal and perinatal death surveillance and response (MPDSR) implementation guide, while a webinar and the MPDSR virtual training curriculum were also launched by the Eastern and Southern Africa Regional Office.

FIGURE 19: Examples of UNICEF’s support for improved quality of care in maternal and newborn health, 2021



Data source: UNICEF New York, 2021

KMC, kangaroo mother care; MNH, maternal and newborn health; PHC, primary health care; QoC, quality of care.

UNICEF supported priority countries in the development of context-specific national road maps and implementation plans and, as a result, 11 of the Quality-of-Care Network countries are implementing the quality-of-care standards at district level. Quality improvement systems were established at subnational level for the implementation and monitoring of quality-of-care standards.

A key component of ENAP is the Every Mother Every Newborn Quality Improvement initiative. Supported by the Bill & Melinda Gates Foundation, the Quality Improvement initiative works to improve the quality of care for mothers and newborns in countries with high maternal and neonatal death rates. Working in partnership with WHO,

UNICEF implemented the Quality-of-Care (QoC) model in Bangladesh, Ghana, Kenya, Malawi and the United Republic of Tanzania.

During 2021, UNICEF disseminated quality improvement best practices and lessons learned through the Quality-of-Care Network: lessons learned from the MNH quality-of-care implementation in Bangladesh, Ghana and the United Republic of Tanzania were shared through three webinars.

Quality of care can provide an entry point for wider health system improvements. Quality improvement interventions should be used as the way forward for achieving sustainable reductions in maternal, stillbirth and newborn mortality rates, and for ensuring system-wide improvements.

Case study: Addressing health system bottlenecks to improve quality of maternal and newborn care in Ghana

According to the 2017 Maternal Health Survey, Ghana had high coverage for antenatal care, pregnant women delivering in health-care facilities, and women and newborns receiving postnatal care. However, due to the poor quality of health-care services, maternal and neonatal mortality rates had not decreased. Quality of MNH services were affected by health system bottlenecks.

With the help of global thematic health funds, UNICEF supported the Government to address the bottlenecks to improve maternal and newborn quality of care. At national level, technical working group meetings and stakeholder engagements were convened to revise the National Essential Health Services Package, and a stakeholders' meeting reviewed the costing component of the draft National Health Sector Medium Term Development Plan for 2022–2025. A technical working group was established to revise the National Referral Policy and Gatekeeper system.

At district level, the capacity of health staff and managers from seven district hospitals was strengthened on quality improvement approaches to initiate quality improvement projects and implement perinatal death audit recommendations. Newborn care equipment was procured for upgrading district hospital newborn care units. At subdistrict and community level, community health management committees (CHMCs) from five districts were trained to implement national community scorecards to strengthen accountability for quality maternal and newborn care at health centres and community-based health planning and services.

The following results were achieved:

- Final draft of revised national essential health services package will be launched in 2022.
- Ninety health staff and managers were trained in maternal newborn health quality of care and perinatal death audit.
- Forty-four hospitals in the Ashanti region were conducting perinatal death audits.
- Seven health-care facility maternal, newborn and child health quality improvement teams were established.
- Twenty-four health workers were using maternal and newborn health quality of care standards assessment tools to assess health-care facilities.
- One kangaroo mother care room was established.
- Ten community health management communities were established and trained on implementation of a national community scorecard.
- Ten quarterly assessments were conducted and reported by the community health management committees.

Maternal and neonatal tetanus elimination

Maternal and neonatal tetanus affects underserved communities, including the most vulnerable women and newborns. It remains a major public health problem, with 80–100 per cent case fatality among newborns. UNICEF and partners remain committed to the elimination of maternal and neonatal tetanus, and are working to reduce the incidence of maternal and neonatal tetanus to 1 in every 1,000 births. UNICEF remains the flagbearer of the Maternal and Neonatal Tetanus Elimination (MNTE) Initiative and, together with WHO, augments technical assistance to countries for steering planning, implementation and monitoring processes.

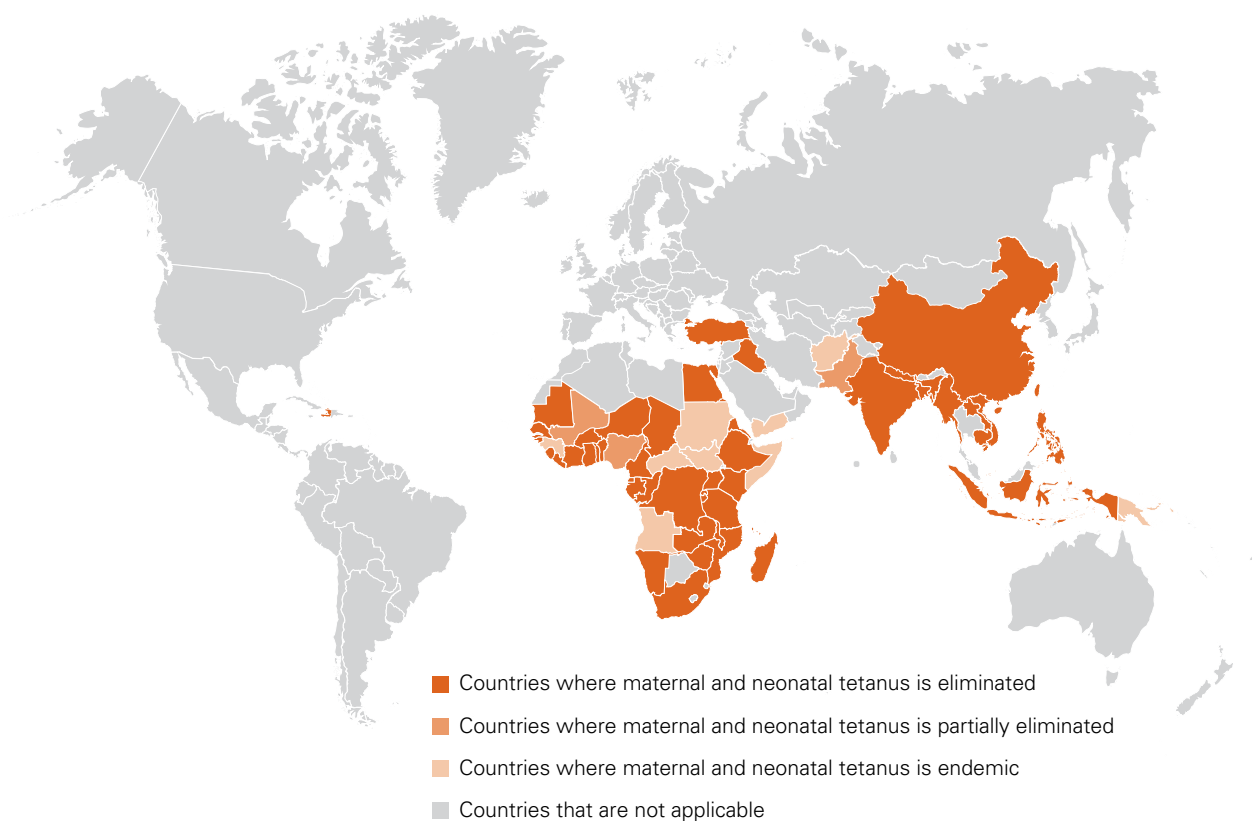
Since the launch of the MNTE Initiative in 1999, the estimated number of neonatal deaths has decreased by 88 per cent, from 200,000 in 2000 to 24,000 in 2020. Coverage with two or more doses of tetanus toxoid/tetanus diphtheria (TT/Td) among women of reproductive age increased from 62 per cent in 2000 to 71 per cent in 2020. Globally, 47 out of 59 priority countries have been

validated for maternal and neonatal tetanus elimination, and three others (Mali, Nigeria and Pakistan) have been partially validated.

During 2021, UNICEF supported the implementation of Td supplementary immunization activities (SIAs) in the Central African Republic, Nigeria, Pakistan and South Sudan to reach 8 million women of reproductive age, with more than 80 per cent coverage achieved. For example, 256,992 girls and women of childbearing age received two doses of Td vaccine in the 12 high-risk counties of Jonglei and Upper Nile states, South Sudan, through a SIA for maternal and neonatal tetanus supported by UNICEF.

Various challenges continue to impede MNTE progress in the 12 remaining endemic countries, including: resource limitations, weak health systems, disrupted security, natural disasters and competing immunization/other priorities, and the COVID-19 pandemic. During 2021, the pandemic widely disrupted routine immunization and SIAs in many countries, including those for TT-containing vaccine, resulting in more than 9 million women of reproductive age missing

FIGURE 20: Status of maternal and neonatal tetanus elimination, 2021



Data source: WHO MNTE and the Lancet: Progress and barriers towards maternal and neonatal tetanus elimination



Miranda Muhammed, a nurse at Al-Tawahi polyclinic, vaccinating a women against the maternal and neonatal tetanus in Aden governorate, Yemen. This campaign targeted women of childbearing age (15 – 49 years old). The campaign is part of UNICEF’s Maternal and Neonatal Tetanus (MNT) Elimination Programme supported by Kiwanis and Pampers.

their scheduled Td vaccine. To address these challenges, UNICEF ensured that all target countries received supplies and funding to complete SIAs, conduct ‘mop-up’ activities, pre-validation assessment and validation surveys. Technical guidance and support were provided to regional and country offices for planning and implementation of MNTE-related activities and SIAs, and personal protective equipment was provided to health workers involved in SIAs.

If the global goal of MNTE is to be attained, the 12 remaining endemic countries require additional support for maternal and newborn care and strengthened PHC. To sustain MNTE, antenatal care, safe and clean delivery, and postpartum care are also critical. If steady progress is sustained, it is feasible that MNTE interventions will be completed in the 12 endemic countries by 2024.

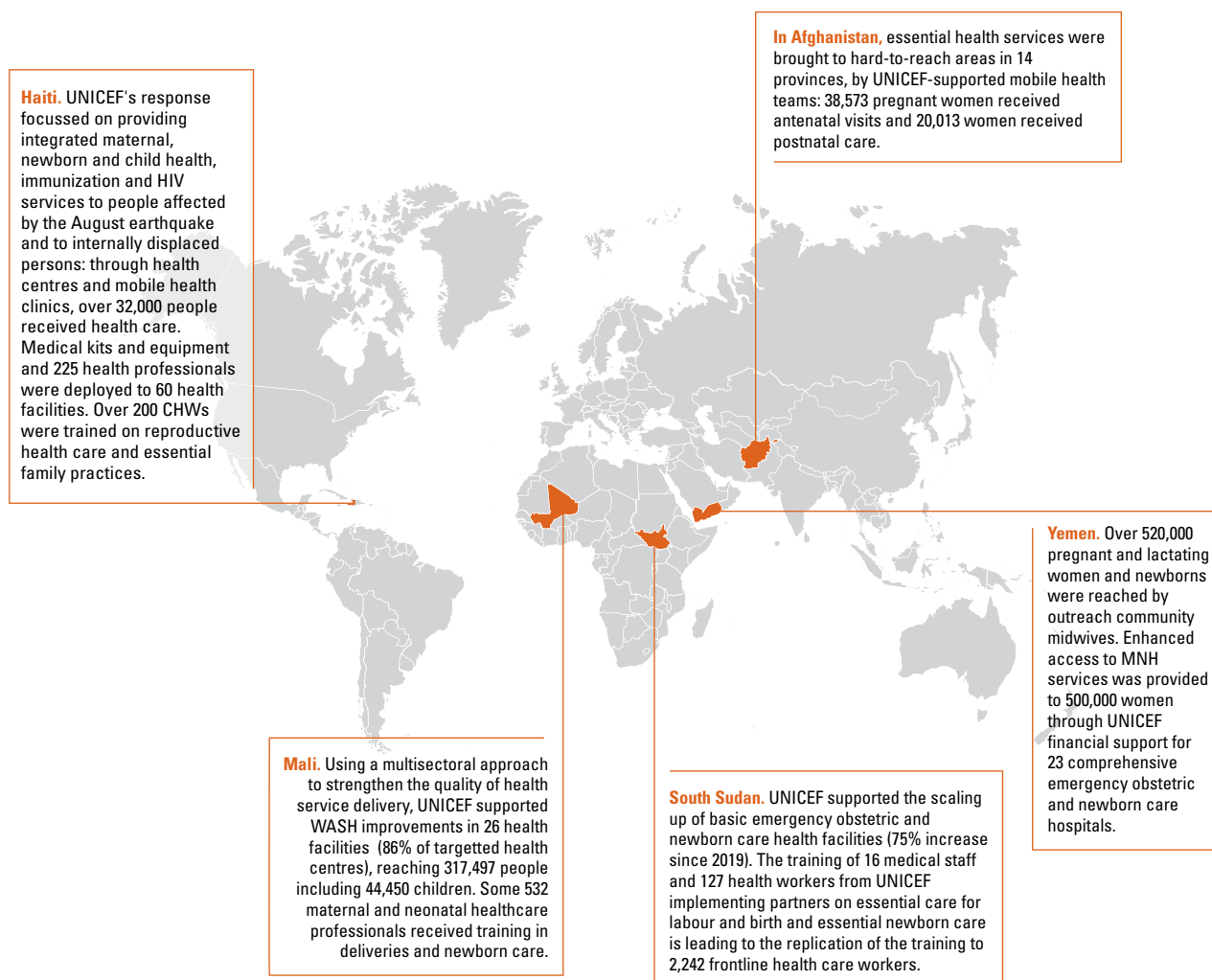
Maternal and newborn health in humanitarian and fragile settings

Babies born into conflict and fragile contexts face increased risk of death. The chances of survival for newborns in humanitarian settings are lowered by disruptions and facility

destruction, population movements, competing priorities and insecurity. The COVID-19 pandemic has exacerbated the challenges of providing MNH services in humanitarian settings.

UNICEF developed a five-year road map for newborn care in humanitarian settings, grounded in global humanitarian norms and standards. The Core Commitments for Children in Humanitarian Action (CCCs) are the central UNICEF policy and framework for humanitarian action. The revised CCCs aim to ensure that women, adolescent girls and newborns have safe and equitable access to quality life-saving and high-impact MNH services. The benchmarks for measuring this commitment include: at least 90 per cent of pregnant women and adolescent girls receiving scheduled antenatal care in line with coverage of four or more ANC visits; at least 90 per cent of pregnant women and adolescent girls receiving skilled attendance at birth, including essential newborn care, with the desired quality; at least 80 per cent of mothers and newborns receiving early routine postnatal care within two days following birth; and 80 per cent of small and sick newborns having access to inpatient Level 2 special newborn care.

FIGURE 21: Examples of UNICEF support to maternal and newborn health in humanitarian settings, 2021



Data source: UNICEF New York, 2021

UNICEF worked with the Johns Hopkins Center for Humanitarian Health to produce case studies on newborn health in humanitarian settings. In Iraq and Somalia, research was conducted on the facilitating factors and bottlenecks for ENAP implementation, and recommendations were produced for the health sector and humanitarian policy and programming.

Strengthening national and subnational capacity

The vision of leaving no child behind is integral to UNICEF's mandate and the development of local capacity is central to operationalizing this principle. During 2021, UNICEF continued to support the establishment of kangaroo mother care (KMC) and special newborn care units.

Babies that are born too early or become sick are the most vulnerable and are at the greatest risk of death and disability. These babies need comprehensive special and intensive inpatient care and treatment for conditions such as infections and deformities at birth. Evidence shows that KMC – which involves skin-to-skin contact and exclusive breastfeeding – can substantially increase a preterm or low-birthweight baby's chances of survival.

UNICEF continued its work with WHO and ENAP partners to intensify efforts to improve care for the most vulnerable newborns – those who are small and sick. In the 52 high-burden UNICEF countries, the number of district hospitals with sick newborn care units increased from 5,639 in 2020 to 6,263 in 2021, exceeding the 2021 target (4,000). UNICEF's global leadership in ENAP and continuous support for scale up of small and sick newborn care contributed towards this achievement.

In Rwanda, many preterm infant delivery deaths result from having insufficient incubators in hospitals in low-income areas, as well as insufficient skilled neonatal care staff. UNICEF has helped to deploy neonatal mentors to various hospitals via a partnership with the Royal College of Paediatrics and Child Health in the United Kingdom of Great Britain and Northern Ireland. Medical practitioners have been directly involved in guiding mothers in the care of their premature babies. Through medical training, the KMC method has been spearheaded in 12 districts.

Between 2018 and 2021, UNICEF provided technical support to 16 countries³⁵ to integrate perinatal death reviews and surveillance into their health systems. In 2021, the organization provided technical support to Indonesia, the Niger, Pakistan and the United Republic of Tanzania to finalize projects. In these four countries, some 1,213 health-care facilities were supported and 39,216 children were reached with possible serious bacterial infection (PSBI) between 2018 and 2021.

In Pakistan, with funding from the Bill & Melinda Gates Foundation, UNICEF works with Punjab's Health Department to support the treatment of sick infants suffering from possible serious bacterial infection close to home. Punjab's Health Department has launched a network of female health workers who routinely visit families and

refer them to local health-care facilities when needed. The project has been implemented in 10 districts in Punjab and by the end of 2020, 245 doctors, nurses and female health workers had been trained in integrated management of newborn and childhood illnesses. The initiative has also been piloted in two districts in Sindh province.

Leveraging collective action

National plans for maternal and newborn health

The Every Newborn Action Plan (ENAP) remains the road map for ending preventable newborn deaths and stillbirths. UNICEF works with ENAP partners to reduce mortality and morbidity and to close the gaps in equity across the 93 ENAP countries. The ENAP multi-partner initiative is co-chaired by UNICEF and WHO. The ENAP progress report for 2014–2020 states an upward trajectory for the development of policies and plans in support of quality improvement.³⁶ In 2021, UNICEF led and co-chaired ENAP management and the country implementation group, launching ENAP 2020–2025 coverage targets and milestones. It worked closely with ENAP partners to develop a framework for a generic model for small and sick newborn care.



A newborn baby in the University Hospital's neonatal unit, Port-au-Pince, Haiti, on 25 May 2021.



Kwaiwa Letti, the nurse in charge of the newborn intensive care unit (NICU), attends to a premature baby on oxygen support in the NICU at Fort Portal Regional Referral Hospital in Uganda. UNICEF, with funds from the US Bureau of Population, Refugees and Migration, supports continued immunization and newborn health programmes amidst the COVID-19 pandemic in Fort Portal and other refugee hosting districts.

With UNICEF's support, of the 93 countries that reported on the ENAP Tracking Tool, the number of countries with national quality improvement guidelines for MNH increased to 47 in 2021. The guidance documents provide support for improvements in maternal, newborn and child quality care. In approximately 85 per cent of the 93 ENAP countries, maternal and perinatal death surveillance and review processes are ongoing. In a 2020 survey, 67 out of 93 ENAP countries responded that they have a National Newborn Action Plan in place, and 50 countries have established budgets.

Between 2018 and 2021, UNICEF's support to the 52 high-burden countries led to an increase from 23 to 39 countries implementing plans to strengthen the quality of maternal and newborn PHC, according to the WHO–UNICEF Quality, Equity, Dignity Network guidelines. The 2021 target of 30 was well exceeded. An additional 35 countries outside the ENAP-focus countries also made progress towards this indicator.

In collaboration with the ENAP management group, UNICEF finalized the ENAP 2021–2022 workplan and individual milestones and launched blended online training

materials on early essential newborn care. In 2021, the organization worked with Newborn Essential Solutions and Technologies (NEST) 360 to support the development of the implementation guide for small and sick newborn care and provide technical assistance to implement PSBI programmes in four countries.

Global and regional partnerships

UNICEF worked with WHO, the Bill & Melinda Gates Foundation and the United States Agency for International Development (USAID) to lead a global consultation involving governments to define a framework for a generic model for small and sick newborn care. The outputs, expected in early 2023, will feed into a joint United Nations implementation guidance to accelerate progress on achieving coverage for small and sick newborn care.

Between 2018 and 2021, UNICEF contributed to the Survive and Thrive report on care for small and sick newborns, and convened global dissemination meetings with WHO. During a global consultation with participation from 36 countries, UNICEF shared lessons learned from

facility-based newborn care in India. The NEST toolkit was developed to provide a bundle of high-quality products and services for hospital-based newborn care at scale and was launched on World Prematurity Day (17 November 2021).

In partnership with WHO, UNICEF developed maternal and perinatal death surveillance and response (MPDSR) materials to support implementation, and supported 14 countries in the development of MPDSR systems. The Eastern and Southern Africa region launched a virtual training curriculum, providing over 1,500 health workers with training.

In 2021, an MNTE Expert Group (UNICEF, WHO, the United States Centers for Disease Control and Prevention (CDC) and independent entities) was created and chaired by UNICEF, to provide technical oversight to adapt the existing tools and methods for assessing MNTE to specific contexts.

UNICEF is an active member of various international emergency-related forums, to ensure that humanitarian responses are child sensitive. UNICEF has continued to co-chair ENAP in emergencies: working with partners, a detailed workplan to support humanitarian-context countries was developed to advance a response that addresses key health needs of mothers and newborns.

To advance the MNH agenda, UNICEF continued to partner with stakeholders in the United Nations system via platforms, such as H6 Partnerships, the Every Woman Every Child movement, Gavi, The Vaccine Alliance, the Measles and Rubella Initiative, the partnership for MNTE, and the Partnership for Maternal, Newborn and Child Health.

Conclusion

Essential high-quality MNH services at PHC level need to be further strengthened to withstand shocks and advance the rights of all children, and progress towards the global goals for women and children's health. The equity gap between and within countries needs to be closed, and sub-Saharan Africa and southern Asia must be supported to double their rate of progress, if they are to have a chance of achieving the 2030 SDG target. Countries affected by humanitarian crises, conflicts and public health emergencies are least likely to meet their targets³⁷ and urgently require investments to save maternal and newborn lives.

To advance progress in MNH, a renewed focus must be given to the care of small and sick newborns, and increased investments must be provided to reduce the gaps in the implementation of programmes and delivery services for adolescent maternal health.

As UNICEF enters the new strategic cycle, opportunities will be sought to optimize synergies between MNH communities by aligning ENAP and EPMM, and by strengthening adolescent health services in PHC. UNICEF will continue to advocate for increased resources to mitigate the impact of COVID-19 disruptions to services and to accelerate results.



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Tomilyn Kenna, a 10-year-old girl, is doing the V-sign in Buéa Regional Hospital, in Buéa, in the southwest of Cameroon. V for vaccinated. The young girl is holding her newborn sister. She wants to become a medical doctor as she understands the importance of vaccination.

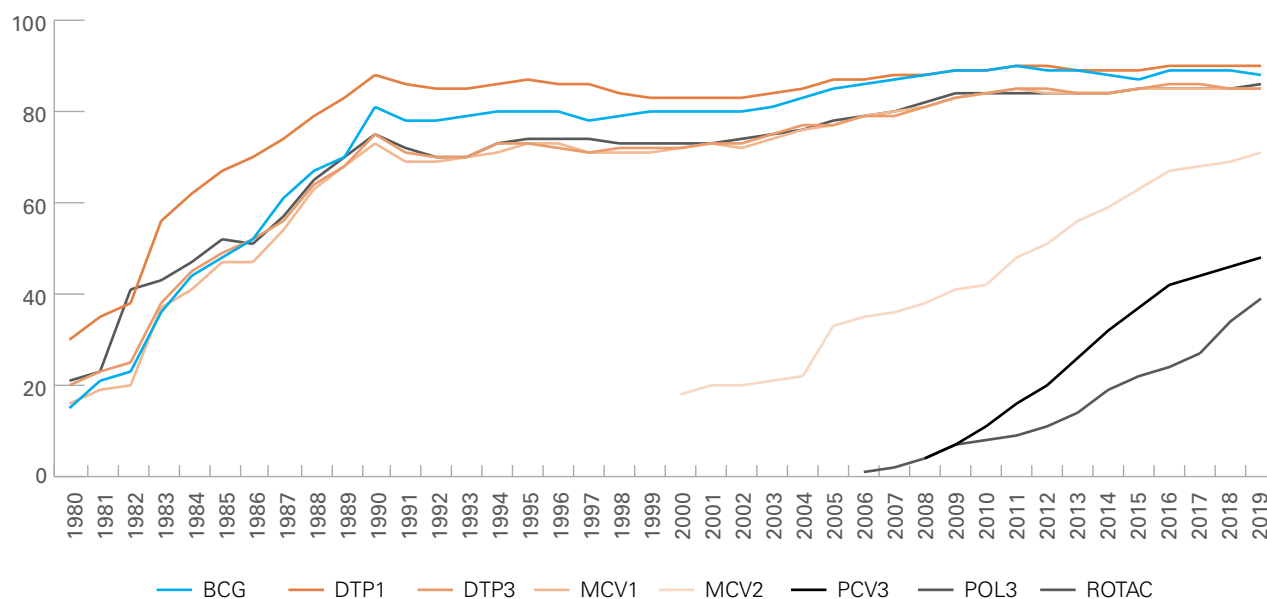
Result Area 2: Immunization

Note: Immunization data are estimates for 2020, unless otherwise specified.

Immunization is a critical component of PHC and has proven to be one of the most successful health interventions of all time. However, immunization coverage has plateaued since 2010 as a result of significant inequities in coverage. The most recent data (2020) reveal a grave situation – immunization coverage has declined even further, mainly due to COVID-19 and the associated response, erasing more than a decade of progress.

Many immunization indicators are off track to meet SDG and 2030 Immunization Agenda targets. The pandemic and the associated disruptions to global health systems led to a reduction of global DPT3 coverage from 86 per cent in 2019 to 83 per cent in 2020, in addition to fewer supplementary immunization activities (SIAs) to eradicate polio and eliminate tetanus. In 2020, there were an additional 3.4 million unvaccinated children, referred to as zero-dose children, globally.³⁸ In 2020, an estimated 23 million children under the age of one – mostly from disadvantaged communities – missed basic routine vaccinations.

FIGURE 22: Trends in immunization coverage, 1980–2019



Data source: WHO/UNICEF Estimates of National Immunization Coverage, 2019 Revision.

Although progress was achieved in some key areas between 2018 and 2021, many targets for immunization coverage and vaccine introductions remain unmet: many show stagnation or a reduction since 2018/2019. With countries focusing on mitigating the impact of COVID-19 and the roll-out of COVID-19 vaccines, the introduction of other new vaccines such as the ones against pneumonia and diarrhoea suffered because of the pandemic, with only 16 vaccine introductions reported in 2021. This comprises half as many as in any year during the last 20 years.

Deliveries to Procurement Services partners³⁹ reached US\$3.925 billion on behalf of 138 countries, including Gavi-funded procurement services deliveries that amounted to US\$2.284 billion. In 2021, UNICEF procured and delivered 2.751 billion doses of routine and COVID-19 vaccine doses, worth US\$4.121 billion (excluding donations), for 123 countries. The routine doses procured are enough to reach 46 per cent of the world's children under five years of age.

UNICEF continued to play a central role in the Access to COVID-19 Tools (ACT) Accelerator – working in partnership with the Bill & Melinda Gates Foundation, the Coalition for Epidemic Preparedness Innovations, FIND: diagnosis for all, Gavi, The Global Fund, Unitad, Wellcome, WHO and the World Bank – a global collaboration to accelerate development, production and equitable access to COVID-19 tests, treatments and vaccines. In its role as procurement coordinator, and one of the procurement

agencies along with PAHO, for the COVAX Facility, UNICEF led the procurement and delivery of COVID-19 vaccines. In 2021, COVAX delivered 958 million COVID-19 vaccine doses (including donated doses) to 144 countries. In 2021, UNICEF delivered 800 ultra-cold freezers to nearly 70 countries to support the global rollout of COVID-19 vaccines.

UNICEF brought a new focus to the life-course approach, PHC integration, evidence-based management improvements and financial sustainability. Strategic and deliberate investments were made to shape the agenda for strengthening the supply chain for PHC.

The context of immunization programming has changed considerably: middle-income countries now account for 69 per cent of zero-dose children and 67 per cent of vaccine-preventable deaths;⁴⁰ large-scale circulating vaccine-derived poliovirus (cVDPV) outbreaks have increased significantly; the number of people living in humanitarian settings has increased; infectious disease outbreaks and epidemics are more prevalent; and vaccine hesitancy has become a major threat and challenge to improving immunization coverage – WHO lists vaccine hesitancy as one of the top 10 threats to global health.⁴¹

The increase in unvaccinated children and the critical gaps in disease surveillance heighten the risk of disease outbreaks globally and threaten children's lives.

Outcome and output indicators for immunization

FIGURE 23: Outcome results on immunization 2021

Outcome	Baseline	2021 value*	2021 target
Percentage of children vaccinated against (a) yellow fever and (b) meningitis in high-burden countries	(a) 44% (b) n/a	(a) 42% (b) n/a**	(a) 55% (b) n/a
(a) Percentage of children who are vaccinated for first dose of measles-containing vaccine	(a) 78%	(a) 78%	(a) 85%
(b-i) Percentage of children who are vaccinated for three doses of DPT-containing/Penta vaccine	(b-i) 80%	(b-i) 78%	(b-i) 85%
(b-ii) Number of countries in which percentage of children vaccinated with DPT/Penta 3-containing vaccine is at least 80 per cent in every district (SDG 3.b.1)	(b-ii) 9	(b-ii) 4	(b-ii) 30
Interruption of wild polio transmission (SDG 3.3)	Three remaining endemic countries	Two remaining endemic countries	Global certification of polio eradication

DPT, diphtheria, tetanus and pertussis; n/a, not available; SDG, Sustainable Development Goal.

* 2021 values are based on 2020 data.

** There were no data available at the time of reporting, as meningitis data are not systematically collected at the national level. In addition, meningitis vaccination coverage is not part of the WHO–UNICEF joint estimates produced in 2021.

FIGURE 24: Output results for immunization 2021

Output indicator	Baseline	2021 value*	2021 target
Number of countries that have introduced (a) yellow fever and (b) meningitis vaccines in their national immunization schedule	(a) 21 (b) 2	(a) 21 (b) 12	(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	55	58
Number of countries with effective vaccine management (EVM) composite country score >80 per cent	9	14	19
Number of countries implementing a national health sector supply chain strategy/plan	24	53	50
Percentage of polio priority countries that had <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%	85%
Percentage of UNICEF-targeted children in humanitarian situations vaccinated against measles (humanitarian)	81%	85%	95%

* 2021 values are based on 2020 data.

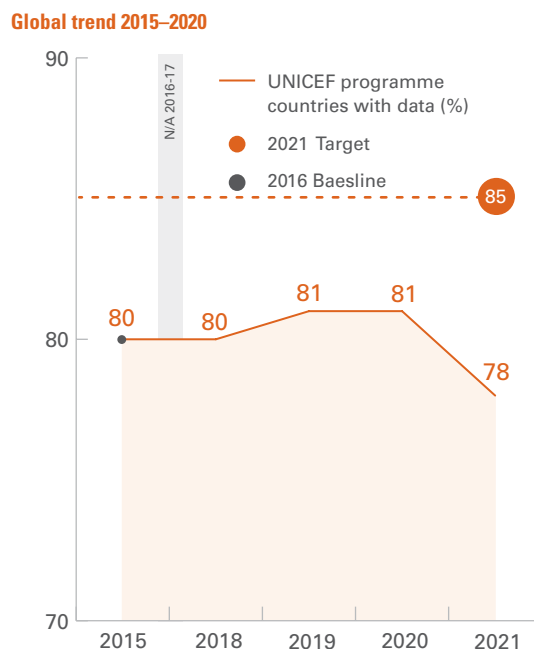
Improving services and community demand

Immunization programmes that leave no one behind

Equity in immunization coverage means that all communities in all countries have equal coverage. UNICEF has made an important contribution to positioning equity at the centre of all EPI discussions, including the Immunization Agenda 2030 and the Gavi 2021–2025 (Gavi 5.0) strategy.⁴²

In the 64 UNICEF priority countries for immunization, the percentage of children who received DPT3 vaccine reduced from 81 per cent in 2019 to 78 per cent in 2020, falling far short of the 2021 target (85 per cent). Of these same 64 countries, the number which had more than 80 per cent of children in every district vaccinated with DPT3-containing vaccine fell from 8 in 2019 to 4 in 2020, falling well below the 2017 value of 8. Reduced coverage has been attributed to the COVID-19 pandemic stressing already fragile health-care systems, immunization delivery systems facing persistent funding shortfalls, vaccine misinformation, and economic and political instability.⁴³ Despite the severe disruptions, UNICEF and partners supported the vaccination of more than 64 million children with DPT3 in 64 priority countries in 2020.

FIGURE 25: Percentage of children who are vaccinated for three doses of diphtheria, tetanus and pertussis-containing/Penta vaccine in the 64 UNICEF priority countries

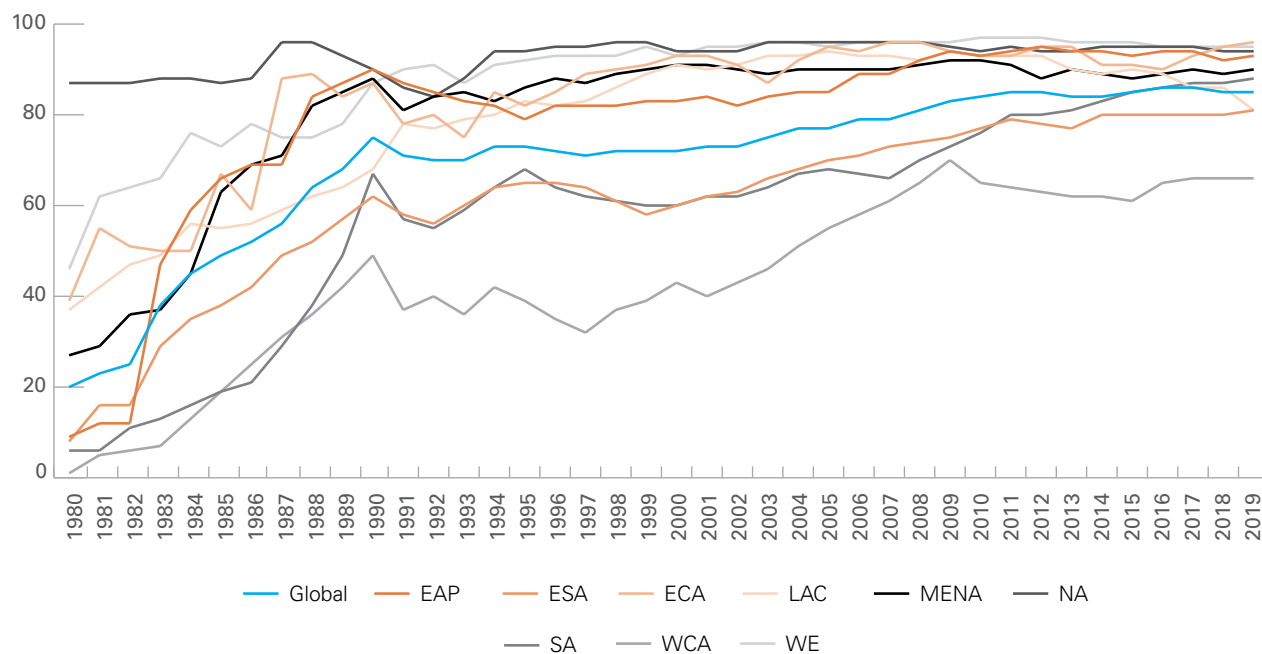


Note: There is a one-year timelag for reported immunization data
 Note: ESA: reporting from Kenya only
 Data not available for EAP, ECA, LAC, MENA and SA
 Data source: UNICEF New York, 2021



With a smile on her face, four-year-old Izbela is sitting in her mum's lap waiting for MMR (measles, mumps, rubella) re-vaccination in "Gjorce Petrov" Polyclinic, Republic of North Macedonia.

FIGURE 26: Global DTP3 coverage between 1980 and 2019, by UNICEF region



Source: WHO/UNICEF national immunization coverage estimates, 2020 revision
 Notes: East Asia and Pacific (EAP), Europe and Central Asia (ECA), Eastern and Southern Africa (ESA), Headquarters (HQ), Latin America and the Caribbean (LAC), Middle East and North Africa (MENA), South Asia (SA), West and Central Africa (WCA).

In the Jagarnathpur Rural Municipality in southern Nepal, UNICEF and partners are supporting the local government to channel efforts to ensure that no child is deprived of life-saving vaccines. UNICEF and partners supported the Government with logistical and technical support to expand vaccination coverage to reach all children. By 15 July 2021, Jagarnathpur Municipality was declared fully immunized, where all children under 23 months of age had received all vaccines under the National Immunization Programme.⁴⁴

During 2021, UNICEF continued to develop high-quality data for programmatic actions – reflecting one of the challenges and opportunities to equitable immunization coverage globally. Using innovative technology, UNICEF is finding ways to better estimate where unvaccinated children live within countries.

In Bangladesh, a national measles-rubella campaign in 2020 reached more than 36 million children using real-time monitoring of data collected through the DHIS2 platform,⁴⁵ which quickly identified missed children for ‘mop-up’ vaccination and linked them to ongoing immunization

services. Over 19,000 surveys were conducted digitally providing immediate data to the programme for performance improvement.

UNICEF co-leads the Equity Reference Group for Immunization (ERG) together with the Bill & Melinda Gates Foundation. In August 2021, ERG produced a Consensus Statement on the Economics of Reaching Zero-Dose Communities with Immunization and Primary Health Care.⁴⁶ The ERG guidance has shifted focus to conflict, gender influence on vaccination, urban poor and remote rural to improve coverage and equity.

To address the inequities of immunization coverage, a ground-breaking innovative technology – the Vaccine-containing Microarray Patch – provides an alternative to intramuscular and subcutaneous immunization methods and has the potential to increase acceptability by caregivers and recipients while making vaccines easier to administer. UNICEF is focusing on driving the research, development and scale of the microarray patch.

Case study: Reaching the last mile with routine immunization in Cambodia during the COVID-19 pandemic

In northern Cambodia's Santepheap Commune in Stung Treng Province, rural health workers worked tirelessly throughout 2021 to ensure remote communities received COVID-19 vaccines, while also protecting routine immunizations. COVID-19 restrictions meant that people were unable to bring their children to health centres. Supporting the National Immunization Programme, UNICEF also provided additional support to health-care outreach teams in Stung Treng and four other north-eastern provinces to increase their capacity to deliver routine vaccinations to children under 2 years of age, alongside other health services, including safe motherhood care and COVID-19 vaccinations for adults.

Over six days, the outreach teams delivered routine immunizations and antenatal care to 837 people in six villages of Santepheap Commune. Moung Toeur, a mother of a 10-month-old girl who received vaccinations against diphtheria, typhoid and measles said, "Our village is too far from the nearest health centre and the road is very difficult to travel at this time. If the outreach team did not come to my village, my daughter might not have had the opportunity to get vaccinated, because she is too small to travel on this long, difficult road in the rainy season. I really want to thank the vaccination team who tried so hard to reach villages like mine."



19-year-old Nawomi Phiri is seen carrying her four months old daughter, Madalitso, after receiving her first dose of AstraZeneca COVID-19 vaccine at Chiwanga Village in Kasungu District, Central Malawi on Tuesday, 14 December 2021.

Accelerated immunization initiatives

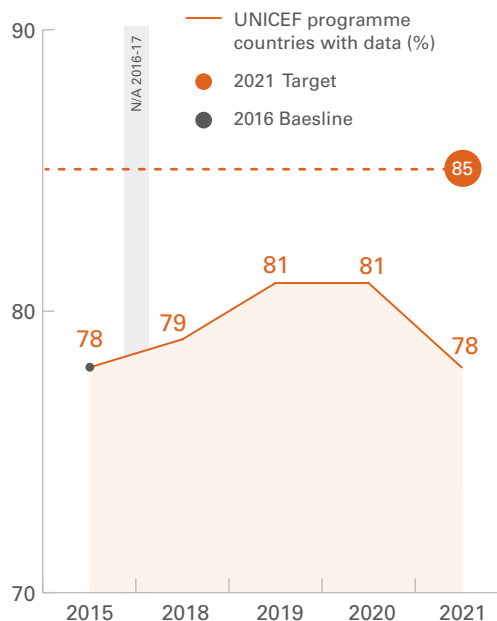
UNICEF continues to implement accelerated immunization initiatives against measles, rubella, yellow fever, cholera, tetanus and meningitis to reduce preventable illness, disability and mortality.

Coverage of children vaccinated with the first dose of measles vaccine (MCV1) had stagnated at 81 per cent but dropped further after 2019. In 2021, for the 64 UNICEF priority countries, 78 per cent of children received MCV1, below the value for 2017 (79 per cent) and falling far short of the 2021 target (85 per cent). The main reasons for lack of progress include missed opportunities for vaccination; failure to increase first measles vaccine dose coverage (more than 20 million children miss MCV1 annually) and failure to reach zero-dose children through both PHC services and SIAs.

To prevent life-long disability to babies, the combined measles-rubella vaccine is critical in preventing measles and protecting pregnant women from contracting rubella during the first trimester of pregnancy. In 2021, the Comoros and Pakistan were supported to introduce the combined measles-rubella vaccine in their national vaccination schedule. Pakistan was supported in integrating measles, rubella and polio in one of the largest-ever vaccination SIAs undertaken that reached 93 million children, demonstrating the potential of integrated SIAs to reduce the burden on strained health systems.

FIGURE 27: Percentage of children who are vaccinated for first dose of measles-containing vaccine in the 64 UNICEF priority countries

Global trend 2015–2020



Note: There is a one-year timelag for reported immunization data
 Note: ESA: reporting from Kenya only
 Data not available for EAP, ECA, LAC, MENA and SA
 Data source: UNICEF New York, 2021



María Elena Velásquez, a nurse from the local health clinic, en route to a nearby community where home-to-home vaccinations will take place. The Government of Japan and UNICEF delivered cold chain equipment to the Government of Guatemala to strengthen the storage and distribution capacity of vaccines against COVID-19 in the country.

Yellow fever is an acute viral haemorrhagic disease that remains endemic in 44 countries across Africa and South America. In 2021, UNICEF supported SIAs in seven countries which vaccinated more than 48 million people against yellow fever. The percentage of children vaccinated against yellow fever in the 24 high-burden yellow fever countries decreased from 43 per cent in 2019 to 42 per cent in 2020, falling short of the 2021 target (55 per cent) and showing little progress from 41 per cent in 2017.⁴⁷ Four Gavi-eligible countries – Ethiopia, South Sudan, the Sudan and Uganda are yet to introduce the yellow fever vaccine into their national schedules because of competing programme priorities and issues around prioritization of multiple Gavi applications.

In 2021, there were no meningitis A cases or outbreaks as a result of mass MenAfriVac SIAs that took place between 2010 and 2018. The absence of cases and outbreaks have resulted in countries prioritizing other vaccines over the introduction of meningococcal A vaccine in the 26 countries of sub-Saharan Africa located in the 'meningitis belt'. In 2021, the number of countries that have introduced meningococcal A vaccine was revised from 13 in 2020 to 12, as a result of Iraq revising historical data to exclude partial introduction in its reporting.

In 2021, UNICEF participated in reviewing and approving emergency requests to the International Coordination Group on vaccine provision for epidemic meningitis from Benin, the Democratic Republic of the Congo and the Niger, for a total of 642,122 doses.

Towards a polio-free world

Significant progress has been made towards the eradication of polio, a highly infectious viral disease that once accounted for most paralysis in children. Wild polio cases have declined by more than 99.9 per cent globally from an estimated 350,000 in 1988, when the Global Polio Eradication Initiative (GPEI) was launched.⁴⁸

Between 2018 and 2021, the number of wild poliovirus endemic countries reduced from three to two: Afghanistan and Pakistan. Every year, UNICEF procures and distributes over 900 million doses of polio vaccine and plays a key role in building trust in vaccines among parents and caregivers.

Between 2018 and 2021, the percentage of polio priority countries that had less than 5 per cent missed children at district level (at the last polio campaign in at least half of all districts in the country) fell from 100 per cent to 88 per cent in 2020 and further to 85 per cent in 2021, which met the 2021 target (85 per cent). Three countries – Guinea, Kenya and Yemen – did not achieve less than the 5 per cent target, mainly due to suboptimal operational micro-planning and performance.

In 2021, the number of wild poliovirus cases reduced to six cases (four in Afghanistan, one in Malawi and one in Pakistan). Overall, high vaccine acceptance in Afghanistan and Pakistan is a result of intense and sustained community engagement efforts to build trust and manage vaccine misinformation. However, COVID-19



On 12 February 2022 in southern Afghanistan, a girl shows her vaccination mark at the Mir Bazar Clinic.

has complicated the public vaccine discourse with an abundance of (mis)information and politicization that fuels mistrust and confusion. UNICEF successfully launched a digital social listening platform that tracks, analyses and responds to polio rumours and misinformation in 30 high-risk polio countries, reaching 50 million people in 2021, helping towards vaccine acceptance.

COVID-19 has severely impacted efforts to eradicate polio: in 2020, over 60 SIAs in 28 countries were deferred and, in 2021, 28 SIAs were deferred in 20 countries, leading to an increased number of polio outbreaks. During the SIAs that took place, vaccine refusal increased because of confusion over COVID-19 and polio vaccines. Insufficient funding due to funding diversions to the COVID-19 response and a more challenging environment for raising polio funds also led to reduced resources.

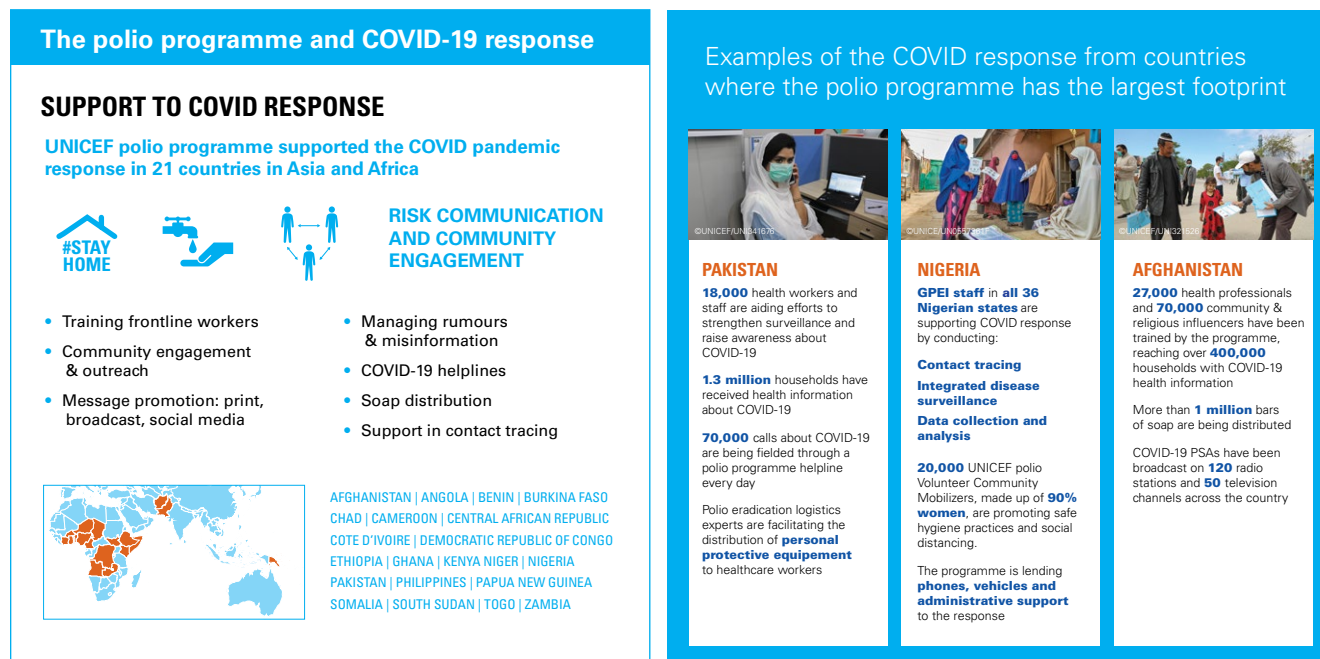
Outbreaks of circulating vaccine-derived poliovirus (cVDPV), a non-wild variant of the poliovirus that can emerge in under-immunized communities with poor sanitation and hygiene, are spreading in parts of Africa, Asia and Europe (Ukraine), mainly due to low population immunity levels, exacerbated by COVID-19. In 2021, there were 49 cVDPV outbreaks reported from 36 countries. By the end of 2021,

seven outbreaks had been shut down and over 50 per cent of countries had not reported a single virus in more than six months.

In 2021, UNICEF and GPEI partners successfully introduced the novel oral polio vaccine type 2 (nOPV2),⁴⁹ vaccinating close to 160 million children in 12 countries. In response to the cVDPV2 outbreak in Tajikistan, UNICEF successfully used communication and social mobilization interventions as part of the nOPV2 SIAs. Nurses were trained and deployed as social mobilizers, while national television and six regional television channels were used to raise awareness. Two rounds of nOPV2 SIAs were conducted in May and June 2021, which resulted in 91.67 per cent coverage.

Within the GPEI partnership, UNICEF continued to lead in vaccine procurement, logistics and management, together with key strategic communication to build trust and motivate caregivers to vaccinate their children against polio. Polio assets have proven extremely useful in the fight against COVID-19, bolstering public health capacities and helping prepare for long-term recovery and future resilience post pandemic. The UNICEF polio programme supported the COVID-19 pandemic response in 21 countries in Asia and Africa.

FIGURE 28: Ways in which the polio programme supported the COVID-19 response



Demand for immunization

If equitable access to and uptake of immunization services by caregivers and communities is to be attained, generating demand for immunization is critical.

In 2021, UNICEF scaled up capacity-building using the human-centred design (HCD) methodology in eight countries⁵⁰ to address demand-related challenges at community level. The HCD approach is closely linked with equity and gender and is often used to target marginalized communities, with a particular focus on areas with zero-dose communities and areas with low immunization coverage.

During 2021, HCD was institutionalized by integrating it into Gavi's Full Portfolio Planning in Afghanistan, the National Health Curriculum in Nepal, and the scale up at provincial and district levels in Ethiopia and Indonesia. Countries have leveraged resources from multiple funding sources, including government funds, to scale up HCD at implementation level.

UNICEF supported countries to track rumours and misinformation and respond with accurate message content to address vaccine hesitancy. Initial data collected from countries showed that approximately 100 countries used some form of social listening system to gather insights.

In Nigeria, UNICEF's volunteer community mobilizers (VCMs) conducted more than 11 million house-to-house visits, more than 135,000 compound meetings, and over 12,700 community dialogues to sensitize caregivers on polio, routine immunization, WASH, exclusive breastfeeding and other healthy household practices. UNICEF supported the Government in reaching more than 69 million people through television and 121 million people through radio with COVID-19 preventive messages.

To support countries in establishing social listening ecosystems, UNICEF initiated a Vaccine Demand Observatory (VDO) that helps to identify, analyse, track and respond to misinformation or information gaps. With technical and financial support from UNICEF, the VDO is currently being established in six countries, in addition to 10 other countries that are using their own funding to establish VDOs.

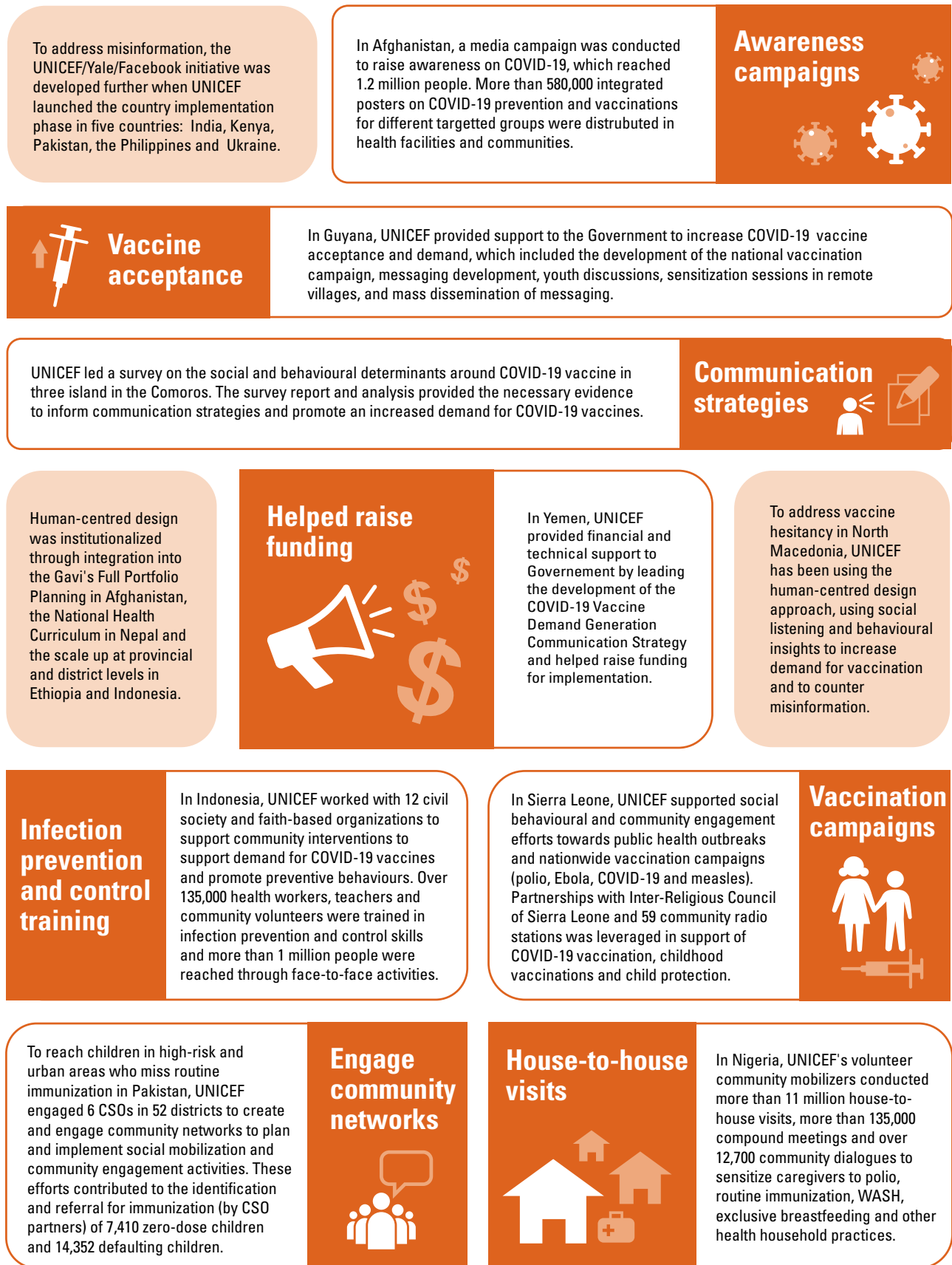
As part of the Country Readiness and Delivery team, the organization worked with partners to develop and disseminate 16 different tools and guidance to support countries' COVID-19 vaccine roll-out. UNICEF and partners conducted detailed analyses in 10 of the 34 COVAX priority countries to identify gaps to low vaccine uptake, and countries were supported to strengthen demand initiatives.

The UNICEF/Yale/Facebook initiative was developed further when UNICEF launched the country implementation phase in five country offices (India, Kenya, Pakistan, the Philippines and Ukraine) to address misinformation.⁵¹



Mary Kiiza, a VHT co-ordinator of Buhura Parish, Karambi sub-county, Kasese district, Uganda, arrives at a homestead in Nyakaina village to sensitise the family about efforts to combat the second wave of the COVID-19 pandemic.

FIGURE 29: Examples of UNICEF's work to increase demand for immunization, 2021



Immunization in humanitarian and fragile settings

In humanitarian and fragile settings, where children are particularly vulnerable to disease outbreaks such as measles and polio, immunization has an even greater role to play. At the same time, there is often a significant drop in vaccination coverage when services provided through PHC are disrupted. An estimated 40 per cent of zero-dose children for immunization (5.5 million)⁵² live in areas affected by fragility and conflict. Children's risk of dying from measles increases substantially in humanitarian and fragile settings: in non-conflict settings, children who contract measles have less than a 1 per cent chance of dying, but in a refugee camp their risk of dying can increase up to 30 per cent.⁵³

UNICEF is working with partners to mitigate the adverse effects of disruptions to routine immunization services caused by COVID-19, through continued efforts to re-establish vaccine cold chains, provide vaccines and technical support, and boost the capacities of health workers to provide vaccinations in humanitarian and fragile settings.

In 2021, UNICEF worked with partners to provide leadership to support measles SIAs as part of the Core Commitments for Children. In 48 countries reporting, 22.4 million children were vaccinated against measles in humanitarian and fragile settings, but the percentage of UNICEF-targeted children in these contexts vaccinated against measles decreased from 86 per cent in 2020 to 85 per cent in 2021 and missed the 2021 target (95 per cent).

UNICEF played a key role in the COVAX Humanitarian Buffer to ensure that COVID-19 vaccines reached communities in humanitarian and fragile settings. Through its partnership with the International Coordinating Group on Vaccine Provision (ICG), UNICEF supplied 2.3 million doses of yellow fever vaccine to 3 countries, 17 million doses of oral cholera vaccine to 6 countries and 2.1 million doses of meningococcal vaccine to 4 countries. To ensure an efficient outbreak response and to significantly reduce the impact of Ebola on the most vulnerable communities in WCA, UNICEF and other ICG partners, Médecins Sans Frontières and the International Federation of Red Cross and Red Crescent Societies, established an Ebola vaccine stockpile.

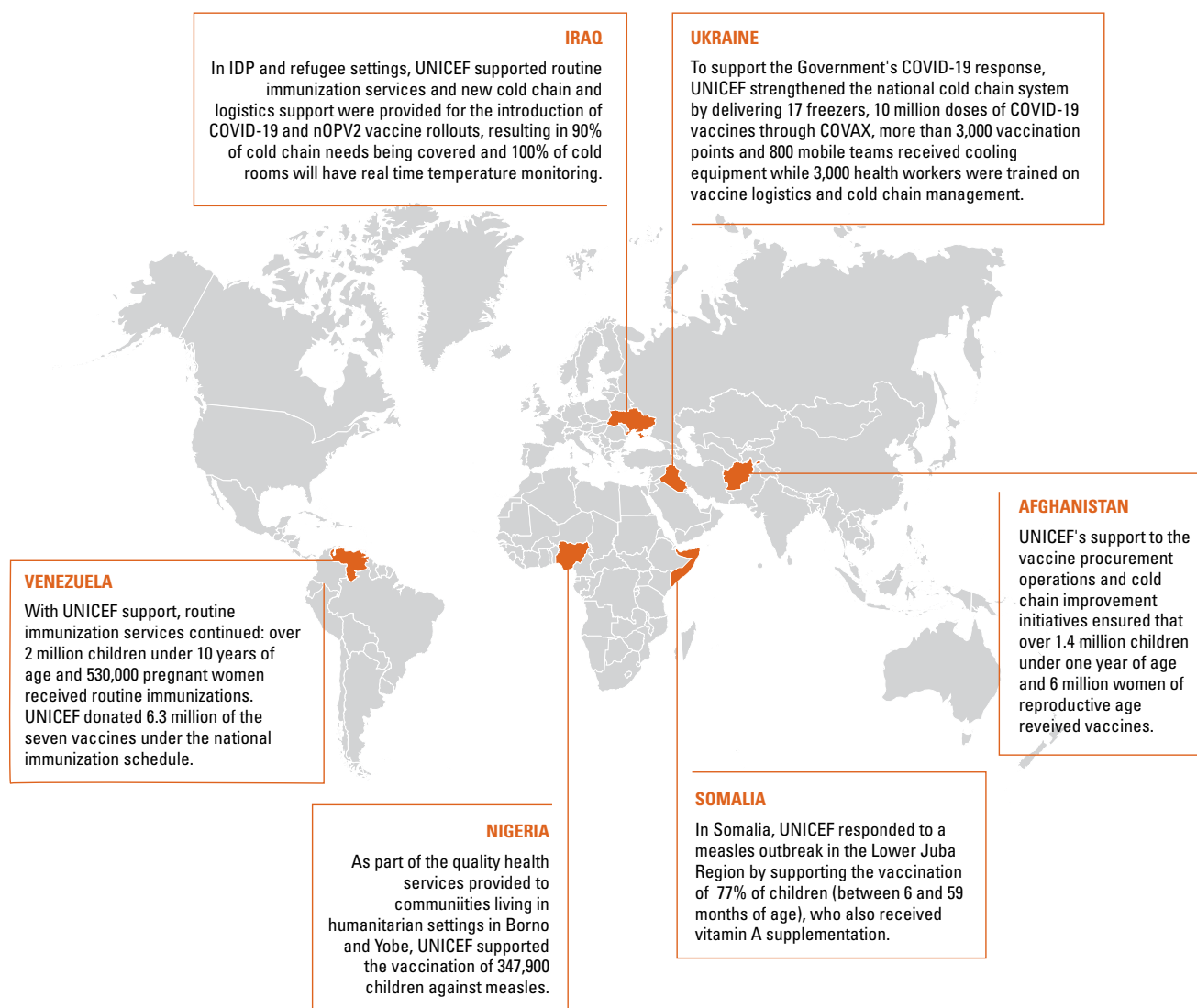
During 2021, in response to humanitarian crises, UNICEF delivered more than 96.37 million doses of vaccines to 14 countries.



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Abdías Poleo (2) is vaccinated during a mass vaccination day in San Vicente community, Miranda state, Venezuela, on 3 September 2021.

FIGURE 30: Examples of UNICEF's work in immunization in humanitarian settings, 2021



Data source: UNICEF New York

Strengthening national and subnational capacity

Programmes positioned to provide quality immunization services

The longer-term planning and prioritization of Gavi support to a country is known as Full Portfolio Planning and typically covers a four- to five-year period. It 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.

The use of electronic immunization registries (EIRs) with individual vaccination records can increase the detail and timeliness of administrative vaccination data and can allow for scale up of effective reminders and recall systems based on texting to parents and community health workers (CHWs). UNICEF supported the use of the EIR Assessment Tool in pilot projects in Kenya and Rwanda. EIRs can be leveraged during crises to monitor, maintain and restore routine immunizations, and are proving particularly effective in helping to mitigate the impact of COVID-19 on routine immunization.⁵⁴

Between 2018 and 2021, the number of countries that implemented activities to prepare for, prevent, manage and communicate adverse events following immunization (AEFI) or other vaccine-related events increased from



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Hiteshwari Behera, ANM and acting cold chain handler, is taking out ice-packs from the deep freezer - a solar direct drive (SDD) vaccine refrigerator, supplied by UNICEF, installed at the Khambesi PHC under Bissam Cuttack CHC at the Rayagada district of Odisha, India. Located almost 83 kilometers away from the Rayagada HQ and about 12 kilometers away from the CHC, the surrounding villages of Khambesi, including the PHC, do not have an uninterrupted power supply.

52 in 2018 to 55 countries in 2021. However, this 2021 result was a reduction from 56 countries in 2020 and fell short of the 2021 target (58). Using multiple platforms, UNICEF advocates that governments regularly assess and update their national plans to manage the communication response to AEFI, in turn contributing to steady progress.

Immunization supply chain strengthening

Immunization supply chains are critical in ensuring that vaccines are transported safely to be available and effective at the point of use. The immunization supply chain (ISC) is a key component of the health system for reaching zero-dose children, enabling delivery of services to underserved communities, ensuring vaccine availability and potency, and maximizing efficiency where possible. UNICEF helped to shape this agenda through strategic investments, such as in temperature management, storage capacity, infrastructure and vaccine management to strengthen the supply chain for PHC.

In 2021, 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, vaccine quality and efficient use of resources.

Although falling short of the 2021 target (19), of the 59 countries reporting, the number of countries that had performed nationwide EVM assessments increased from 13 in 2020 to 14 in 2021, with the addition of Burundi. An EVM score above 80 per cent indicates that adequate immunization systems and capacities are in place. During 2021, six additional countries (Burundi, Côte d'Ivoire, Lebanon, Malawi, Nigeria and Sri Lanka) completed or validated assessments.

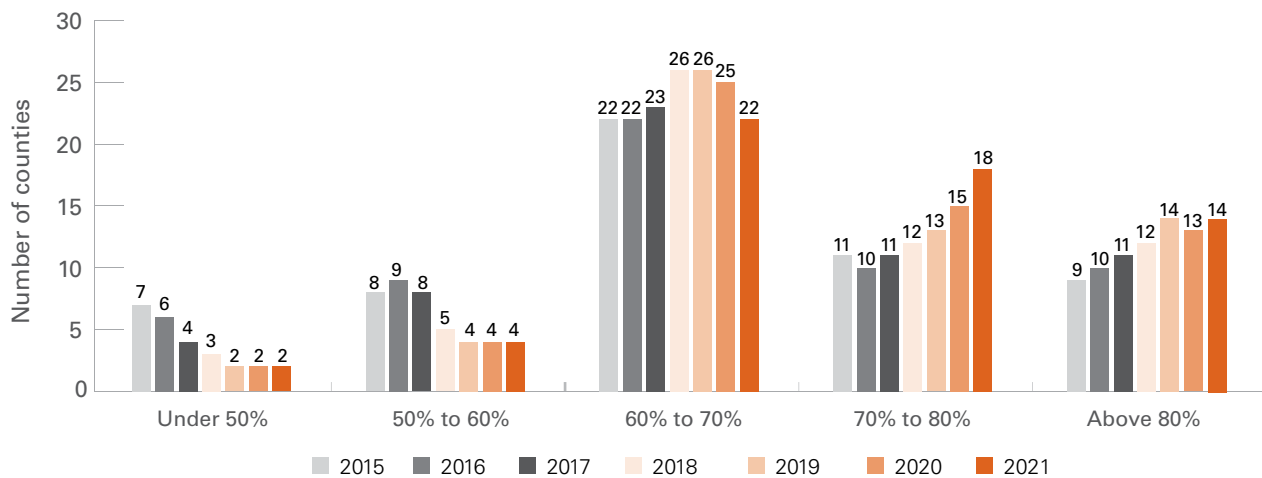
UNICEF and WHO Europe also leveraged their joint technical expertise to support the health authorities of Azerbaijan, Georgia, Kazakhstan, Moldova and Uzbekistan in optimizing the performance of their supply chains. The deployment of the UNICEF Supply Chain Maturity Model allowed a comprehensive review of 13 critical operational and technical supply chain functions. The evidence gathered was instrumental to determining country readiness levels and management capacity to achieve an equitable, fast and efficient rollout of all health products, including COVID-19 vaccines.

In Lebanon, to ensure quality of services, UNICEF conducted its first EVM in 2021. A score of 63 per cent – well below the 80 per cent threshold – has provided the basis for supply chain improvements as a priority. Working with the Government, UNICEF trained 1,067 vaccinators in the use of EVM.

During 2021, work on predictive analytics (Thrive 360 data visibility) progressed to predict vaccine stock-outs and to optimize cold storage to achieve supply chain visibility across 62 countries. In 2021, the tracking of vaccine stocks became critical and was expanded to 62 countries at national level and 27 at subnational level.

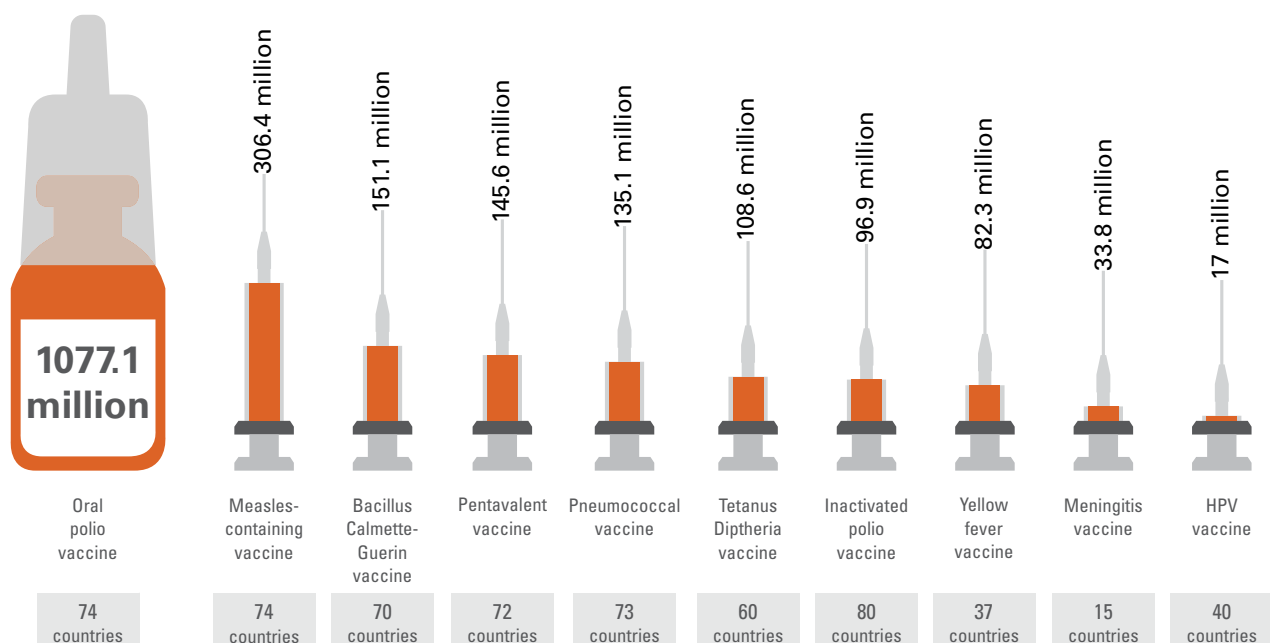
Support from UNICEF contributed towards an additional five countries being approved under the Gavi-funded Cold Chain Equipment Optimization Platform in 2021, resulting in a total of 52 out of 57 countries being at different stages of implementation. In addition, by the end of 2021, 3 out of the 51 eligible countries in Gavi 5.0 had also been approved with procurements anticipated to start soon. At the end of 2021, a total of 66,404 cold chain equipment units had been procured, with 49,188 installed.

FIGURE 31: Number of countries with effective vaccine management (EVM) composite country score >80%



Data source: UNICEF New York, 2021

FIGURE 32: Main procured vaccine types, number of doses, 2021



Data source: UNICEF Supply division, 2021

In Peru, UNICEF facilitated in the purchase of 1,100 solar-powered freezers for the Government which helped ensure that COVID-19 and other routine vaccinations reached the country's remote communities. Through its unique leveraging power, UNICEF has helped the Government of Peru procure life-saving commodities at scale, at the best price for over a decade.⁵⁵

In 2021, UNICEF supported the iSC2 Country Network Approach to bridge information gaps, leverage global resources and competencies, and support country-led priorities on supply chain strengthening. UNICEF led or co-led the approach in 15 iSC2 priority countries in the ESA, MENA, SA, and WCA regions. The organization procured cold chain equipment and related services for 107 countries to the value of US\$202.6 million, of which solar-powered systems accounted for US\$73.2. In-country logistics and installation services related to cold chain equipment amounted to US\$20 million.

To support the distribution of COVID-19 vaccines, UNICEF procured and delivered 800 ultra-cold chain (UCC) units to over 70 countries. Through close collaboration with partners and countries, UNICEF completed 95 per cent of the first-round delivery targets of complex UCC scale up within 4 months (instead of the normal 12–18 months).

For example, the organization shipped 26 large freezers to Bangladesh, boosting the UCC capacity to store almost 9 million vaccines.⁵⁶

UNICEF remains the largest buyer of vaccines globally and uses its unique leveraging power to shape markets, cut costs and increase efficiency, for children's rights and for improved health. In 2021, the organization procured 2.751 billion doses of vaccines, including COVID-19 vaccine doses worth US\$4.121 billion, for 123 countries (this figure excludes donations). Partnerships continue to be essential to the timeliness and reach of vaccine procurement and shipping operations.

UNICEF worked with manufacturers and partners on the procurement of COVID-19 vaccines, as well as on freight, logistics and storage, UNICEF is leading the procurement and delivery to around 100 countries. In its role as procurement coordinator for the COVAX Facility, UNICEF led the procurement and delivery of COVID-19 vaccines. With vaccine donations to COVAX from China, Denmark, India and the United States of America, 90 per cent of eligible adults in Bhutan were vaccinated against COVID-19 in one week during July 2021; over 4,000 health workers and 2,000 local volunteers travelled to every corner of the country to supply vaccines to the whole population.



On the 27 July, baby Rosalia is now safe and protected after getting vaccinated against rotavirus in Tuvalu. "The health worker explained to me what the vaccine is for. I do not want my baby to suffer from diarrhoea, and that is why I am choosing to vaccinate my child," says Rosalia's mother.

Leveraging collective action

New vaccine introduction

UNICEF continued to advocate for increased coverage of new and under-utilized vaccines – particularly the pneumococcal conjugate vaccine (PCV), rotavirus vaccine (RV), human papillomavirus vaccine (HPV), hepatitis B vaccine birth dose, and the new malaria vaccine which was approved for the first time in 2021.

To support priority countries with vaccine introductions, UNICEF specifically assists with political advocacy, developing the programme strategy, financing for sustainability, vaccine procurement and supply, iSC readiness and enhancement, training, and social and behaviour change for service uptake.

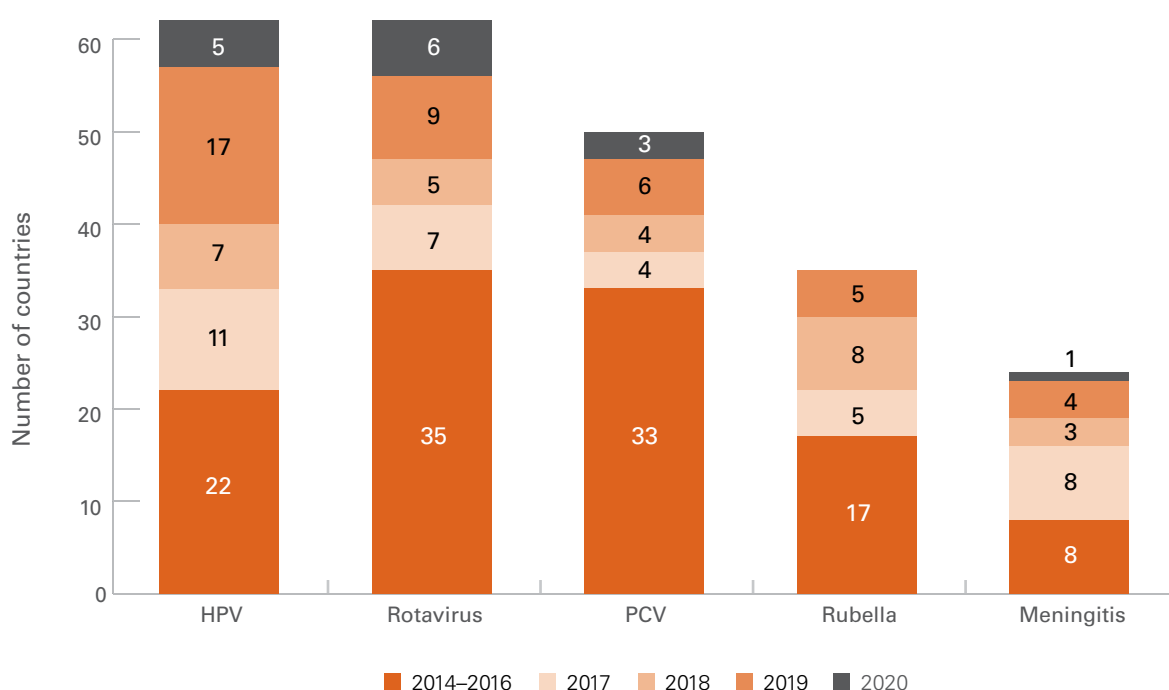
By the end of 2021, UNICEF had supported the introduction of PCV in 50 priority countries, and RV in 45 priority countries. PCV and RV are the key interventions that will help end two major preventable causes of child deaths – pneumonia and diarrhoea, respectively. Among the countries that have yet to introduce PCV are Chad, Guinea, Somalia and South Sudan, where a joint total of more than 40,000 children die from pneumonia every year. UNICEF is working with partners as part of the Every Breath Counts coalition to support advocacy, technical assistance and

affordable vaccine supply for the introduction of PCV. For RV introduction, the priority countries for UNICEF support are Bangladesh, the Central African Republic, Chad, Guinea, Nigeria, Somalia and South Sudan.

By the end of 2021, in the 64 UNICEF priority countries, no additional country had introduced the yellow fever vaccine into their national immunization schedule. With Ethiopia, South Sudan and Uganda still to introduce this vaccine into their national schedules, the 2021 target (24 countries) was unmet. Of these same 64 reporting countries, the number of countries that have introduced the meningococcal A vaccine into their national immunization schedule dropped from 13 in 2020 to 12 in 2021, as a result of Iraq revising its historical data. Although an increase from 9 countries in 2018, the 2021 target (26 countries) was also unmet.

HPV vaccination remains a cornerstone (together with screening and treatment) to achieve the global goal of eliminating cervical cancer by 2030. By the end of 2020, an additional two countries (Cameroon and the Lao People's Democratic Republic) had introduced the HPV vaccine into their national immunization schedules, taking the total number of priority countries to 18. Solid progress has been achieved from four countries that introduced HPV vaccination into their national schedules in 2017. However, despite this, the 2021 target (24 countries) was unmet. (See Results Area 4: Adolescent health for further details on HPV vaccine.)

FIGURE 33: New vaccines introduced with UNICEF support, number of countries, 2014–2016, 2017, 2018, 2019, 2020



Note: There is a one-year timelag for reported immunization data
Data source: UNICEF New York, 2021

Progress in the introduction of new vaccines into national immunization schedules has been severely hampered by COVID-19, financial constraints, and competing priorities, such as outbreak response. Some countries require more specific evidence of disease burden and cost-effectiveness to enable advocacy for new introductions. Widespread roll-out of COVID-19 vaccines in low- and middle-income countries that started in early 2021 resulted in less programme and health resource capacity within countries, and more competition for new vaccine introductions. In addition, widespread school closures during the pandemic hampered HPV vaccine introduction as two thirds of the countries rely on the school platform for implementation.

In October 2021, UNICEF welcomed the announcement by WHO of the malaria vaccine that has the potential to save the lives of many thousands of children every year. UNICEF has been participating in the vaccine pilot implementation in Ghana, Kenya and Malawi, that helped to generate evidence of the vaccine's effectiveness and safety. UNICEF is working with the other partners to establish the global malaria vaccination programme.

Immunization financing

In the context of WHO's new global guidance on developing a national immunization strategy, UNICEF developed and piloted a novel costing approach – NIS.COST – to help countries estimate resource needs for budget advocacy and programming.⁵⁷

UNICEF led the inter-agency working group on COVID-19 vaccine delivery costs and financing. It also took the lead in estimating delivery costs and financing gaps for reaching 70 per cent COVID-19 vaccination coverage in 133 low- and middle-income countries.⁵⁸ The findings of this analysis were used to determine fundraising needs and is widely

referred to by partners. During early 2021, UNICEF started a system for tracking external funding for COVID-19 vaccine delivery, referred to as the COVID-19 Vaccine Financial Monitoring (C19VFM) database. International Financial Institutions had financed 66 per cent, bilateral donors 15 per cent, Gavi 12 per cent, multilateral organizations per cent, and foundations 3 per cent. C19VFM is actively used by donors when determining fund allocations.

During 2021, UNICEF managed COVID-19 vaccine delivery support to 30 non-Gavi-eligible Advanced Market Commitment countries. This entailed development of application materials, coordination of completion of applications with UNICEF country offices, and managing the application review process. A total of US\$40 million has been disbursed to 29 countries.

In June 2021, UNICEF produced an advocacy brief, *The Last Mile: In-country vaccine delivery challenges*, which outlined the evidence and the challenges impacting COVID-19 vaccine roll-out globally. The brief called on donors, governments, and multilateral and regional development banks to take action to ensure vaccine delivery and equity for all.⁵⁹

UNICEF continues to lead efforts to ensure that Gavi co-financing payments are received from countries. In 2021, all 55 countries had fully met their obligations, including those that had their obligations fully or partially waived due to COVID-19.⁶⁰

Between 2018 and 2021, there was a progressive decline in spending for routine immunization, followed by a dramatic increase in 2021 spending due to COVID-19. The new Strategic Plan will focus on refreshing the Immunization Road Map to respond to the changing context and to support UNICEF positioning, middle-income countries, and resource mobilization.

FIGURE 34: Co-financing performance, 2018-2021

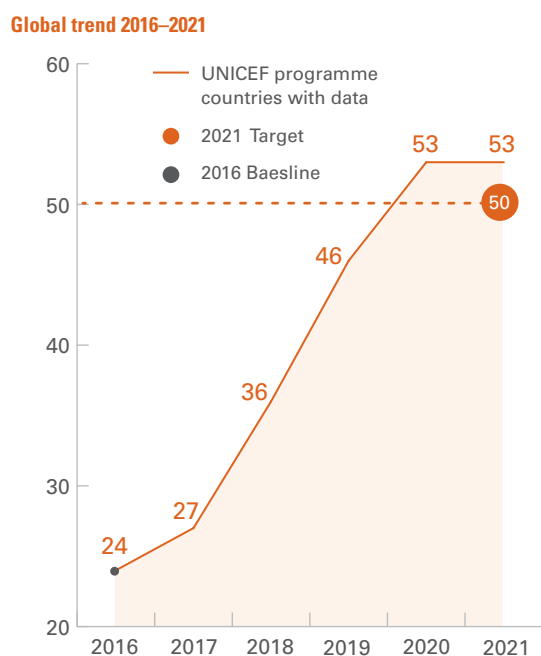
Gavi co-financing status, end of year	2018	2019	2020	2021
Obligation met	45	48	50*	42*
Obligation partially met	4	1	1	3
Obligation not met	1	1	0	7
Country tailored approach	3	3	3	3
Obligation waived	1	0	1	0
Programme cancelled	0	1	0	0
Total	54	54	55	55

*Due to COVID-19 response, Gavi provided waivers for some countries
Data source: UNICEF Supply Division 2021

National health sector supply chain strategies

To accelerate equity improvements for the most disadvantaged children and to support the effective delivery of health services, health-sector supply chain strategies and plans must be strengthened. In 2021, the number of countries implementing a national health sector supply chain strategy remained at 53 for a second year, but exceeded the 2021 target (50 countries). Good progress has been achieved since 2018 when 36 countries had implemented a strategy. During 2021, UNICEF country offices supported the implementation of national health sector supply chain strategies/plans in 42 countries. The EVM approach remains the entry point to broader-based supply chain strengthening initiatives.

FIGURE 35: Number of countries implementing a national health sector supply chain strategy/plan



Source: UNICEF New York, 2021

Levering collective action at global and regional levels

UNICEF maintained its central role in global immunization structures: Gavi, WHO's Global Vaccine Action Plan (GVAP)/ Immunization Agenda 2030, Measles & Rubella Initiative, Eliminating Yellow Fever Epidemics, MNTE, SAGE, Demand Hub, and COVAX, amongst others.

UNICEF led the inter-agency working group on COVID-19 vaccine delivery costs and financing, and managed the Vaccine Pillar of ACT-A, as well as the COVID-19 Delivery Support to 30 non-Gavi-eligible Advanced Market Commitment countries. It supported the development of the C19VFM tracking system and NIS.

As a core Gavi partner, UNICEF continued to actively participate in a range of Gavi forums. It is leading 5 of the 14 Immunization Agenda 2030 Working Groups, the urban immunization working group, and is part of the Partnership Council that leads the operationalization of Immunization Agenda 2030.

UNICEF co-chairs the Global Collective Demand Hub and is also a core member of the Immunization Agenda 2030 Strategic Plan working group 2. Working with partners, UNICEF supported the development of the 2021–2030 Measles and Rubella Strategic Framework and the Defeating Meningitis Road Map.

UNICEF strengthened and expanded partnerships, including with the CDC, Bill & Melinda Gates Foundation, United Nations Foundation and USAID on strategic areas and associated grant management. The organization entered partnerships with WHO, Gavi, PATH and CDC, amongst others, to conduct operational research to develop and evaluate innovations in vaccine technologies and delivery strategies to reach all children with vaccination.

Conclusion

Zero-dose children and communities must be reached if the world is to have a chance of reversing the current trend in immunization coverage. Moving forward into the new Strategic Plan, UNICEF will renew its focus on zero-dose children, programming in conflict and fragile areas, urban poor communities, as well as on removing gender-related barriers and the integration of immunization services within PHC.

The service delivery infrastructure, supply chains, data systems and community engagement for immunization must be optimized so that zero-dose children can be reached and equity gaps closed.

UNICEF will advocate for increased investments in immunization programming in middle-income countries, where an increasing number of zero-dose children are found.

In support of ACT-A, UNICEF will maintain its focus on supplying COVID-19 vaccines to countries in need while strengthening vaccine delivery and RCCE, renewing its focus on systems building to ensure a more integrated approach. To scale up equitable delivery of COVID-19 vaccines, UNICEF will continue to support and host the Vaccine Delivery Partnership, which focuses on countries with the lowest vaccine coverage.



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A girl playing outside in Maradi, in the South of Niger.

Result Area 3: Child health

While a child born today has a much better chance of surviving to their fifth birthday than just 30 years ago, progress across many key child health indicators has slowed significantly, with 54 countries off-track to achieve SDG3.2, the target for child survival.

Even though there is a clear understanding of gaps and priorities and the need to accelerate progress, efforts to address two of the main childhood killers – pneumonia and diarrhoea – have struggled to receive adequate attention and investments. Furthermore, increased funding is also needed to capitalize on the investments driving gains in bringing down morbidity and mortality from malaria. For a second year, the COVID-19 pandemic continues to interrupt essential child health services across all levels of care, severely impacting children's rights to survive and thrive.

The pandemic has impacted all areas of child health. Many UNICEF strategic indicators for the prevention and treatment of common childhood infectious diseases have stagnated, with some even starting to follow a downward trajectory. Nevertheless, solid progress was seen in several areas: in the 25 high-burden countries, an additional 8.75 million children with suspected pneumonia received antibiotics in 2021 through UNICEF-supported programmes, resulting in a cumulative 43.3 million children receiving antibiotics from a baseline of 6 million in 2016. These same 25 high-burden countries met the 2021 target of institutionalizing CHWs into the formal health system. UNICEF supported the skills enhancement of 32,059 CHWs in 18 countries, of whom 12,748 were women. It also distributed insecticide-treated nets to 1.6 million people in humanitarian settings.

Outcome and output indicators for child health

FIGURE 36: Outcome results for child health, 2021

Outcome	Baseline	2021 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%	57%	71%
Number of children with suspected pneumonia receiving appropriate antibiotics through UNICEF-supported programmes	6 million	43.3 million	30 million
Percentage of children in malaria-endemic countries sleeping under an insecticide-treated net (SDG 3.8.1)	40%	56%	58%

FIGURE 37: Output results for child health, 2021

Output indicator	Baseline	2021 value	2021 target
Percentage of countries that maintain no stock-outs lasting more than one month at national level for oral rehydration salts (ORS)	92%	92%	100%
Number of countries that have introduced pneumococcal conjugate vaccine (PCV) into their national immunization schedule	44	50	65*
Number of countries that have institutionalized** community health workers (CHWs) into the formal health system	16	25	25
Number of community health workers that underwent skills-enhancement programmes to operationalize integrated community case management (iCCM) through UNICEF-supported programmes	51,000	259,190	250,000*
Number of people receiving insecticide-treated nets as per international recommended standards through UNICEF-supported programmes (humanitarian)	1.3 million	9.5 million	6.3 million
Number of countries implementing interventions to address environmental pollution and climate change through UNICEF health programmes***	19	71	30

* The midterm review of the Strategic Plan increased 2021 targets to accelerate results.

** As a first step, the 2018–21 Strategic Plan measured the progress on this indicator with a focus on integration – enhancing the policy environment that defines CHW roles, tasks and relationship to the health systems.

*** New indicator in 2019.

Simple cost-effective interventions – fundamental front-line PHC services – can make a substantive impact in addressing many diseases and conditions affecting children, and can save many lives and prevent disabilities. UNICEF has focused on improving access and quality of care for PHC, inclusive of community-based care, centred on the key causes of under-five deaths, and the scale up and institutionalization of integrated community case management (iCCM) within the broader work to institutionalize facility-based and community PHC.

During 2021, to galvanize leadership and re-sharpen the focus on child survival, UNICEF has been working with partners to draft a child survival action plan. This builds upon ENAP and other strategic frameworks, and aims to bring countries on track to reach their SDG 3.2 target by addressing key causes of illness and death through increased investments in PHC in alignment with UNICEF's new Strategic Plan.

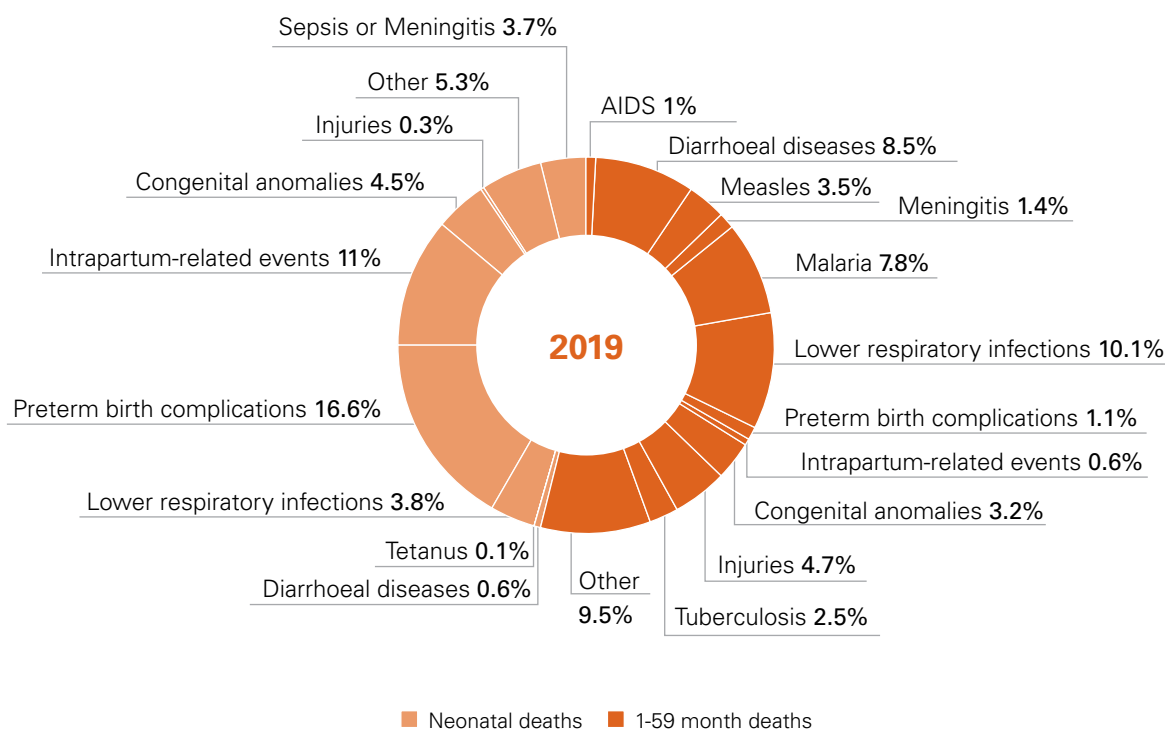
Working towards the SDG 3 target of ensuring healthy lives and promoting well-being for all at all ages, UNICEF works to expand access and quality of essential child health interventions. Focusing on a comprehensive, multisectoral life-course approach, UNICEF has continued to focus on the 'survive agenda', while expanding its portfolio to support the 'thrive agenda', including nurturing care for early childhood development and disability interventions through

health platforms, non-communicable diseases (NCDs) and chronic care, injury prevention and interventions to address environmental pollution and climate change. As part of the thrive agenda, UNICEF's Healthy Environments for Healthy Children Global Framework was rolled-out and garnered support from governments, partners and academia.

In 2020, more than 5 million children died before their fifth birthday.⁶¹ Gains to advance the health of children are threatened by a complex and changing world, including the COVID-19 pandemic, climate change, ecological degradation, conflict, displacements and population migration, systemic discrimination and inequalities, antimicrobial resistance, economic instability, predatory commercial practices, and reduced bilateral, multilateral and private-sector investments.

In addition to the COVID-19 pandemic, increases in complex operating environments have exacerbated existing inequities, disproportionately impacting the most vulnerable women and children. Nearly 1.2 billion children now live in countries with complex emergencies driven by insecurity, inequality and fragility. Illnesses such as pneumonia and diarrhoeal diseases are more prevalent in humanitarian settings, and children also face additional health risks, including paediatric trauma, gender-based violence and mental health issues.

FIGURE 38: Causes of under-five deaths in 2019



Source: Perin, J., Mulick, A., Yeung, D., Villavicencio, F., Lopez, G., Strong, K. L. & Liu, L. (2022). Global, regional, and national causes of under-5 mortality in 2000–19: an updated systematic analysis with implications for the Sustainable Development Goals. *The Lancet Child & Adolescent*

Improving services and community demand

IMCI and iCCM are a holistic package of treatment used by UNICEF for the main childhood diseases to ensure that children receive effective, efficient and quality care and treatments targeted at their specific conditions. Efforts to improve access to services focused on scaling up and institutionalizing iCCM alongside IMCI – within broader work to institutionalize community PHC – through the development of investment cases and alignments with global health processes.

Pneumonia prevention and treatment

Pneumonia accounts for 14 per cent of all deaths of children under five.⁶² Childhood pneumonia can be prevented with simple interventions such as treatment with low-cost medication.⁶³ However, progress in reducing deaths in children under five from pneumonia has been significantly slower than for other infectious diseases. Since 2000, under-five deaths due to pneumonia have declined

by only 54 per cent, while deaths due to diarrhoea have decreased by 64 per cent.⁶⁴ Pneumonia deaths cannot be reduced without addressing those factors that increase children's risk of disease and death: these include systemic discrimination and inequalities, including for the most marginalized and vulnerable communities, and related factors due to poverty, such as inadequate access to quality PHC – including prevention and treatment services and appropriate identification of danger signs, referral and referral-level care, as well as malnutrition. Low (or no) immunization with PCV is another reason for the slow decline in deaths.

The recommended first-line treatment for pneumonia in children is amoxicillin: access to these antibiotics is critical for treating childhood pneumonia. In the 25 high-burden countries, 8.75 million children under five with suspected pneumonia received antibiotics through UNICEF-supported programmes in 2021. This increased the cumulative total from 16.5 million children who received antibiotics in 2018 to 43.3 million in 2021, exceeding the 2021 target (30 million children). Over the 2018–2021 period, notable progress was made in Africa and the Middle East. In 2021,



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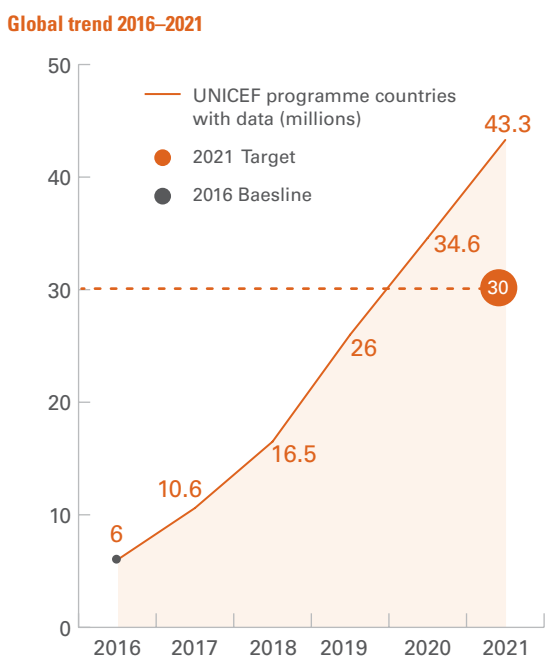
In Ghana, Patricia, 5, receives one last check-up from her health care worker Agnes before she's sent home, healthy and well. When she came to the paediatric ward just five days ago, she was extremely sick with pneumonia – a disease which takes the lives of around 700,000 children like Patricia per year. Thanks to the work of UNICEF through the Scaling Pneumonia Response Innovations (SPRINT) programme, oxygen equipment and antibiotics are now available in her local hospital and health care workers trained in their use. This meant Agnes and her fellow health care workers had the tools and knowledge they needed to save Patricia's life.

UNICEF delivered 315.7 million dispersible tablets of 250-milligram amoxicillin to 54 countries, equivalent to 31.6 million pneumonia treatments for children under one year of age. It also delivered 514 million cotrimoxazole tablets to 13 countries.

Pneumonia has been chosen by UNICEF as the 'tracer condition'⁶⁵ for progress towards ending preventable deaths and to illustrate the need for an integrated, multisectoral PHC approach for child survival focusing on prevention, promotion and treatment.

The identification of hypoxaemia (lack of oxygen in the blood) and provision of oxygen therapy is critical for the survival of newborns and children with severe pneumonia and other life-threatening conditions. COVID-19 laid bare the massive gap in access to oxygen that many low- and middle- income countries faced before the pandemic, as they struggle to cover basic needs and lack any surge capacity. UNICEF exponentially scaled up its support to governments to expand oxygen systems, leveraging its capacity in procurement, supplies and programming. The organization provided end-to-end support to over 45 country offices and governments to mobilize resources and strengthen oxygen systems for the pandemic response while ensuring long-term impact, especially for MNH.

FIGURE 39: Cumulative number of children with suspected pneumonia receiving appropriate antibiotics through UNICEF-supported programmes (in millions)



Notes: Data not available for ECA and LAC
Data source: UNICEF New York, 2021

In January 2020, the UNICEF Scaling Pneumonia Response Innovations (SPRINT) strategic initiative was launched in Senegal and Ghana and has supported the scaling up of pneumonia treatment (amoxicillin and oxygen) and improved access to treatment for thousands of families. By December 2021, SPRINT reached 13,765 direct beneficiaries in Senegal, where 41 oxygen concentrators were installed at health facilities in targeted districts. Over 12,150 children under five years of age were treated for pneumonia with the appropriate antibiotic, amoxicillin suspension or amoxicillin DT and 1,612 patients experiencing hypoxemia received oxygen in three districts equipped with oxygen. In Ghana, SPRINT reached 3,800 children and their families in the Eastern Region of Ghana with 75 oxygen concentrators in 13 health facilities.

To treat people with severe and critical symptoms of COVID-19, who are on ventilators or receiving oxygen therapy, in 2021, UNICEF delivered over 17.4 million dexamethasone tablets and ampoules to 37 countries. UNICEF also procured 21,034 oxygen concentrators, advancing access to oxygen therapy and oxygen equipment to many low- and middle-income countries.

Diarrhoea prevention and treatment

Diarrhoea accounts for 9.1 per cent of all under-five deaths globally,⁶⁶ with most of these deaths occurring in South Asia and sub-Saharan Africa. Diarrhoea remains the second leading killer of children despite the existence of a simple treatment solution – oral rehydration salts (ORS). When delivered with zinc, the effectiveness of ORS increases exponentially, which is why these are often delivered together. Although notable progress has been made since 2000, many more children could be saved through increasing access to simple interventions for treatment and prevention, including WASH.

Of the 22 countries reporting in 2021, the percentage of children with diarrhoea who received zinc and ORS remained at only 16 per cent for the third year. Although some progress was seen from 12 per cent in 2018, the 2021 target (32 per cent) was missed by a large margin. Increased focus is required to improve investments and the scale up of improved treatment options, such as co-packaged ORS and zinc.

In 2021, UNICEF delivered 30 million ORS sachets to 43 countries, of which 5.9 million were ORS and zinc co-packs. It also delivered 93 million zinc tablets, of which 26 million were ORS and zinc co-packs. The co-pack presentation has the potential to substantially increase access to treatment with both commodities, to benefit more children.

In Mali, through strategic partnerships, UNICEF leveraged resources to support high-impact interventions for under-five children in humanitarian settings: the allocation of equipment and drugs helped over 1 million children with uncomplicated cases of childhood illnesses, including 197,062 diarrhoeal cases in 2021, compared to 68,645 cases in 2020.

Case study: Oxygen Plant-in-a-Box – Finding innovative sustainable solutions to respond to COVID-19 and to meet longer-term oxygen needs in Uganda

By working with innovators and health technology companies, UNICEF is driving the development and scale of a new, more durable state-of-the-art concentrator to make oxygen available in PHC facilities that have challenges with power supply, extreme climates, and a lack of maintenance expertise on site.

UNICEF worked with industry to rapidly deploy an innovative emergency solution: The Oxygen Plant-in-a-Box package. The package includes everything needed to install a fully functional pressure swing adsorption oxygen plant, which can be running within days of arriving at a facility and produce enough oxygen to treat up to 50 COVID-19 patients or 100 children with severe pneumonia. The first patients received oxygen from UNICEF's Oxygen Plant-in-a-Box in mid-December 2021, at the Soroti Regional Referral Hospital in Uganda. By the end of the year, over 16 countries were in the process of ordering this innovative product to respond to COVID-19 and strengthen health systems for the long term.



A COVID-19 patient is cared for by medical staff at the Soroti Regional Referral Hospital Uganda in December 2021. The first UNICEF Oxygen Plant-in-a-Box was switched on just one week prior, ensuring the hospital had the life-saving medical gas available to treat patients.



A UNICEF Oxygen Plant-in-a-Box in Soroti Regional Referral Hospital Uganda.

Malaria prevention and treatment

Malaria remains the third most deadly disease for children under five, accounting for 8 per cent of global overall deaths: sub-Saharan Africa bears the highest toll in terms of cases and deaths. To maximize impact towards the Global Technical Strategy for Malaria 2016–2030, which aims to provide a comprehensive framework to guide countries in their efforts to accelerate progress towards malaria elimination, UNICEF continues to work closely with WHO, the Roll Back Malaria Partnership to End Malaria, the

Medicines for Malaria Venture, the US President's Malaria Initiative, the Global Fund, and other partners to attain the goal of a malaria-free world.

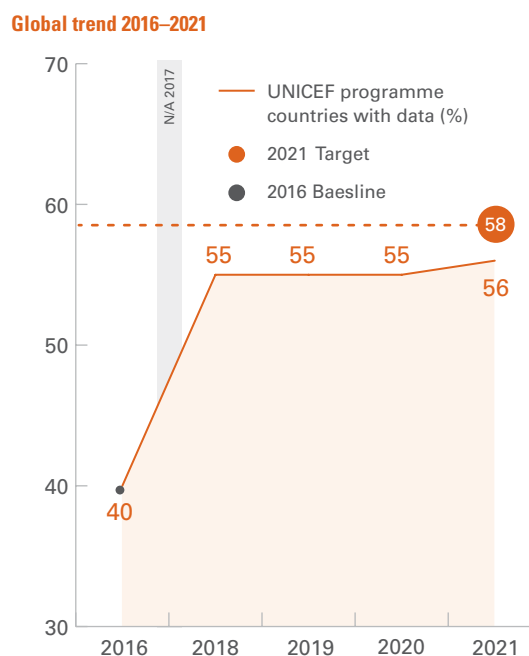
UNICEF has been a partner of the Malaria Vaccine Implementation Programme, RTS,S (the vaccine that acts against the *Plasmodium falciparum* malaria parasite) pilot programme since its inception, which gave it a strong platform for the launch of the historic new malaria vaccine, RTS,S, in October 2021. The organization is providing technical and programmatic support for sub-Saharan African

countries to prepare health systems for the widespread roll-out of the malaria vaccine in children under five, as part of existing malaria interventions, expected in late 2023. UNICEF is facilitating knowledge-sharing and cross-country learning between the three pilot implementers (Ghana, Kenya and Malawi) and other countries through a series of webinars and peer-to-peer learning. It is also providing considerable support to the malaria vaccine allocation framework that will govern the distribution of scarce doses for malaria. In December 2021, UNICEF launched its first malaria vaccine tender.

As part of UNICEF's Core Commitments for Children in humanitarian action, long-lasting insecticidal nets (LLINs) are distributed in malaria-endemic countries and humanitarian settings. In the 16 malaria-endemic countries supported by UNICEF and partners that reported in 2021, the percentage of children sleeping under an insecticide-treated net increased from 55 in 2018 to 56 in 2021, falling short of the 2021 target (58 per cent). The COVID-19 pandemic impeded LLIN distributions during 2020 and 2021.

Early and quick diagnosis is essential in the treatment of malaria and in preventing it from progressing to its most lethal form. In 2021, UNICEF delivered 4.58 million malaria rapid diagnostic tests to 18 countries, and delivered 20.4 million artemisinin-based combination therapy

FIGURE 40: Percentage of children in malaria-endemic countries sleeping under an insecticide-treated net



Notes: Data not available for EAP, ECA, LAC, MENA and SA



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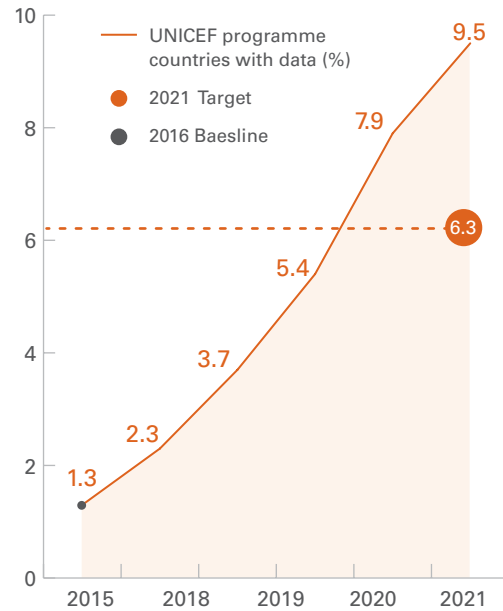
On 2 February 2022 in Fenaivo village, Amboasary Atsimo, Anosy region, Madagascar, Sambeirake, 20, holds her 4-day-old daughter Mananantsoa, in a well-organized room with a mosquito net for protection.

malaria treatments to 29 countries. It also delivered 7.5 million treatments for seasonal malaria chemoprevention – the equivalent of 1.9 million children provided with chemoprevention for all four cycles of the seasonal malaria chemoprevention campaigns.

The prevention of malaria is even more critical in humanitarian settings where children’s vulnerability to disease is heightened. In 2021, 1.62 million people in humanitarian settings received LLINs, which increased the cumulative total to 9.5 million people in 2021, from 3.7 million in 2018, surpassing the 2021 target (6.3 million). In the development context, 33.9 million people received LLINs.

UNICEF continued its focus on improving access to intermittent preventive treatment during pregnancy with sulphadoxine-pyrimethamine to protect pregnant women from infection with malaria through comprehensive support to expansion of ANC contact points, as well as supporting seasonal malaria chemoprevention. It is also promoting integrated delivery of malaria programmes, including to school-aged children, and driving attention towards malaria in adolescents⁶⁷ as an underserved community.

FIGURE 41: Cumulative number of people receiving ITNs as per international recommended standards through UNICEF-supported programmes (humanitarian), in millions



Data source: UNICEF New York, 2021



Bashar, 11, walks in the streets of Jarba, his home village, in Rural Damascus, Syrian Arab Republic, on 2 March 2022. “After the incident, I used to play as the goalkeeper. But now, with the prosthetic, I am tall enough to play even basketball if I want to!”

Nurturing care for early childhood development

Every child has the right to the best start in life, which paves the way for healthy development and learning. Acknowledging the importance of the early years, UNICEF and partners support countries in applying the Nurturing Care Framework for early childhood development. Using this multisectoral approach to health, well-being and development, UNICEF and partners focus programming on integrating and strengthening key components of nurturing care in routine health interactions between families and caregivers.

Children with disabilities, especially the most marginalized, are at increased risk of diarrhoea, fever and symptoms of acute respiratory infection. The almost 240 million children living with disabilities are denied many of their basic rights. UNICEF is using an equity-based approach to provide support to children with disabilities by ensuring that these children are included and covered by existing health and other early childhood development services. A newly developed model on early identification and early interventions for children with developmental delays and disabilities has been adapted and piloted in Bulgaria, Peru and Uganda.

In Bulgaria, UNICEF supported the implementation of the Child Guarantee pilot project focusing on children with disabilities, Roma children and children in fragile family situations. Covering 10 pilot municipalities in three districts, it aims to expand the access to and improve the quality of four types of services: home visiting services for families with small children; early childhood intervention for children with disabilities and developmental delays; quality inclusive preschool education; and children and family-centred preventive and support services. Between January and September 2021, the project reached over 10,000 children, 3,500 parents and 500 professionals from the health, education and social sectors. It was included in the first two-year Action Plan for implementation of the National Strategy for Reducing Poverty and Promoting Social Inclusion 2030.

Addressing non-communicable diseases and injuries

The bar was raised when 'thrive' was added to the SDG global agenda and articulated in the United Nations Secretary-General's Every Woman Every Child Global Strategy for Women's, Children's and Adolescent's Health 2016–2030, to ensure that the global community strives beyond children's survival for their health and well-being. During 2021, the NCD agenda gained momentum through strategic partnerships, moving from pilot to scale.

UNICEF uses a two-pronged approach to address NCDs: prevention of NCD risk factors in the early years and promotion of healthy lifestyles; and management of severe

chronic conditions in children and adolescents – including congenital and rheumatic heart disease, type 1 diabetes, sickle cell and severe asthma – through strengthening of PHC and the referral system. The organization works multisectorally, especially through schools, to provide a unique platform to address NCD risk factors. Integrative school programmes that address NCDs, injuries, mental health, life skills, prevention of HIV and other sexually transmitted infections, and environmental health help protect children's health and well-being. Centred in the health sector through a PHC approach, the work extends to include other sectors such as nutrition and education. (See 'Results Area 4: Adolescent health' for further details on the action UNICEF is taking in this area.)

To implement this NCD approach, UNICEF worked to establish partnerships with the Helmsley Charitable Trust (Malawi and Mozambique) and Eli Lilly⁶⁸ in five countries (Bangladesh, Malawi, Nepal, the Philippines and Zimbabwe) during 2021.

UNICEF works across sectors to prevent and reduce road traffic fatalities and drownings. Communication initiatives that educate children, families and communities are the foundation for this work. UNICEF and WHO supported the development of a Global Action Plan to inspire national and local authorities in charge of road safety to integrate proposed activities into their plans, policies and programmes.

Under the Global Framework of Action for Road Safety, the multi-country Child Road Traffic Injuries Prevention Programme has been rolled-out to support countries in the collection and analysis of data; strengthening of systems; and advocacy, implementation and continuation of the injury prevention programme. UNICEF's Guidance for Safe and Healthy Journeys to School: During the COVID-19 pandemic and beyond was disseminated and implemented. Some 15 countries acted to initiate and/or implement injury prevention activities to address child and adolescent injuries through UNICEF health programmes.

Drowning is one of the key causes of childhood mortality in many countries, particularly in children under five, disproportionately affecting children and adolescents in low- and middle-income countries. UNICEF supported the development and approval of the first drowning prevention resolution and first World Drowning Prevention Day in July 2021, to highlight the issue, and advocated for countries to develop drowning prevention policies/plans.

In Bangladesh, where 38 children drown every day, UNICEF has supported the Government with various interventions for drowning prevention, and uses radio and social media to raise awareness.

In 2021, UNICEF worked with WHO and the United Nations Development Programme to establish a new United Nations Multi-Partner Trust Fund for NCDs and mental health to mobilize US\$250 million over five years to save lives and increase healthy life years.^{69 70}

Environmental pollution and climate change

Every child has the right to a healthy environment. The human right to a safe, clean, healthy and sustainable environment was passed in a recent Human Rights Council resolution in October 2021.

The climate crisis is a child rights crisis.⁷¹ Children's lives are increasingly impacted by climate change and environmental degradation, undermining the full spectrum of their rights. Approximately 1 billion children live in countries that are at 'extremely high risk' from the impacts of climate change, according to UNICEF's Children's Climate Risk Index.⁷² Globally, more than one in four children are currently highly exposed to vector-borne diseases, such as malaria and dengue, among others, and this situation is likely to worsen.⁷³ Environmental hazards have been linked to a range of significant health risks, including premature birth, increased lifelong risk for brain and behavioural problems and cancers.⁷⁴ UNICEF analysis found that only 34 per cent of national climate policies are child sensitive and many fail to address children's rights, needs and priorities.

As part of the thrive agenda, UNICEF's Healthy Environments for Healthy Children Global Framework was rolled-out and garnered support from governments, partners and academia. This emergent area continued to see exponential growth. Against a baseline in 2019 of 19 countries, the total number of countries reporting the implementation of at least one intervention to address environmental pollution and climate change through UNICEF health programmes increased from 57 countries in 2020 to 71 countries in 2021, and far exceeded the 2021 target (30 countries).

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 in primary health care and promoting adolescent and youth engagement. UNICEF contributed to the 2021 Compendium – a collection of guidance on improving health by creating healthier environments from WHO and other United Nations agencies.



A young boy from the Global Climate Strike in Barishal poses in front of the camera holding a placard in front of other climate activists in Shahid Minar, Town Hall Road, Barishal, Bangladesh on 24 September 2021.

FIGURE 42: Environmental pollution and climate change: breakdown by intervention, 2020 and 2021



Data source: UNICEF New York, 2021

As a founding member of Protecting Every Child's Potential initiative, UNICEF continued its implementation of childhood lead reduction projects in Bangladesh, Georgia, Ghana and Indonesia with the support of the Clarios Foundation. Produced in partnership with WHO and the United Nations Environment Programme, videos on lead exposure targeting caregivers and the role of governments in lead reduction have been disseminated. UNICEF is also assisting in the dissemination of the WHO Guidelines for the Clinical Management of Lead Exposure.

In Mongolia, UNICEF and partners have invested in community awareness and action, capacity of health-care facilities, youth engagement, and adoption of new cooking and heating technologies, in collaboration with the private sector. UNICEF Mongolia catalysed multisectoral action for provision of data, health-care interventions and health-care professional training. These measures are reducing pollution exposure to children and pregnant women. Respiratory conditions among children 0–years old declined from 17,300 in 2016 to 8,548 in 2019. Similarly, outpatient hospital visits due to respiratory complaints declined significantly from 26.9 per cent in 2016 to 7.8 per cent in 2019.⁷⁵ In December 2021, UNICEF supported a high-level meeting in Mongolia to discuss air pollution policies and programmes.⁷⁶

Strengthening national and subnational capacity

Institutionalizing community health workers with the health system

Institutionalizing community health, including the community health workforce, is an essential component to achieving health-related targets for SDG 3 and universal health coverage. Investing in and strengthening the capacity of CHWs, alongside broader investments aimed at strengthening the health system, are necessary for delivering essential, quality health services to the last mile. These investments are also the cornerstone for reaching zero-dose children and communities, and for meaningfully addressing the equity mandate outlined in the Declaration of Alma-Ata (1978) and Declaration of Astana (2018). As a first step, the 2018–21 Strategic Plan measured the progress on this indicator with a focus on integration – enhancing the policy environment that defines CHW roles, tasks and relationship to the health systems.

In 2021, in partnership with USAID, UNICEF assumed management responsibility for the Community Health Road Map. Along with other partners, UNICEF and USAID work with governments to elevate community health in national agendas, strengthen and advocate for community health, coordinate around national priorities, and mobilize

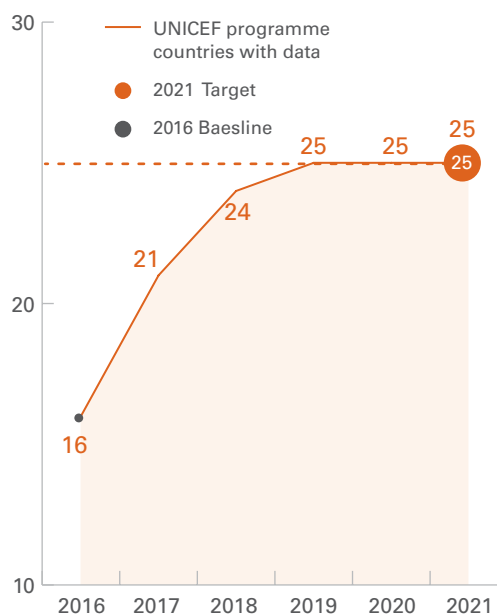
resources and financing so that quality health care is available and accessible for all. In 2021, a revitalized and ambitious agenda was articulated for the Road Map, which includes greater partnership inclusion and an increased geographic footprint. The Community Health Road Map also hosts a Knowledge Hub – a platform for quality, dynamic country information related to community health.

In 2021, UNICEF convened the second Institutionalizing Community Health Conference to sustain and drive the agenda for PHC, inclusive of community health, at all levels. Hosting nearly 2,000 participants from 88 countries, the conference helped to build a growing momentum for PHC with a focus on prioritization of community health investments, and called for coordinated actions to expand access and effective utilization of equitable quality health care at community level. As part of the agreed actions, the conference prioritized the advancement of gender responsiveness in community health with policies and budgets that adequately reflect investments in gender equity and inclusivity. Under UNICEF’s leadership and management, the Community Health Community of Practice was expanded to include more than 750 members across 70 countries.

By the end of 2021, all 25 UNICEF focus countries had policies in place that met current criteria for institutionalization and met the 2021 target (25 countries). UNICEF tracks progress on seven components to strengthen the quality of the institutionalization process.

FIGURE 43: Institutionalization of community health workers in the formal health system

Global trend 2016–2021



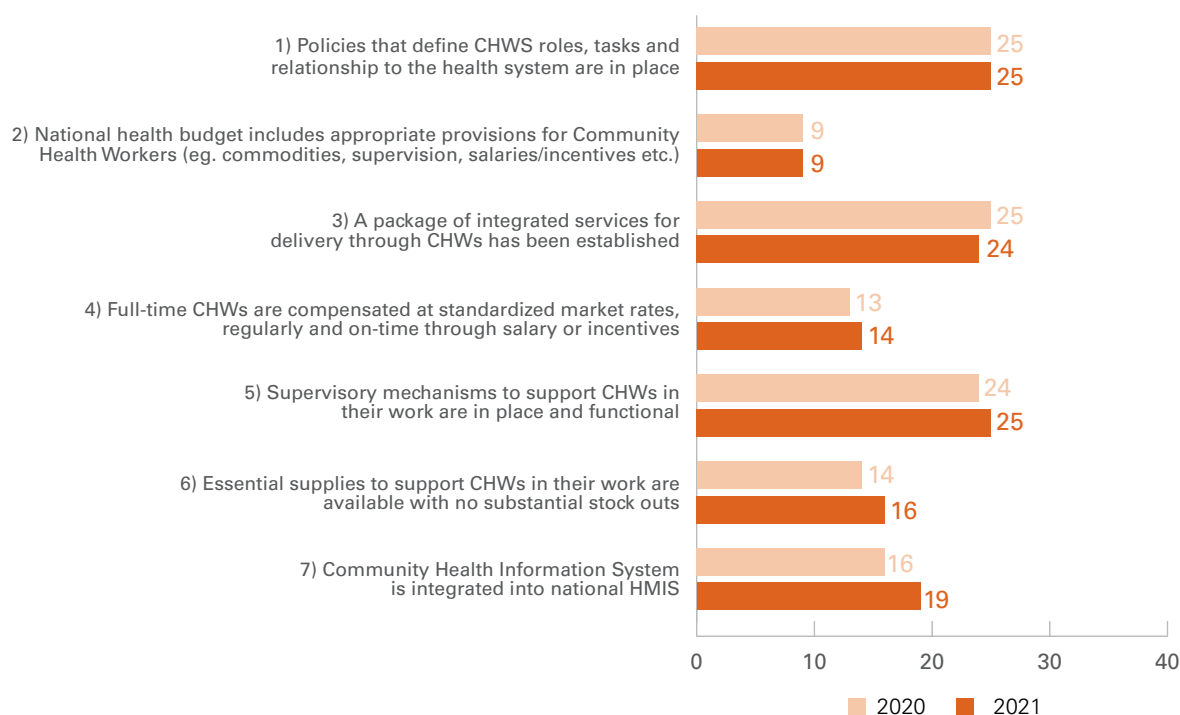
Notes: Data not available for ECA and LAC
Data source: UNICEF New York, 2021



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UNICEF-supported community health workers walk through a neighbourhood announcing a COVID-19 vaccination campaign and speaking to residents about why it is beneficial to get, Hargeisa, Somaliland, Monday, 1 November, 2021.

FIGURE 44: Community health workers institutionalization, by component, 2020 and 2021



Data source: UNICEF New York, 2021

By the end of 2021, the 25 priority countries had policies in place that define CHW roles, tasks and relationships to the health systems; 25 countries had supervisory mechanisms to support CHWs in their work (an increase of 1 from 2020); and 24 countries had established packages of integrated services that can be delivered through CHWs (a decrease from 25 in 2020). Accelerated progress is needed in other areas to reach the full complement across all 25 countries.

In Yemen, UNICEF supported all deployed CHWs with incentives, supplies, supervision and monitoring. This support enabled CHWs to reach 1.7 million beneficiaries in rural and hard-to-reach areas. Of these beneficiaries, 509,872 were children under five, of whom 12,600 were referred to health-care facilities by CHWs for severe acute malnutrition.

In 2021, a further 28 countries moved forward with plans to institutionalize community health. To measure progress towards institutionalization and support for countries, UNICEF developed a guidance document to serve as a reference on the tools available to measure progress, to highlight the tool is fit for purpose as it relates to measuring aspects of the health system at community level, and to map the tool's optimal application to the programme life cycle.

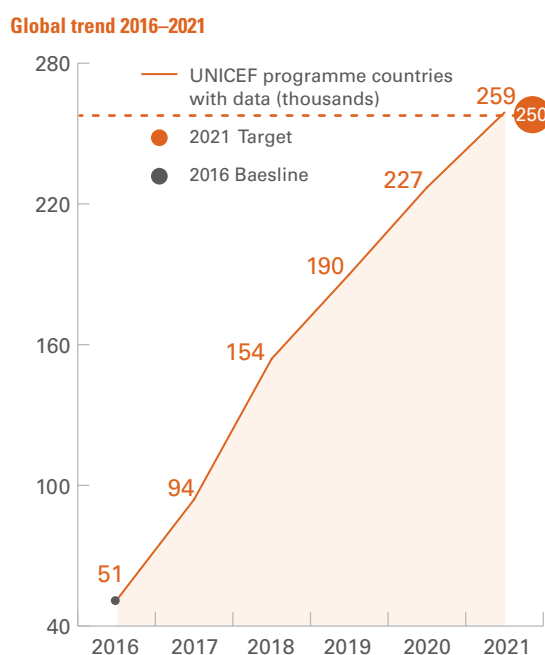
Inadequate financing and budgetary provisions for community health, as part of national health sector plans, continue to negatively impact sustained and effective remuneration of CHWs, which leads to high attrition rates and suboptimal quality of service delivery. A prerequisite to remunerating CHWs is enumeration. As such, UNICEF and partners co-produced and launched a guidance on CHW Master List and Registries and mapped out entry points for the operationalization of the guidance in 15 initial countries.

Enhancing the skills of community health workers to support case management

UNICEF works to improve CHW skills and capacities beyond 'survive' to address the 'thrive' agenda. In 2021, some 32,059 CHWs – 12,748 of whom were female – underwent skills enhancement programmes to operationalize iCCM through UNICEF-supported programmes; the increased numbers were attributable to improved numbers in the ESA and WCA regions. By the end of 2021, a cumulative total of 259,190 CHWs had undergone skills enhancement programmes to operationalize iCCM and had exceeded the 2021 target of 250,000.

In response to the COVID-19 pandemic, UNICEF worked with partners to maintain and increase essential health-care services to the most remote and vulnerable populations, whilst supporting front-line health workers with the knowledge, skills, confidence and guidance to manage COVID-19 infections. In the EAP region, UNICEF worked with partners to launch the 'Health Care on Air Pacific' training,⁷⁷ which uses radio and other communications platforms to motivate the PHC workforce and provide quality instruction on delivering services during COVID-19.

FIGURE 45: Number of community health workers that underwent skills enhancement programmes to operationalize integrated community case management through UNICEF-supported programmes



Notes: Data not available for ECA and LAC
Data source: UNICEF New York, 2021

Reliable and quality supplies for child health

The pneumococcal conjugate vaccine (PCV) plays a critical role in protecting young children from morbidity and mortality from pneumococcal diseases such as pneumonia and meningitis, and rotavirus vaccine (RV) prevents disease and deaths from diarrhoea. As of 2020, of the 64 UNICEF priority countries, 50 had introduced PCV into their immunization schedule, while 45 had introduced RV.

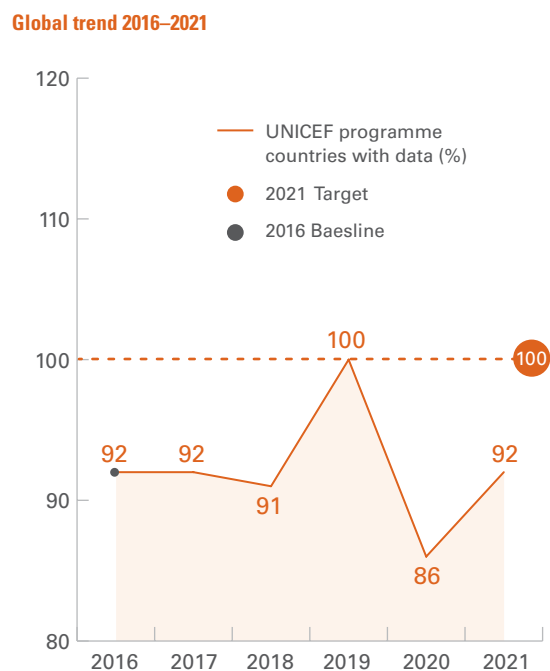
The quality of, and access to, life-saving commodities such as ORS, zinc, antibiotics, artemisinin-based combination therapy and rapid diagnostic tests for malaria are essential

for child health services. To reach the last mile, UNICEF focuses on supply chain strengthening in health systems. In this context, UNICEF tracks the percentage of countries that maintain no stock-outs of ORS for more than one month at national level. In 2021, the percentage of countries that maintained no ORS stock-outs for more than one month increased from 86 per cent in 2020 to 92 per cent, but missed the 2021 target (100 per cent).

In 2021, stock-outs in the Democratic Republic of the Congo were caused by the impact of the COVID-19 pandemic on global and country-level supplies. In the Niger, the stock-out resulted from insufficient supplies ordered. To rectify this issue in the Niger, partners developed a guide to quantify health input needs, which was piloted in eight health districts.

In Afghanistan, in October 2021, as part of UNICEF's emergency response, 40 tonnes of life-saving medical supplies – including kits and medicines to treat acute watery diarrhoea – were delivered to Kabul, to treat the increasing number of diarrhoeal disease cases in the city and surrounding districts. The medical supplies helped treat around 10,000 people suffering from dehydration caused by the increasing number of diarrhoeal diseases.

FIGURE 46: Percentage of countries that maintained no stock-outs lasting more than one month at national level for ORS



Notes: Data not available for ECA and LAC
Data source: UNICEF New York, 2021

Leveraging collective action

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.

UNICEF strengthened and expanded partnerships and advocacy on child survival. In 2021, the global partnership between UNICEF, Save the Children, Every Breath Counts Coalition, Gavi, Unitaïd, WHO and USAID reconvened virtually to report on progress made on the global pneumonia forum.

There has been considerable support to the Global Fund partnerships under UNICEF's stewardship, including in Challenging Operating Environments such as the Democratic People's Republic of Korea, Somalia and South Sudan, in addition to supporting implementation of iCCM and LLIN distribution. UNICEF has also been present on the C19RM CTAG advisory group to support and ensure proper programming of resources, including risk communication and community engagement.

UNICEF continues to engage with the Global Fund, Global Financing Facility (GFF), Unitaïd, and the Roll Back Malaria Partnership to end Malaria. The Global Pneumonia Forum Partnership with Save the Children, Every Breath Counts, Gavi, WHO, USAID and Unitaïd was expanded to include the Clinton Health Access Initiative and PATH after the onset of COVID-19 and the increasing focus on oxygen.

UNICEF continues to play an important role in the 'high burden to high impact' malaria initiative, targeting the 10 highest burden countries in sub-Saharan Africa, as well as India. The roll-out of subnational tailored programming presents a strong opportunity to optimize multisectoral programming and improved outcomes for children.

Emerging partnerships were developed between UNICEF and WHO, the Child Health Task Force, GFF, Save the Children and USAID around the Child Survival Action Plan. The Community Health Road Map is a collaboration of UNICEF, USAID, Joint United Nations Programme on HIV and AIDS (UNAIDS), Bill & Melinda Gates Foundation, the Global Fund, GFF, President's Malaria Initiative, Core

Group, World Bank and WHO, in close collaboration with respective ministries of health and country stakeholders across the 15 focus countries. The Intelligent Community Health Systems is a collaboration between UNICEF and the Rockefeller Foundation; 2mCHW Campaign a collaboration between African Union, UNICEF, WHO and UNAIDS.

Conclusion

As the COVID-19 pandemic continued to further threaten gains made to child health over recent decades, UNICEF focused on supporting countries with programmes and initiatives to ensure the continuation of essential health services. Besides continuing to focus on the 'survive' agenda, UNICEF saw advances in the expansion of the 'thrive' portfolio, with a comprehensive multisectoral life-course approach.

Under the new Strategic Plan, UNICEF will continue to focus on improving access and quality of care for PHC, inclusive of community-based care, centred on the key causes of under-five deaths and the scale up of integrated community case management (iCCM), alongside treatment of severe acute malnutrition and quality of care.

To advance progress for child survival and well-being, global donor commitments for child survival must be improved and funding at global and country levels strengthened. If there is to be any chance of attaining the SDGs for child health, progress must be accelerated, with the reduction of under-five deaths prioritized. PHC remains the answer to addressing many diseases and conditions affecting children, thus saving lives and preventing disabilities.

Opportunities exist for refocusing global attention on child survival through the Child Survival Action Plan, which aims to bring those countries currently off track to meet SDG 3.2 back on track, by addressing key causes of illness and death through increased investments in PHC in alignment with UNICEF's new Strategic Plan.

Flexible thematic funding is critical to address unfinished agenda items, such as malaria, pneumonia and diarrhoea, and for comprehensive programming, allowing for integrated packages of care and multisectoral engagement, and for strengthened PHC, especially at the community level.



On September 30th, 2021, five young girls, members of U-report Guatemala, prepare an activity about social and environmental justice on the main square of Guatemala City: La Plaza de la Constitución.

Result Area 4: Adolescent health

Although the rights of adolescents through to the age of 18 are protected under the Convention on the Rights of the Child, historically, policies and programmes to address their rights to survive and thrive have gone unmet. Over the course of the 2018–2021 Strategic Plan, UNICEF’s adolescent health portfolio has been elevated and increased country support has been provided to address the distinct needs of adolescents globally.

Over the last four years, considerable progress has been seen in the development, planning and implementation of national plans for adolescent health, including a focus on improving the care of pregnant adolescents. At the end of 2021, the number of countries that have an inclusive, multisectoral gender-responsive national plan in place increased to 81, from 50 countries in 2018. Of these, UNICEF supported 39 countries with implementation. Another key result against the Strategic Plan was an increase in the percentage of live births attended by skilled health personnel for adolescent mothers, from 70 per cent in 2018 to 73 per cent in 2021.

For a second year, the COVID-19 pandemic disrupted the school health programme as a result of school closures, leading to some regression in progress. With UNICEF support, the number of countries that implemented a school health programme for adolescents increased from 33 in 2019 to 37 in 2021, though this was a decrease from 2020 (42 countries).

Through global UNICEF platforms, 11.68 million young people have accessed learning modules to promote healthier lifestyles and address NCD risk factors. To drive local policy action around the most pressing health issues that were prioritized by adolescents, UNICEF organized trainings on advocacy skills that were completed by 471 youth leaders.

There are persistent gaps in investments towards innovative, gender-responsive and adolescent-friendly comprehensive health services, which leads to insufficient coverage of – and unmet needs for – the health of young people across facilities, schools and digital platforms.

Outcome and output indicators for adolescent health

FIGURE 47: Outcome results for adolescent health 2021

Outcome	Baseline	2021 value	2021 target
Percentage of live births attended by skilled health personnel (mothers aged 15– 19)	67%	73%	75%
Number of girls in target countries receiving the final dose of HPV vaccine per national schedule	984,907	2,786,131	1,000,000

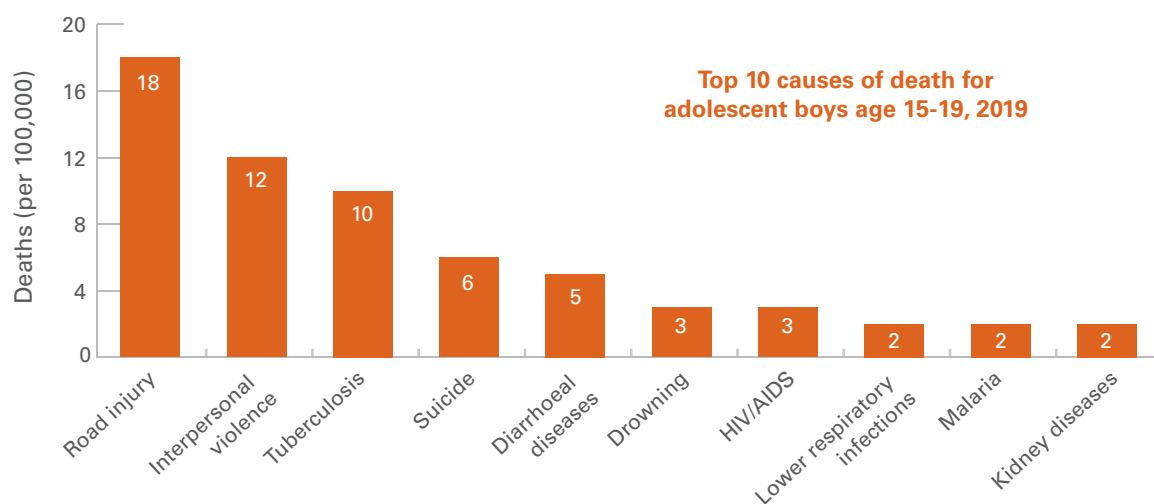
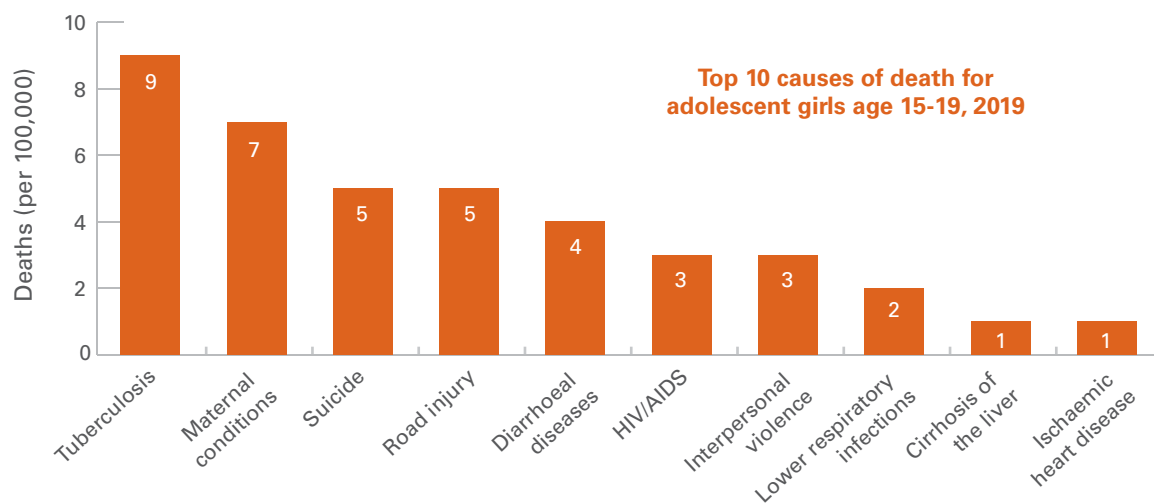
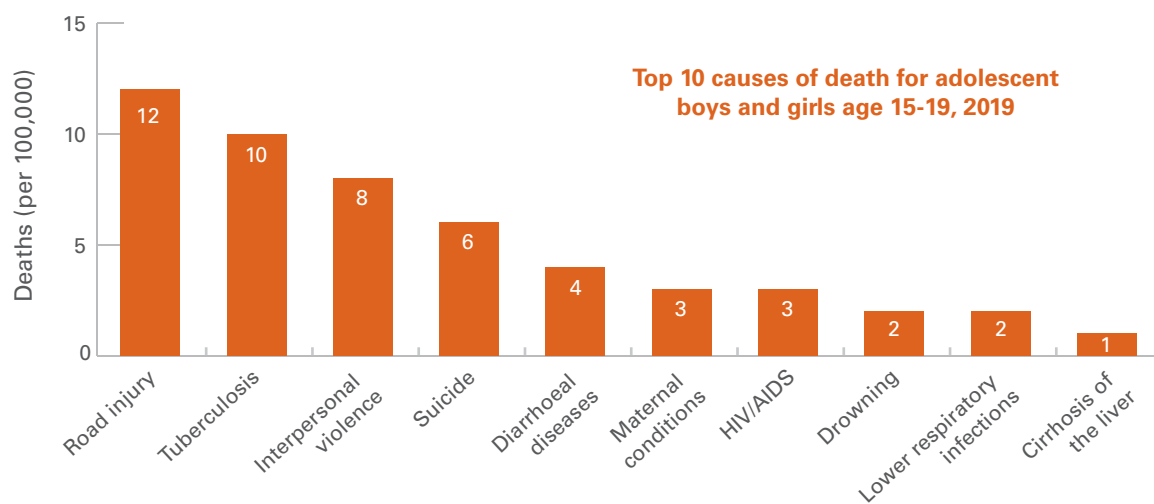
FIGURE 48: Output results for adolescent health 2021

Output indicator	Baseline	2021 value	2021 target
Number of countries that have nationally introduced HPV vaccine in their immunization schedule	3	18	24
Number of countries having an inclusive, multisectoral and gender-responsive national plan to achieve targets for adolescent health and well-being	25	81	75
Number of countries implementing a school health programme reaching adolescents in at least two intervention areas, through UNICEF support	33	37	45



Bangladeshi adolescent girls - Kohinur, Sadia, Sharmin, Sumaiya, and Samila - pose for a picture at the UNICEF Social Hub in Kutupalong West, Cox's Bazar, Bangladesh.

FIGURE 49: Top 10 causes of death for adolescent boys and girls aged 15–19, 2019



Source: UNICEF analysis based on WHO Global Health Estimates, 2019

The healthy growth and development of today's 1.2 billion adolescents is fundamental to the health and well-being of future generations of adults. The survival, growth and development of adolescents is impacted by a growing number of factors: COVID-19, climate change, conflict, displacements, population migration, economic instability, predatory commercial practices, and reduced investments. Unhealthy trends seen amongst adolescents include increased alcohol and tobacco use, unhealthy eating, overweight/obesity, inactivity and mental health issues.

Around 1 million adolescents died in 2020.⁷⁸ Many adolescents do not have access to the information, quality services and protective environments that they need to stay healthy and to develop healthy lifestyles into adulthood.

For 15- to 19-year-olds globally, the main killers are road injury, tuberculosis, interpersonal violence, and self-harm, in order of magnitude. Mental health conditions are a major burden of disease for adolescents globally: in recent years, this issue has gained increased recognition on the global health agenda. In 2019, it was estimated that 1 in 7 adolescents experienced mental health issues – an estimated 166 million adolescents (89 million boys and 77 million girls).⁷⁹ Since then, the COVID-19 pandemic

has exacerbated mental health issues for children and adolescents across the world. SDG 3.4 aims to reduce premature mortality from NCDs through the prevention and treatment of mental health conditions, as well as through the promotion of mental health and well-being. Despite the pervasive incidence of mental health issues, investments are still woefully inadequate.

The onset of puberty for adolescent girls brings added risks: every year an estimated 23 million adolescent girls become pregnant.⁸⁰ Most of these adolescent girls, especially younger girls, face maternal risks because their bodies are not ready for childbearing. Adolescent birth rates are highest in sub-Saharan Africa, with one in four girls giving birth before the age of 18.⁸¹ Overall, compared to older women, fewer adolescent girls receive antenatal care, skilled delivery attendance or postnatal care for themselves or their newborns. Cervical cancer is due to the HPV infection acquired in adolescence, and it is the fourth most common cancer among women, with 90 per cent of new cases and deaths in 2020 occurring in low- and middle-income countries.⁸² Estimated global coverage with the final dose of the HPV vaccine reduced from 15 per cent in 2019 to 13 per cent in 2020 – leaving many girls and women at risk of cervical cancer.



Naomi Bikila, a 18 years old girl with her 2 1/2 years old daughter Chansela, in Mbandaka, the Equatorial Province of the Democratic Republic of Congo.

Improving services and community demand

Adolescent sexual and reproductive health and rights

UNICEF continues to work multisectorally to promote the sexual and reproductive health and rights of adolescent girls, focusing on preventing child marriages and increasing school retention of young women to prevent adolescent pregnancy. UNICEF supported governments in the development and implementation of national strategies, as well as initiatives, that recognize these priorities, to encourage investments in these areas.

UNICEF has increased its focus on maternal and newborn programmes for adolescent girls to improve health outcomes for this cohort.

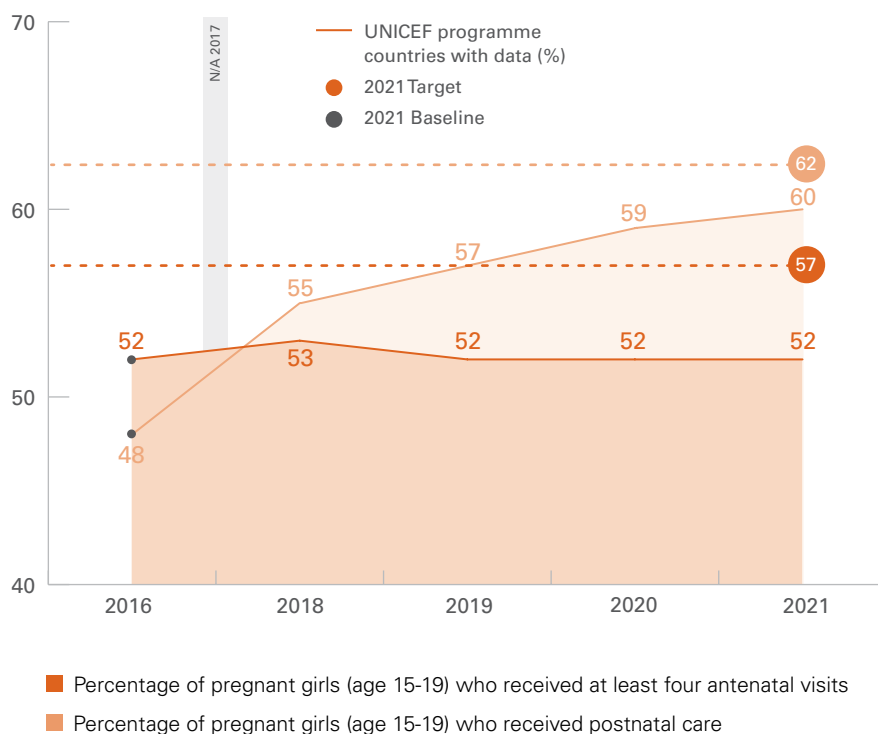
In Argentina, UNICEF played a key role in the design, launch and development of the first national plan aimed at reducing unplanned adolescent pregnancies. The plan contributed towards reduction of the adolescent fertility rate from 13.6 per cent in 2016 to 11.2 per cent in 2019. To support vulnerable populations in Argentina, UNICEF promoted an integrated programme of health services for

adolescents. As part of this programme, 60 health workers in Guarani indigenous communities completed training on the Comprehensive Care Guide for Pregnant Women under 15.

In the 52 high-burden countries, the percentage of 15- to 19-year-old adolescents who received at least four antenatal visits declined from 53 per cent in 2018 to 52 per cent for three consecutive years, missing the 2021 target (57 per cent). This contrasts with results for older pregnant women, which have gradually increased over the same period, highlighting the urgent need for a renewed focus on MNH services for adolescents. Inadequate investments towards adolescent health lead to gaps in programme implementation and delivery services. Postnatal care for mothers aged 15–19, however, saw steady progress from 55 per cent in 2018 to 60 per cent in 2021, but still missed the 2021 target (62 per cent).

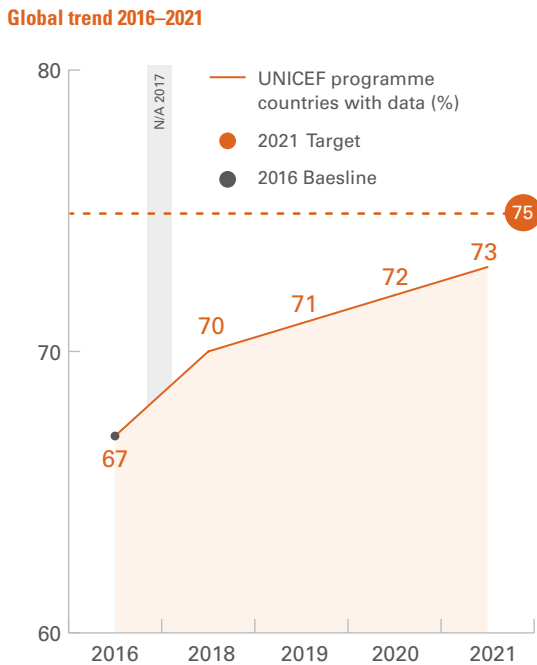
Between 2018 and 2021, UNICEF contributed towards the provision of high-quality maternal care that included the increase of skilled attendance at live births for mothers aged 15–19 from 70 per cent (2018) to 73 per cent (2021). Increases in skilled birth attendance for these mothers in Burkina Faso, Chad, Malawi, the Niger and Pakistan accounted for a 1 per cent increase from 2020.

FIGURE 50: Percentage of adolescent girls (age 15-19) who received at least four antenatal visits and postnatal care



Data source: UNICEF New York, 2021

FIGURE 51: Percentage of live births attended by skilled health personnel (mothers age 15-19)

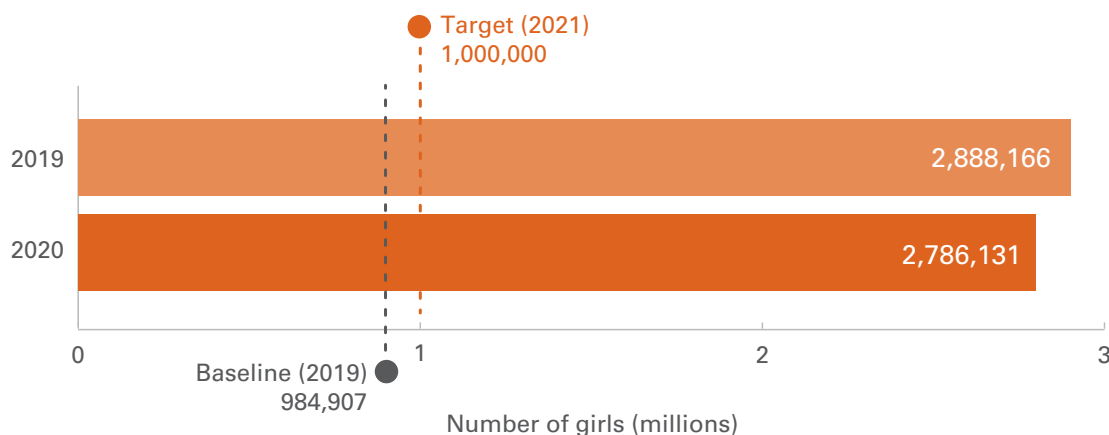


HPV vaccination and cervical cancer elimination

UNICEF remains deeply committed to the global target to eliminate cervical cancer by 2030 and supports the goal of vaccinating 90 per cent of girls with the HPV vaccine by 15 years of age. In 2021, the organization procured a total of 17 million doses of HPV vaccine for 40 countries. HPV vaccination programmes – which use a combination of schools, health-care facilities and community outreach interventions – have been some of the most affected by the pandemic, because of school closures and disruptions to routine immunization services.⁸³ The most recent coverage data (2020) show a decrease in the number of girls in target countries receiving the final dose of HPV vaccine, from 2.9 million in 2019 to 2.8 million in 2020.

Steady progress continued towards the number of countries that have nationally introduced HPV into their immunization schedules. In 2020, an additional two countries (Cameroon and the Lao People’s Democratic Republic) added HPV with UNICEF support, taking the total number of countries to 18. Although falling short of the 2021 target (24 countries), solid progress was made from 4 countries in 2018. The introduction and uptake of the HPV vaccine was slowed down by competing vaccinations, disease outbreaks, the pandemic response and financial

FIGURE 52: Number of girls in target countries receiving final dose of HPV vaccine per national schedule



Data source: UNICEF New York, 2021

constraints. UNICEF continued to provide technical assistance and to build capacity among health workers by improving awareness in communities and creating demand for HPV vaccines among adolescent girls and their caregivers.

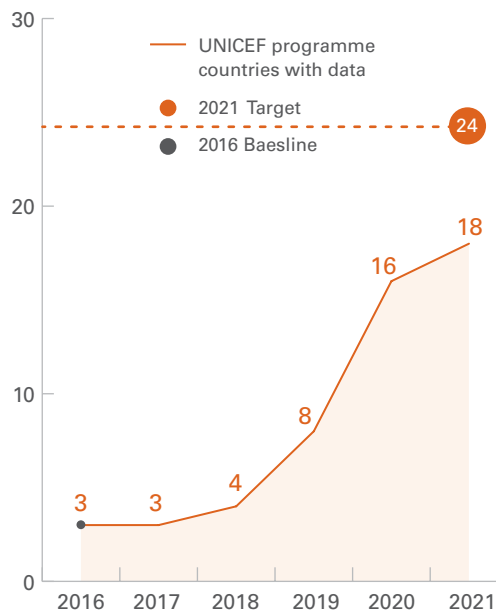
In Rwanda, UNICEF is supporting school-based HPV immunization, which is currently reaching more than 93 per cent of girls in primary Grade 6. The organization continues to support the HPV+ initiative in two pilot countries, which aims to leverage political commitment and programme outreach to reach adolescents with age- and gender-appropriate health interventions.

In 2021, the Republic of Moldova continued to provide adolescent mental health support, prevention of violence and bullying, adolescent parenting, adolescent sexual and reproductive health (SRH) education, and HIV prevention alongside HPV vaccination.

In the United Republic of Tanzania, UNICEF continued to provide menstrual hygiene management and nutrition education, nutrition assessment, deworming, visual screening, adolescent SRHR education and HIV prevention alongside HPV vaccination. The initiative aims to address the country-specific priorities for adolescent health, aligned with a PHC perspective.

FIGURE 53: Cumulative number of countries that have introduced HPV in their immunization schedule

Global trend 2015–2021



Note: There is a one-year timelag for reported immunization data
 Note: Data not available for MENA



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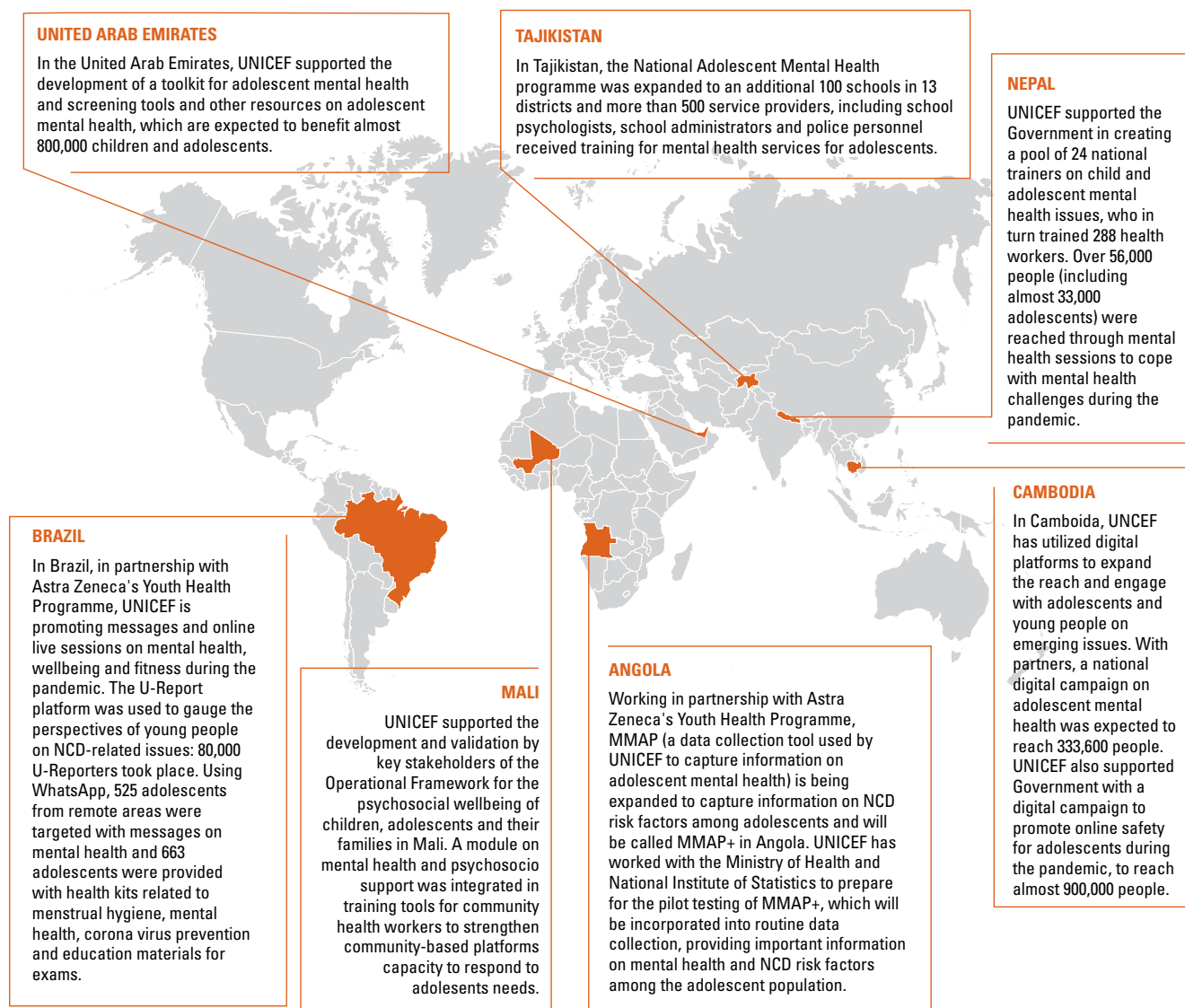
At a studio in Beijing, China, Yu Xinwei (left), 18, and Perry Kan, 17, chat on 21 September 2021. Supported by UNICEF, a group of young people aged 16–20 rewrote the lyrics of the song to help tackle the stigma around mental health and support other young people experiencing these challenges.

Adolescent mental health

UNICEF has elevated the mental health of adolescents as a priority because of the impact of poor mental well-being on the survival, growth and development of young people. COVID-19 has had a major impact on the mental health of adolescents because of school closures, isolation from peers and support networks, and anxiety surrounding the disease. There remains a dire need for improved data to enable the development of better programming to target needs.

In 2021, UNICEF and WHO published the Helping Adolescents Thrive Toolkit⁸⁴ to improve programming for adolescent mental health promotion and prevention, providing evidence-informed approaches to promote positive mental health, preventing mental health conditions, and reducing self-harm and other risk behaviours. The toolkit is accompanied by a comic book for teenagers and a teacher's guide for schools. A key guiding principle in the toolkit is to ensure the programmes should be delivered in a way that is gender responsive and gender-transformative in order to promote and protect adolescent mental health.

FIGURE 54: Examples of UNICEF's work to address adolescent mental health issues, 2021



Data source: UNICEF

UNICEF and WHO created the first in a series of 'Magnificent Mei' comics and an accompanying teacher's guide to support social and emotional learning among adolescents. By promoting social and emotional learning and skills practice, the comic book and teacher's guide aim to help promote psychosocial well-being, prevent mental health conditions, and reduce risky behaviours in adolescents.⁸⁵

In Brazil, UNICEF supported the development and dissemination of health content, including mental health, through U-report chatbots, online live sessions, and 46 videos which generated over 3 million views and 375,000 engagements. Distance learning courses such as 'Trilhas da Geração Zelo' provided mental health training to 1,325 adolescents; 5,000 adolescents from vulnerable regions in Brazil engaged in in-person round-the-table discussions on healthy lifestyles. In Rio de Janeiro, a bill on mental health services for young people from low-income communities was passed, and some 1,454 professionals from the education, health and protection sectors completed a 'Promote to Prevent' course on mental health.

In Thailand, through UNICEF's 'Every Day is Mind Day' campaign, and Facebook live events, over 18 million adolescents, parents and caregivers were reached with information about mental health services, tips and tools.

Through the online chat service that provides counselling sessions on health and mental well-being for adolescents, 1.3 million users accessed comprehensive sexual and reproductive health and rights and mental health information, while counselling was provided to 10,232 young people.

UNICEF's approach to mental health in adolescents 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 answer to quality mental health care remains PHC.

Strengthening national and subnational capacity

UNICEF continues support to countries to strengthen national and subnational capacity in the delivery of health services through PHC facilities. Working towards an integrated and multisectoral PHC system, UNICEF supports the development of interpersonal skills of health workers, the introduction of new tools, and the development of cross-sectoral linkages to help adolescents access and utilize health services.

Case study: UNICEF partners with AstraZeneca to support healthy lifestyles and the mental health of young people in Jamaica

UNICEF has partnered with AstraZeneca to create the Young Health Programme to promote healthy lifestyles by supporting a global advocacy movement led by young people, which aims to reduce the risk of NCDs and mental health conditions in young people aged 10–24.

In Jamaica, polls conducted by UNICEF through U-Report strongly support Government evidence that 60 per cent of people treated at hospitals for attempted suicides are adolescents and young people under 24 years.⁸⁶ During 2021, UNICEF worked through the Young Health Programme to establish a chatline, U-Matter, to support young people struggling with their mental well-being. The chatline will operate via free mobile messaging through UNICEF's U-Report platform.

Fifteen master's level psychology students were trained to act as U-Matter chatline counsellors, who will make referrals to professional mental health services. As a pilot network of youth support groups, a mental health support group was established among students at the University of the West Indies to encourage peer-to-peer emotional support and referrals to the chatline. In 2022, there will be a soft launch of the chatline followed by a gradual scale up of services.

Through the Young Health Programme, UNICEF also supported schools to adopt an initiative which encourages young people to live healthy lifestyles. There are 200 pilot schools implementing the Jamaica Moves in Schools programme. Advocacy activities to expand the programme have begun through engagement with the Principals' Association of Jamaica.

Despite COVID-19 disruptions, an estimated 3,500 students were reached in the last school year through online learning platforms.

UNICEF provided financial and technical support to 14 countries for adolescent-responsive health programming.⁸⁷

In Belize, an online platform, Nex'US, was launched to engage young people in taking steps towards healthy eating, physical activity, substance use prevention and the promotion of mental well-being. During the pandemic, over 10,000 adolescents accessed health information through the platform. With UNICEF's support, young people were engaged in the revision of the National Adolescent Health Strategy, the National Youth Development Policy, and the National Strategy for Sustainable and Child-Friendly Municipalities.

In Angola, UNICEF worked in partnership with UNFPA and government ministries to develop and launch a national U-Report platform which reached 78,000 young people with information on COVID-19, menstrual hygiene management, NCD prevention and mental well-being.

In Indonesia, over 23,000 young people were reached with information and topics related to NCD prevention – including substance use and mental health – through U-Report and a new webinar series, 'Ruang Peka', with the National Medical Student Association.

School health

Schools can provide a critical platform to promote health and well-being and, in some resource-poor contexts, a critical entry point to provide basic health, nutrition and WASH services. The integration of health with learning can have high reach and impact, as well as save on costs.

UNICEF supported 37 countries in the implementation of school health programmes reaching adolescents in at least two intervention areas, primarily consisting of substance use prevention, nutrition, SRH and rights, mental health promotion and care, physical activity, violence and injury, hygiene and sanitization, immunization, and climate change. School health activities were significantly impacted due to COVID-19-related closures, which resulted in a reduction in the number of countries implementing a school health programme from 42 in 2020 to 37 in 2021. Missing the 2021 target (45 countries), this area requires further investments.

Leveraging collective action

National plans for adolescent health

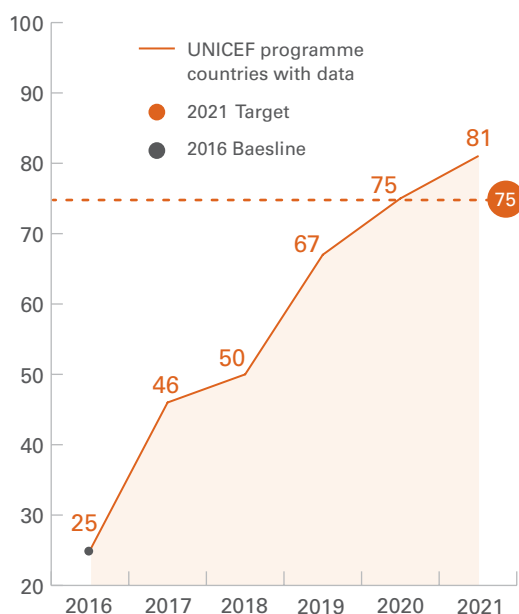
The number of countries that had multisectoral and gender-responsive national plans in place increased from 50 in 2018 to 81 in 2021, showing notable progress in this area and surpassing the 2021 target (75 countries). Of the 81 countries, 19 have plans being developed and budgeted and 62 have implemented plans. UNICEF supported 39 countries in the implementation of multisectoral and gender-responsive national plans for health and well-being.

To equip advocates and policymakers with data and insights, UNICEF launched a set of adolescent health dashboards containing regional and country-level data around issues that affect adolescent health, including risk factors for NCDs, with a view to equip advocates and policymakers with data and insights.

In the Republic of Uzbekistan, UNICEF supported the development of a multisectoral adolescent health and well-being strategy and action plan that is expected to benefit around 5.5 million adolescents. The national comprehensive competency-and-skill based health literacy curriculum is integrated into the general secondary education curriculum.

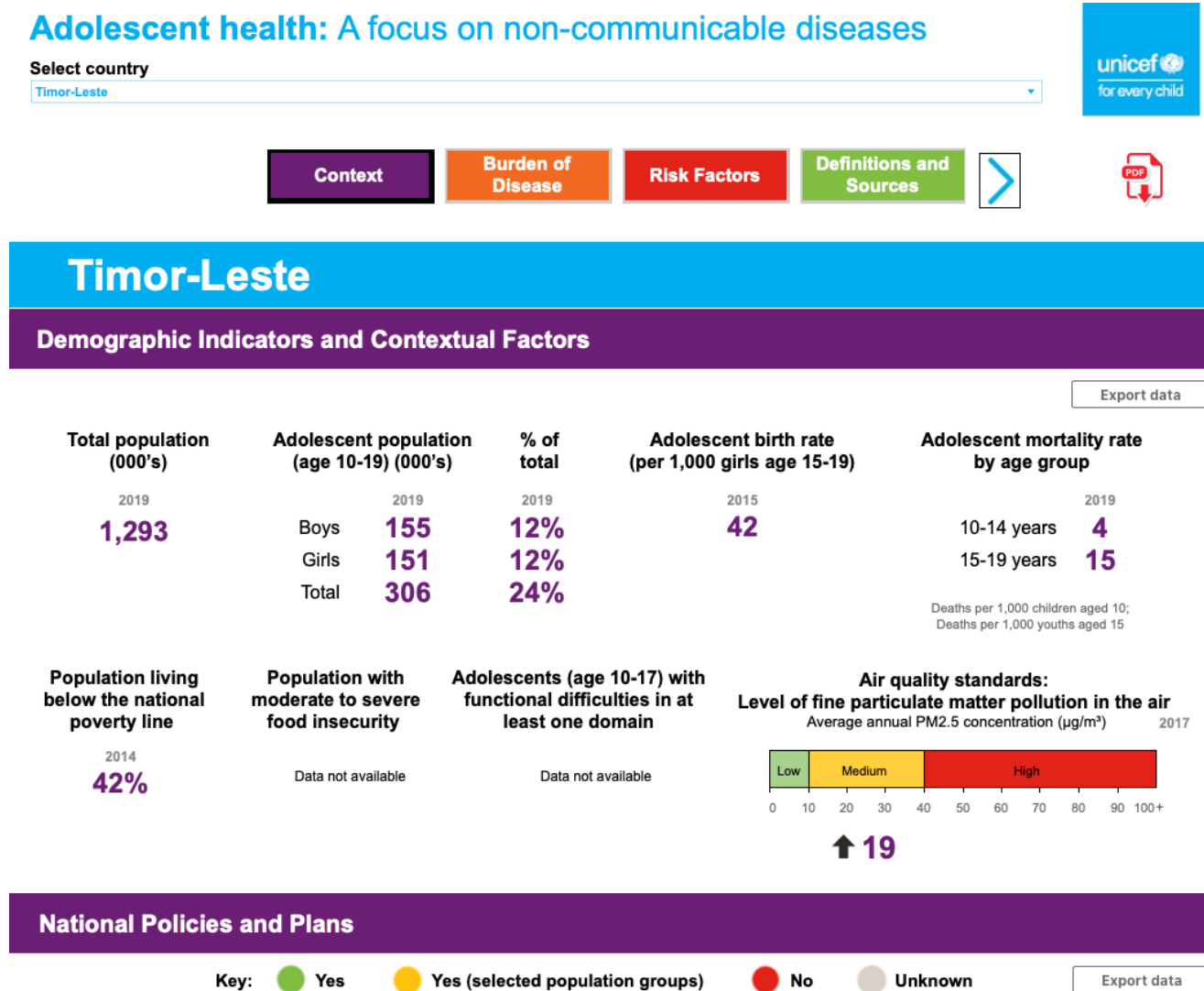
FIGURE 55: Number of countries with inclusive, multisectoral and gender-responsive national plans to achieve targets for adolescent health and well-being

Global trend 2016–2021



Data source: UNICEF New York, 2021

FIGURE 56: Example (Timor Leste) of Adolescent Health Dashboard, 2021



Data source: <https://data.unicef.org/resources/adolescent-health-dashboards-country-profiles/>

Partnerships for adolescent health

To drive investments and action for adolescent health and well-being, UNICEF worked with H6+ partners and stakeholders to publish a series of 15 technical papers summarizing key policy and programme priorities.

To advance adolescent mental health programme action, WHO and UNICEF jointly launched the Helping Adolescents Thrive Toolkit and supported regional workshops to provide

technical support in planning and implementation. UNICEF also increased advocacy for adolescent health through youth-led global policy dialogues at the World Economic Forum CEO summit, COP 26, World Health Assembly, Global Ministerial Mental Health Summit, Food Systems Summit, and the Global Child and Youth Forum. A new global partnership with the Z Zurich Foundation and UNICEF was launched to promote the mental well-being of adolescents and caregivers in eight countries.

Conclusion

To improve health outcomes for adolescents, an increased focus is needed on implementation of programming as informed by global guidance such as Accelerated Action for the Health of Adolescents (AA-HA!),⁸⁸ Health Promoting Schools,⁸⁹ and Helping Adolescents Thrive Toolkit.⁹⁰

Ways must be found to integrate sexual and reproductive health and rights within the mental health agenda. UNICEF will work to increase its reach to young people outside the health-care system through school, community and digital platforms. To achieve this, the capacity of the education

system as a platform for health must be improved, and programmes to engage young people through community and digital networks be prioritized.

To scale up and share lessons learned from successful programming, UNICEF will work towards stronger documentation and learning from country-tested approaches, models and tools which can enhance South-South learning and regional exchange.

Increased investments are urgently needed to ensure that adolescents' rights to survive and thrive are met, through successful and comprehensive implementation of programmes and delivery of services for the health and well-being of young people globally.



Celebration of World Children's Day in Goma, Democratic Republic of Congo

Lessons learned

The COVID-19 pandemic continued to underscore the importance of resilience in health systems against shocks and public health emergencies, especially in fragile and humanitarian settings. To prevent a deepening of inequities in health outcomes, improved health emergency preparedness and increased multisectoral and international collaboration is needed, together with scaled up response capacities.

The COVID-19 pandemic has placed major demands on national governments and the multilateral system, highlighting the need for increased domestic and external investments in health systems recovery and PHC as an efficient and cost-effective strategy to achieve the health-related SDGs. It has also given rise to new entities in the global health architecture and the potential for others to emerge from ongoing discussions related to future pandemic prevention, preparedness and response.

The Global Action Plan for Healthy Lives and Well-being for All (SDG 3 GAP) is helping to promote synergies among its 13 signatory agencies' pandemic-specific responses and their longer-term work to accelerate progress towards the SDGs at all levels. In 2021, H6 and SDG 3 GAP Principals agreed to integrate work under the Every Woman, Every Child (EWEC) initiative into work under the SDG 3 GAP at country level. Action and impact in countries remain central to work under the SDG 3 GAP, and to that end collaboration under the SDG 3 GAP has scaled up from 37 to 52 countries in the last year. Through their collaboration, SDG 3 GAP agencies are contributing to closer alignment

in the global health architecture and taking a range of steps to ensure accountability for impact which is increasingly important given fiscal constraints domestically and globally in the wake of the COVID-19 pandemic.

Partnerships remained central to all of UNICEF's work and to the creation of unified advocacy, rapid delivery of technical guidance, and rapid scaling up of innovations to address urgent health needs. In addition to UNICEF contributing to global health partnership, the organization continues to work closely with WHO in the global pandemic response and across its health programmes.

In optimizing the pandemic response, data-driven learning has proved critical in enabling UNICEF programmes to adapt to the changing context. The importance of disaggregated and real-time data allowed for the continuation of essential health services during the pandemic. UNICEF's role in the DHIS2 has been critical in influencing strategic direction. The mainstreaming of digital health in PHC and community health strategies and road maps needs to be improved.

Through leveraging UNICEF's response to COVID-19, the organization continued to respond to emergencies in a way that strengthens capacities and existing systems. To advance PHC during these challenging times, investments – especially those that are flexible – are urgently needed to enable UNICEF to fulfil its targets for the 2022–2025 Strategic Plan, to safeguard the rights to health for every child.

Financial report for health

Health income in 2021

In 2021, partners contributed US\$1,014 million 'other resources-regular' for health, comprising a 12 per cent increase over 2020. Public sector partners contributed the largest share of 'other resources – regular' to health, at 75 per cent. In 2021, the top five resources partners to UNICEF health were the US Fund for UNICEF, Gavi the Vaccine Alliance, the World Bank, Global Fund to fight AIDS, and the Government of the United States of America (see *Figure 59*). The largest contributions were received from the World Bank for emergency health and nutrition work, the human capital project in Yemen, the Government of Norway for ACT-A HAC, and the Government of the United States of America for support towards the eradication of polio and the acceleration of measles and rubella vaccinations, and the Government of Germany for building resilience in the Sahel (see *Figure 60*).

UNICEF thematic funds maintain a four-year funding period for the duration of the Strategic Plan (2018–2021). Between 2018–2021, thematic funding contributions for health reached US\$91.1 million with US\$40.1 million received in 2021 alone, of which 86 per cent came from government partners. The increase of thematic funding from 51 million in 2020 to US\$91.1 million in 2021 comprised a 79 per cent increase. The Government of Germany was the largest thematic resource partner in 2021, providing 56 per cent of all thematic health contributions received (see *Figure 63*). Under the 2018–2021 Strategic Plan, the Government of Norway contributed 55 per cent of all global health thematic funding.

Of the thematic health contributions received by UNICEF in 2018, 2019, 2020 and 2021, only 23 per cent were global-level contributions (see *Figure 62*). Thematic contributions

FIGURE 57: Health 'other resources - regular' contributions, 2014–2021

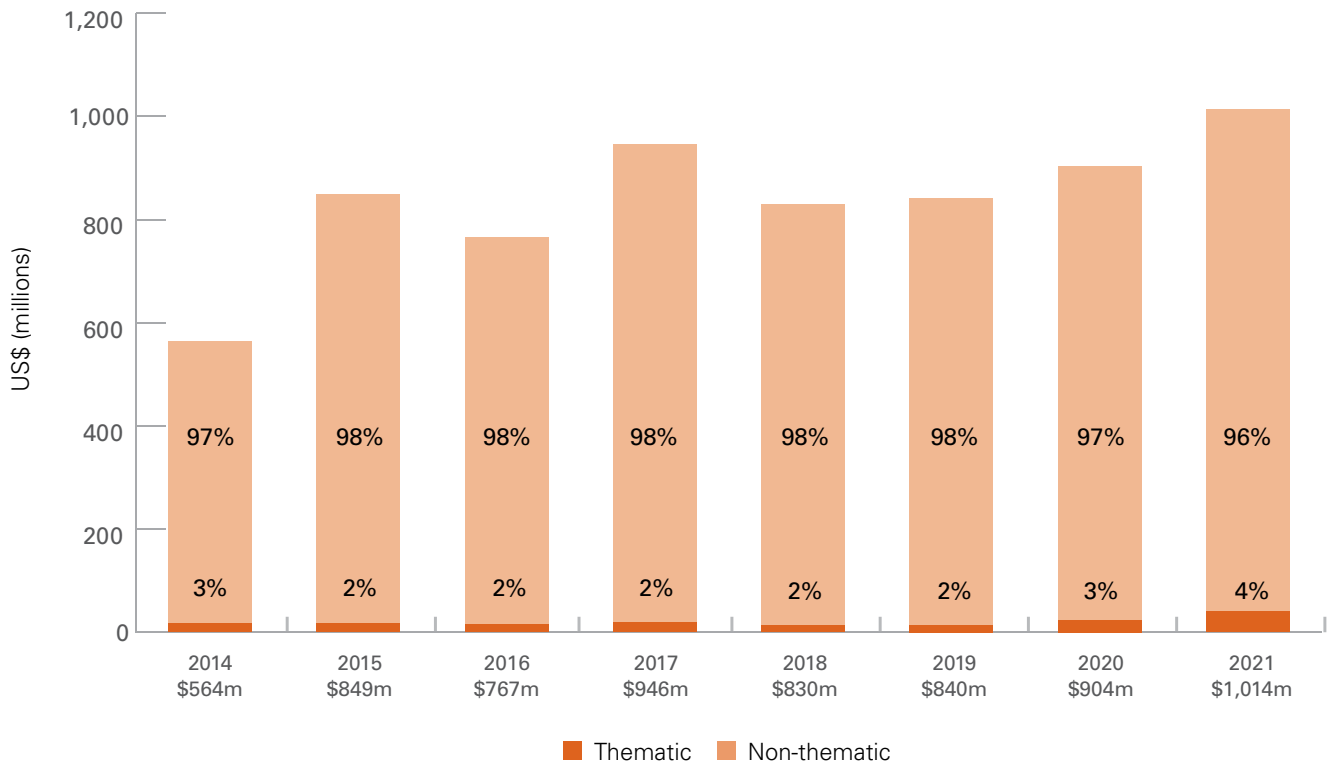
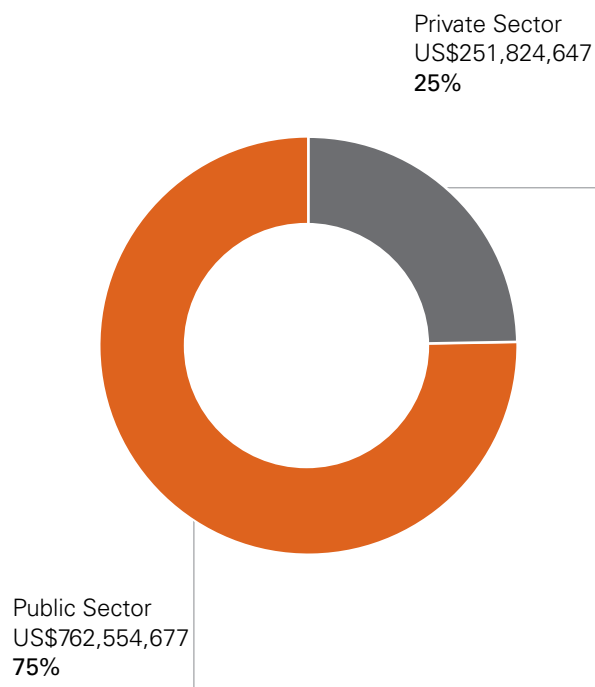


FIGURE 58: Total health funds received by type of donor, 2021



are the most flexible source of funding for 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 broader funding base and asks all partners to contribute as flexibly as possible.

In 2021, 23 partners contributed thematic funding to health, compared with 20 in 2020. Sizeable thematic contributions were received from the Government of Germany for global health thematic funding and from the governments of Sweden and Denmark.

FIGURE 59: Top 20 resource partners to health by total contributions, 2021

Rank	Resource partner	Total (US\$)
1	United States Fund for UNICEF	211,969,862
2	GAVI The Vaccine Alliance	154,258,326
3	World Bank	101,180,906
4	The Global Fund to Fight AIDS	85,586,747
5	United States	77,238,812
6	Germany	73,589,578
7	The United Kingdom	60,968,986
8	Norway	53,821,822
9	European Commission	32,964,803
10	Canada	32,025,246
11	Japan	20,849,539
12	Australia	16,547,190
13	Islamic Development Bank	12,743,273
14	Sweden	11,616,986
15	WHO	10,670,732
16	United Nations Joint Programmes	8,116,533
17	UNICEF United Arab Emirates	7,448,923
18	United Kingdom Committee for UNICEF	6,110,067
19	Swiss Committee for UNICEF	5,433,372
20	France	4,398,542

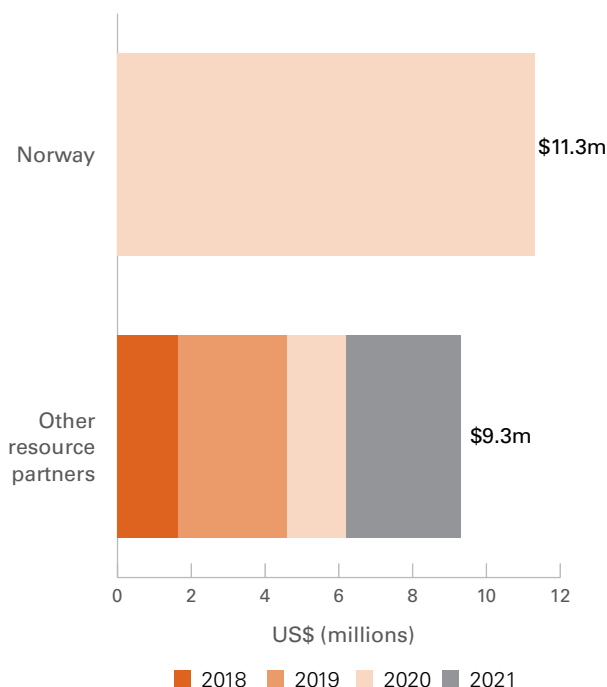
Note: Figures do not include financial adjustments.

FIGURE 60: Top 20 contributions to health, 2021

Rank	Grant description	Resource Partners	Total (US\$)
1	Third additional financing for Emergency Health and Nutrition Project, Yemen*	World Bank	95,999,974
2	ACT-A HAC	Norway	49,734,748
3	Support for Activities to Eradicate Polio, Accelerate Measles and Rubella vaccinations	United States	45,883,540
4	Emergency Human Capital Project, Yemen*	World Bank	44,032,500
5	Building Resilience in Sahel (Mali, Mauritania, the Niger)*	Germany	41,490,048
6	Responding to the Nutrition Crisis in Yemen	United Kingdom	36,907,562
7	Malaria Funding from the Global Fund, South Sudan	The Global Fund to Fight AIDS	34,061,747
8	Support the Eradication of Polio in Pakistan	United States Fund for UNICEF	24,999,998
9	Maximizing efforts to control and eliminate Malaria in Somalia	The Global Fund to Fight AIDS	24,808,962
10	Gavi's Partners' Engagement Framework (PEF) 2021–2022 Targeted Country Assistance	Gavi The Vaccine Alliance	24,076,283
11	To support the implementation of the Health Systems-strengthening, Nigeria	Gavi The Vaccine Alliance	22,556,053
12	Health thematic funding, Afghanistan	Germany	22,522,523
13	Maternal and Child Cash Transfers for the First 1,000 Days of Life in Kassala and Red Sea (phase II)	Germany	22,299,527
14	COVID-19 Emergency Response and Health System Preparedness Project, South Sudan	World Bank	20,602,000
15	UNICEF Staffing 2021, Polio Eradication	United States Fund for UNICEF	20,586,353
16	Funding for Polio Outbreak Campaigns and Surge Support	United States Fund for UNICEF	19,100,000
17	Strengthening Community Resilience in South Sudan Urban Settings*	Germany	16,891,892
18	Joint Programme on ending preventable maternal and neonatal deaths in Papua New Guinea: Saving Lives, Spreading Smiles	Australia	16,547,190
19	Resilience and social cohesion in North-east Nigeria*	Germany	15,202,703
20	EU Response to Health and Socioeconomic impact of COVID-19 in the IGAD (Intergovernmental Authority on Development) region*	European Commission	14,869,464

Note: *Cross-sectoral grants SC190340 (Health, Nutrition, WASH), SC210542 (Health, Nutrition), SC190614 (Health, Nutrition, Safe and Clean Environment), SC210718, SC210728, SC190741 (Health, Nutrition, Education, Child Protection, WASH), SC200739 (Health, Child Protection, WASH).

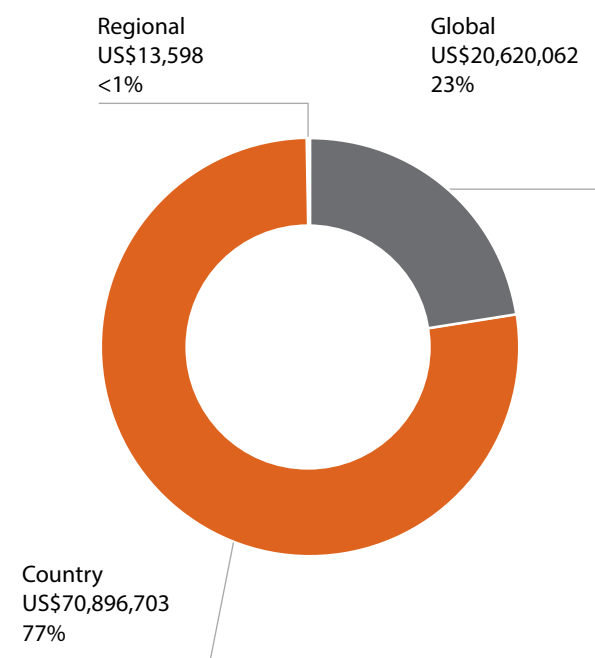
FIGURE 61: Spotlight on global health thematic funding, 2018–2021



UNICEF spent US\$89.2 million for health from thematic funds, an increase of US\$45.2 million from US\$44 million in 2020. Thematic funds continue to be indispensable for UNICEF in addressing critical gaps in high-mortality countries and regions, strengthening PHC and development of new programmes to address the health priorities of children.

In 2021, the allocation of global health thematic funds (US\$11 million) prioritized work to ensure the continuity of essential services in the context of COVID-19 and to strengthen PHC in 40 countries in all 7 UNICEF regions: 6 countries in the EAP region; 11 countries in the ESA region; 4 countries in the ECA region; 4 countries in the LAC region; 4 countries in the MENA region; 5 countries in the SA region; and 6 countries in the WCA

FIGURE 62: Health thematic contributions at country, regional and global levels, 2018–2021



region. The allocation of these funds was developed through consultation with regional and country offices in programme areas that most need flexible funding.

Most funds – 78 per cent – were allocated to country offices where the work is taking place to ensure the continuation of coverage of essential maternal, newborn and child health services during the COVID-19 pandemic, and where the groundwork on PHC strengthening can produce the most immediate results for child and adolescent health and well-being, in the face of future pandemics.

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, guidance and knowledge management.

FIGURE 63: Thematic contributions by resource partners to health, 2020

Resource partner type	Resource partner	Total (US\$)	Percentage of total
Governments 85.58%	Germany	22,522,523	56.14%
	Sweden	6,812,950	16.98%
	Denmark	3,854,183	9.61%
	Luxembourg	845,215	2.11%
	Iceland	171,191	0.43%
	Canada	123,192	0.31%
Private Sector 14.44%	German Committee for UNICEF	1,618,358	4.03%
	Spanish Committee for UNICEF	1,323,501	3.30%
	United States Fund for UNICEF	696,987	1.74%
	Polish Committee for UNICEF	551,939	1.38%
	Swiss Committee for UNICEF	300,000	0.75%
	Portuguese Committee for UNICEF	281,532	0.70%
	Czech Committee for UNICEF	193,354	0.48%
	Slovak Committee for UNICEF	162,089	0.40%
	Danish Committee for UNICEF	121,425	0.30%
	Italian Committee for UNICEF	112,243	0.28%
	Swedish Committee for UNICEF	100,000	0.25%
	UNICEF Ireland	82,770	0.21%
	Luxembourg Committee for UNICEF	78,294	0.20%
	Norwegian Committee for UNICEF	56,492	0.14%
Finnish Committee for UNICEF	48,544	0.12%	
New Zealand Committee for UNICEF	42,263	0.11%	
Canadian Committee for UNICEF	20,309	0.05%	
Grand total		40,119,351	100%

Note: Grant numbers are provided for IATI compliance: SC1899010010, SC1899010011, SC1899010012, SC1899010013, SC1899010015, SC1899010021, SC1899010022, SC1899010023, SC1899010026, SC1899010030, SC1899010032, SC1899010034, SC1899010035, SC1899010039, SC1899010040, SC1899010041, SC1899010042, SC1899010051, SC1899010052, SC1899010059, SC1899010063, SC1899010069, SC1899010072, SC1899010082, SC1899010085, SC1899010086, SC1899010087, SC1899010088, SC1899010089, SC1899010090, SC1899010091, SC1899010092, SC1899010093, SC1899010094, SC1899010095, SC1899010096, SC1899010097, SC1899010098, SC1899010099, SC1899010100, SC1899010102, SC1899010103, SC1899010104, SC1899010105, SC1899010106, SC2299310002, SC2299310004.

FIGURE 64: Allocation of global health thematic funding to offices and programmes, 2021

Office	Focus area	Allocation (US\$)
EAP - Cambodia	Strengthened resource allocation and funding to PHC and improved sub-national capacity and community engagement for an integrated package of services.	200,000
EAP - Laos	Strengthened governance and policy frameworks for PHC and strengthened digital health and lot quality assurance sampling techniques to improve monitoring of PHC.	200,000
EAP - Papua New Guinea	Strengthened governance and policy frameworks for PHC and piloting of community health service delivery in three districts.	200,000
EAP - Philippines	Expanded and strengthened PHC through increased funding allocations. Strengthened programme integration and management structures for improved quality of PHC.	200,000
EAP - Pacific - Solomon Islands	Strengthened provincial primary health system capacities in Western Province and improved caregivers' knowledge and skills to adopt recommended health and nutrition practices.	200,000
EAP - Timor Leste	Strengthened quality and monitoring of PHC; improved local government and community ownership of PHC and health seeking behaviour.	200,000
ECA - Armenia	Increased advocacy for public financing through costing of antenatal and neonatal health care services; enhanced regional PHC for newborns; empowered parents to provide improved health care and nutrition to newborns.	161,600
ECA - Krygyzstan	Strengthened PHC through a review of healthcare reform focussing on PHC; analysis of funding and human resources for optimizing PHC service delivery; develop advocacy and budget briefs on PHC.	200,000
ECA - Turkenistan	Improved quality of PHC through ensuring policies, standards and tools; PHC workers in targeted areas provided with MNCH services; increased government resources for the state-guaranteed benefit package related activities on MNCAH	200,000
ECA - Uzbekistan	Develop an investment case through costing of MNCH package at PHC level conducted by government and partners; Implementation of new MNCAH service package at PHC level by MoH and regional health authorities.	200,000
ESA - Angola	Development and rollout of PHC Strategy with strong community health; strengthened capacities of targeted municipalities to develop costed integrated plans and management of information and supply chains; improved budget allocation planning process from MoH.	250,000
ESA - Botswana	Improved capacity for maternal and perinatal death surveillance and response; an adolescents' and young people's health landscape and needs assessment conducted; strengthened CBHS through PHC; strengthened adolescent health programming within the PHC package through a costed plan.	100,000
ESA - Burundi	Improved costing of care for maternal and child care through adaptation of tools; improved information on health service costs for PHC and for different types of health facilities and community structures.	50,000
ESA - Comoros	Increased capacity of PHC providers for early essential newborn care services; implementation of a National Community Health Strategy.	200,000
ESAff - Eswatini	Assessment and costing of Essential Health Care package (EHCP) and capacity strengthened for delivery of quality EHCP and health promotion service at PHC level; and evidence developed to support PHC advocacy.	250,000
ESA - Kenya	Government has detailed financial costs and government policy makers are aware of strengthened PHC; MoH advocates for dedicated funding for strengthened PHC.	100,000
ESA - Madagascar	Finalized PHC package for continuous training at peripheral health facilities; improved QoC at selected PHC facilities; PHC QoC strengthening approach documented and disseminated.	250,000
ESA - Mozambique	PHC review completed, costing produced and validated by partners and government; PHC investment case utilized for advocacy and presented to Ministry of Finance.	250,000
ESA - Namibia	Improved enabling environment and equitable resource allocation to community health facilities; community health extension workers have strengthened capacity to provide quality integrated PHC services; increased immunization coverage in four low performing regions.	250,000

FIGURE 64: Allocation of global health thematic funding to offices and programmes, 2021

Office	Focus area	Allocation (US\$)
ESA - Rwanda	Sustainable and replicable PPP models of health posts for remote rural areas identified for scale up, and implemented in at least two remote rural areas using innovative financing approaches.	100,000
ESA - South Africa	Improved data use for planning, monitoring and course correction among target district health management teams; improved government knowledge of the EBP/BNA methodology for strengthening health systems; effective linkages strengthened between district management teams and outreach teams.	200,000
LAC - Colombia	Community-based public health surveillance model operational in targeted areas; improved community capacity for key life-saving maternal and child community practices; PHC community participation mechanisms established; costing of PHC community actions.	190,000
LAC - Dominican Republic	Improved advocacy for better capacity and increased resources for PHC; scaled-up programmes for better quality health services for pregnant women, newborns and 0–3 year old children in 70 PHC centres; expanded national plan to reduce acute malnutrition at PHC centres; improved acceptance of COVID-19 vaccine in vulnerable populations.	190,000
LAC - Nicaragua	By 2022, improved access for children 0–5 years of age and their families who are marginalized from access to quality, inclusive and equitable PHC; PHC services provided through community platforms and health facilities.	180,000
LAC - Peru	Strengthened national capacity for immunization and COVID-19; national and sub-national government have communication and C4D materials developed, validated and disseminated to promote immunization and COVID-19 vaccinations; subnational government (Loreto) has access to PHC information costing and financing gaps.	190,000
MENA - Egypt	Government commitment for additional PHC resources; PHC workforce have increase knowledge and tools to plan, implement and monitor MNCH services; communities, parents and children in priority governorates have increased knowledge on health and nutrition and participate in design and delivery of MNCH services.	300,000
MENA - Iraq	Strengthened evidence base for increased investments and efficiencies in PHC; administrative data systems and spatial analysis capacities for subnational planning and management strengthened; development of evidence-based policy brief for private sector engagement in PHC.	300,000
MENA - Libya	Enhanced access to quality PHC package in 24 targeted PHCs; 250 personnel trained to ensure quality of care per global standards; 24 targeted PHC facilities generate facility-based data on key indicators.	300,000
MENA - Syria	Availability of costed primary health package to inform in-depth fiscal space analysis; improved delivery of PHC services in Lattakia and Jableh districts.	300,000
SA - Afghanistan	Costed and implemented models of care that promote high-quality PHC; government commitment and leadership that places PHC at the centre of efforts for UHC and SDGs; adequate funding for PHC that is mobilized and allocated to promote equity in access, enable high-quality care and services and to minimize financial hardship.	150,000
SA - Bangladesh	Existing ESP defined for quality PHC package as per the service delivery platform in Bangladesh; investment case analysis conducted for rolling out PHC service delivery package.	200,000
SA - Maldives	Development and dissemination of costed PHC model; updated PHC model funded and implemented.	75,000
SA - Nepal	PHC is defined from providers and beneficiaries' perspectives; costing of PHC for municipalities, and national costing of PHC prepared and disseminated.	175,000
SA - Pakistan	Analysis of UHC BP costing, UHC investment case, RMNCAH costed action plan, resource mapping and fiscal space analysis, missing PHC interventions identified, national PHC costing document developed; Lady Health Workers (LHW) Programme Strategic Framework with costed operational plans completed; capacity building of LHWs.	150,000
WCA - Cameroon	Partners and key stakeholders are committed to PHC; community health data system introduced into DHIS2 platform; integrated supportive supervision of CHWs and community engagement conducted in targeted regions; supplies provided to targeted health districts.	320,000

FIGURE 64: Allocation of global health thematic funding to offices and programmes, 2021

Office	Focus area	Allocation (US\$)
WCA - Chad	National and subnational capacities for PHC stewardship enhanced; implementing districts have increased capacity to deliver facility-based quality maternal, neonatal, child health and nutrition services.	320,000
WCA - Ghana	Ghana's essential health services package available across the continuum of care at all levels; referral process and procedures strengthened; quality of intrapartum and perinatal care improved in targeted districts in one region; accountability mechanisms and health systems at community level strengthened and scaled in one district.	320,000
WCA - Guinea	Improved governance and accountability of MNC services; HWs, CHWs and CRs skills and capacities strengthened for quality of care; continuous availability of MNC drugs and materials in health facilities and at community level; monitoring mechanisms for implementation of interventions strengthened.	320,000
WCA - Liberia	Cost estimation of PHC system; strengthened local governance accountability; strengthened systems and capacity for delivery of quality integrated PHC; improved availability of essential PHC supplies, medicines and equipment to provide PHC; improved coordination tools; improved capacity for monitoring and evaluation.	360,000
WCA - Togo	Enhanced national and subnational capacities for PHC stewardship; districts of Assoli, Bassar and Kpendjal have increased capacity to deliver community-based quality maternal, neonatal, child health and nutrition services.	360,000
EAP - Regional office	Strategic leadership, guidance and technical assistance; national capacity development on embedded implementation research for sustainable and fit-for-purpose PHC/UHC/subnational HSS; institutional contract to support PHC costing.	160,000
ECA - Regional Office	Strategic leadership, guidance and technical assistance; mapping of PHC gaps and systematic support for PHC costing; regional capacity developed for PHC strengthening and MNCAHN services packages; regional analysis on impact of COVID-19 on MNCAHN status and services.	145,000
ESA - Regional Office	Strategic leadership; guidance and technical assistance; TA to support PHC costing exercises, health financing strategies in countries and broader health system strengthening around PHC.	250,000
LAC - Regional Office	Strategic leadership, guidance and technical assistance; technical support in PHC costing; capacity strengthening through knowledge generation and dissemination.	145,000
MENA - Regional Office	Strategic leadership, guidance and technical assistance; support to costing and financing for PHC with support of regional alliances; impact of COVID-19 on PHC documented to support advocacy; and progress tracked on an biannual basis.	160,000
SA - Regional Office	Strategic leadership, guidance and technical assistance; technical support to countries in PHC costing; development of knowledge products on PHC; extended support through regional partnerships.	145,000
WCA - Regional Office	Strategic leadership, guidance and technical assistance; advocacy-alignment/leveraging strategic partnerships; acceleration of support to implementation of country PHC systems strengthening approaches; data availability and quality, including integration of CBIS to DHIS2.	250,000
HQ	Global advocacy, partnerships, technical support for strengthening PHC at country level. Global thematic reporting resource mobilization and partnership development.	1,110,000

Note: CHWs, community health workers; ESA, Eastern and Southern Africa; HMIS, health management information systems; 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 2021 to health (see Annex.)

Within UNICEF, health remains the largest portfolio. To realize children’s rights to health, UNICEF expended US\$1.66 billion in 2021, or 26 per cent of all its expenses (see Figure 65). Health expenses represented 65.7 per cent of the US\$2.5 billion expenses for Goal Area 1. Health expenditure has seen a steady increase over the years; 2021 saw the largest health expenditure since 2014 with an 18 per cent increase from 2020 and a 35 per cent increase since 2014 (see Figure 65).

In 2021, at least 35 per cent (US\$590 million) of the total health expenses were spent on the COVID-19 response.

Health expenses from regular resources (the most flexible type of resources) was US\$179.7 million (or 10.8 per cent) of total expenses, Figure 65), which is less than for previous years. The least flexible type of funding, ‘Other resources – regular’ (ORR), was US\$988.7 million (or 59.4 per cent of the total expenses) and accounted for most expenses in the sector. This funding increased by 19 per cent from US\$830 million in 2020. The proportion of expenses from ‘Other resources – emergency’ (ORE) was

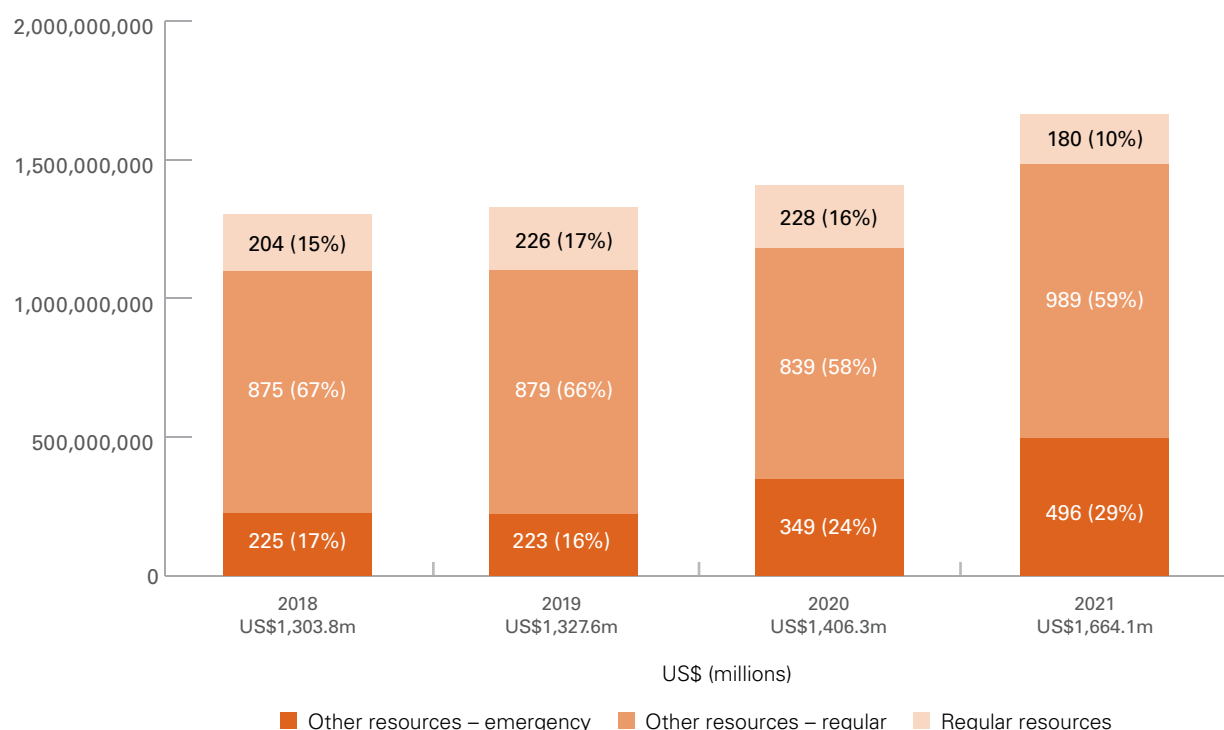
Expenses vs. Expenditures

‘Expenses’ are recorded according to the International Public Sector Accounting 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, as they are aligned with cash disbursements and goods receipts (the way budgets are consumed).

US\$495.7 million (or 29.8 per cent of total expenses), a significant 41.8 per cent increase from US\$349 million in 2020, as a result of the COVID-19 response.

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 2021, 45.7 per cent of UNICEF health expenses (US\$760.2 million) were in sub-Saharan Africa and 19.8 per cent in South Asia (US\$330.9 million). Together, these regions accounted for two thirds of global expenses.

FIGURE 65: Trend of expenses for health, by fund type, 2018-2021



By type of fund, the MENA region continued to dominate the expenses from emergency resources, at US\$123 million, comprising 25 per cent of all ORE (a reduction from 31 per cent in 2020), reflecting UNICEF's support for continued 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\$1.06 billion in health sector expenses, 63.8 per cent of all health spending in 2021 (Figure 67). Most of these countries experienced humanitarian crises, natural disasters and protracted conflicts. In 2021, Yemen and Pakistan remained the largest and second largest country programmes in terms of health expenses for a second year: Yemen's programme health expenses was US\$133.8 million and Pakistan's was US\$112.4 million both seeing increases from 2020.

In 2021, ORE expenses increased by 143 per cent to US\$68 million, from US\$28 million in 2020. Meanwhile, ORR expenses increased by 40 per cent to US\$21 million from US\$15 million. By programme areas, in 2021, together child health, health system strengthening and

response to public health emergencies (US\$736 million) had the largest portfolio (44 per cent) of health expenses. Immunization expenses accounted for 34 per cent (572 million), an increase of almost 14 per cent from US\$503 million in 2020. Expenses for maternal and newborn health programming accounted for 21 per cent of the total expenses (US\$341.9). Adolescent health programming accounted for US\$25 million, (1 per cent) of expenditure.

As in previous years, expenses for health by cost category were concentrated under 'transfers and grants to counterparts' and 'supplies and commodities' (US\$995.6 million), representing 59.8 per cent of total health expenses (see Figure 69). 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 28 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.

FIGURE 66: Expenses for health by fund type, and per region, 2021 (US\$)

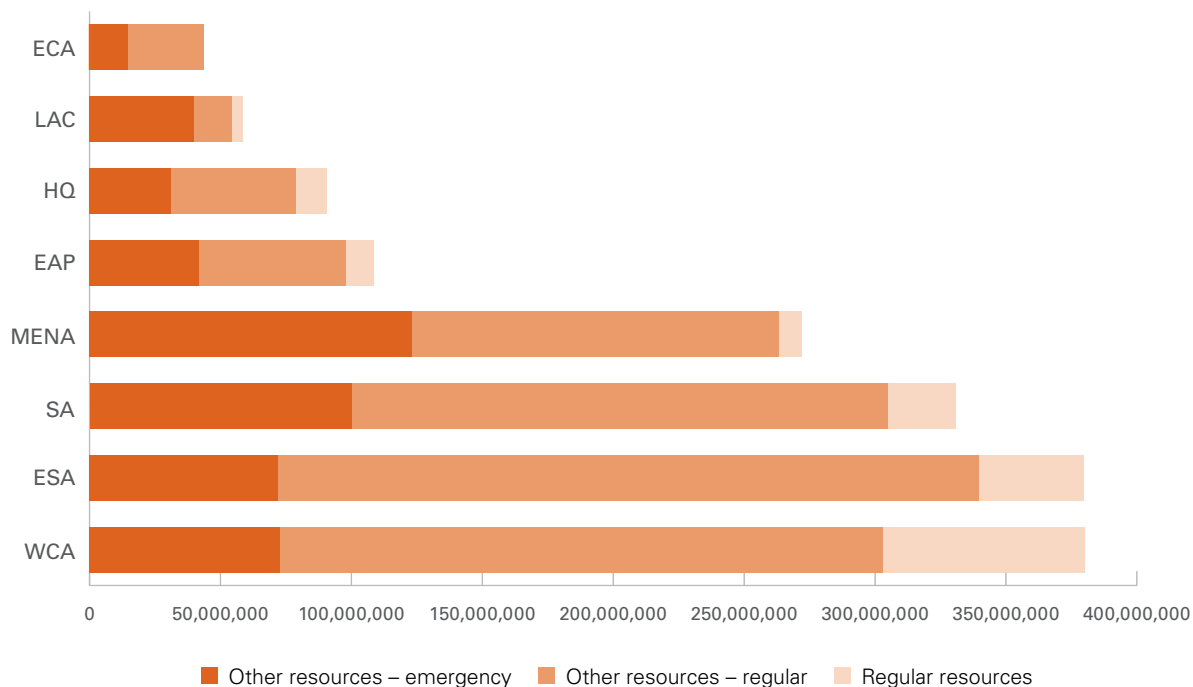


FIGURE 67: Expenses for health by top 20 countries and by fund type, 2021 (US\$)

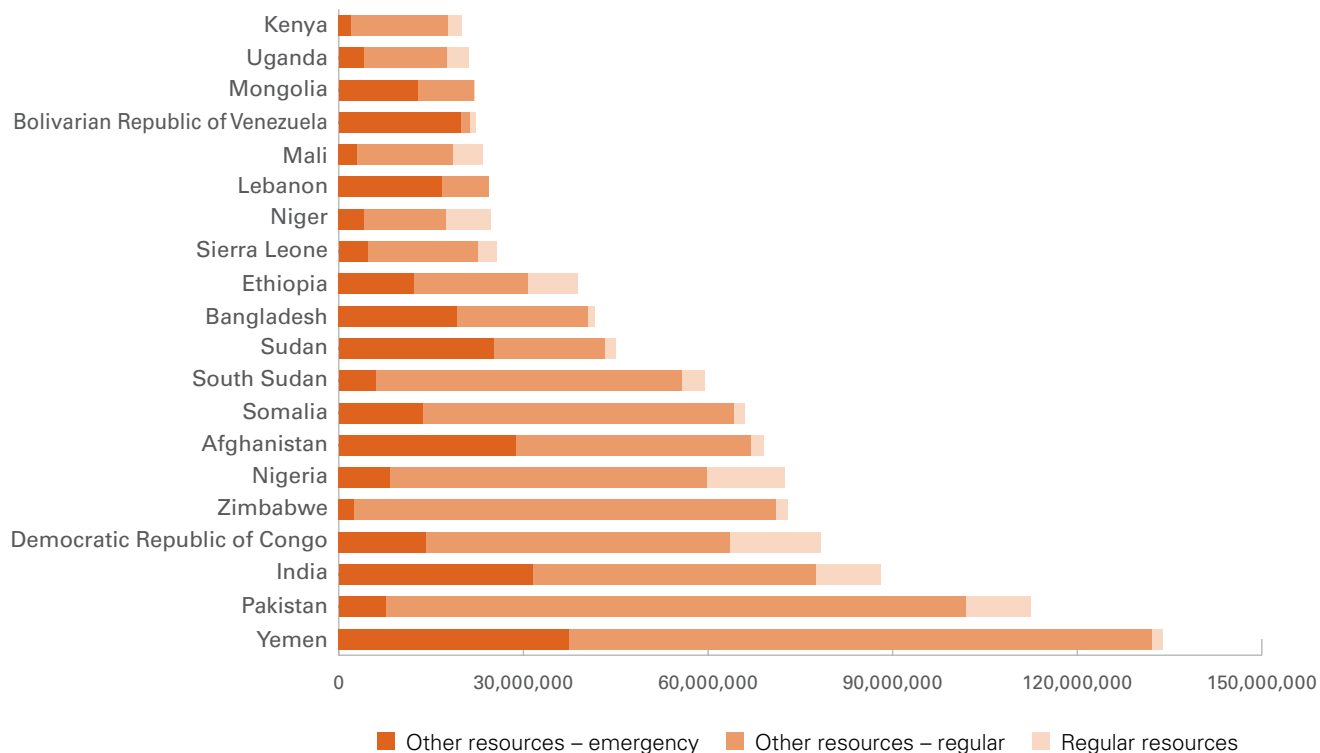


FIGURE 68: Expenses for health by results area and fund type, 2021 (US\$)

Programme area	Other resources – emergency	Other resources – regular	Regular resources	Grand total
Maternal and newborn health	127,538,300	166,055,455	48,319,572	341,913,327
Immunization	92,574,784	446,544,602	33,034,713	572,154,099
Child Health	29,742,222	114,741,696	37,521,998	182,005,916
Health System Strengthening	56,454,268	176,757,851	38,628,403	271,840,522
Public Health Emergencies	188,373,222	75,057,254	18,837,141	282,267,617
Adolescent health and nutrition	1,012,298	9,581,856	3,366,255	13,960,409
	495,695,094	988,738,715	179,708,082	1,664,141,891

FIGURE 69: Expenses by health by cost category, 2021 (US\$)

Expense	Other resources – emergency	Other resources – regular	Regular resources	Grand total
Contractual services	42,335,151	170,256,492	17,389,175	229,980,818
Equipment, vehicles and furniture	63,705	121,517	274,714	459,936
General operating and other direct costs	18,156,665	33,399,061	15,058,678	66,614,405
Incremental indirect cost	35,255,741	63,341,744	N/A	98,597,485
Staff and other personnel costs	47,325,557	124,440,525	68,408,199	240,174,281
Supplies and commodities	206,546,954	250,617,867	19,538,230	476,703,050
Transfers and grants to counterparts	116,719,379	307,206,718	43,171,912	467,098,009
Travel	3,418,715	9,413,456	4,689,097	17,521,267
Other	25,873,228	29,941,336	11,178,077	66,992,640
Grand total	495,695,094	988,738,715	179,708,082	1,664,141,891

Funding gaps

The COVID-19 pandemic continues to highlight the critical importance of flexible funding to address needs: for the pandemic response and to enable UNICEF to strengthen health systems. 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 and the SDGs, and to help children realize their rights to health and well-being.



Results: Nutrition

Three-year-old Aarav Adhikari eats lunch in Gaidakot in Nawalpur District in southern Nepal. The meal includes a typical combination of rice, lentil soup and vegetables. Aarav recently recovered from severe wasting after being treated at the Nutritional Rehabilitation Home in Bharatpur Hospital.

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The Convention on the Rights of the Child recognizes every child's right to nutrition, from birth to 18 years of age. To realize this right, children and their families need access to nutritious diets, essential services and positive practices that set them on the path to survive and thrive.

UNICEF prioritizes interventions to prevent all forms of malnutrition, including stunting, wasting, micronutrient deficiencies, overweight and obesity. Where prevention falls short, the early detection and treatment of wasting and other forms of life-threatening malnutrition are critical to save lives and return children to healthy growth and development.

In line with the UNICEF Nutrition Strategy 2020–2030, UNICEF aims to strengthen the capacities and accountabilities of five key systems – food, health, water and sanitation, education, and social protection systems – to make good nutrition a reality for children, adolescents and women. To contribute to the Goal Area 1 outcome, UNICEF nutrition programmes cover three results areas:

- The prevention of stunting and other forms of malnutrition
- The prevention of malnutrition in school-age children and adolescents
- The treatment and care of children with severe wasting⁹¹

The nutrition results achieved during the Strategic Plan, 2018–2021 are expected to contribute 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.

Children's right to nutrition is universal; as such, UNICEF implements nutrition programmes in all contexts, including in development and humanitarian settings and in fragile contexts. In 2021, UNICEF implemented nutrition programmes in 120 countries, with the support of 748 staff members. These country-driven programmes aimed to 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.

In 2021, UNICEF supported countries to recover from pandemic-related service disruptions, helping them regain – and at times accelerate – progress towards targets. Despite the setbacks of the last two years, UNICEF achieved or exceeded nearly all nutrition output targets in the Strategic Plan 2018–2021, with progress rates of more than 90 per cent.⁹²

With the support of global thematic partners, UNICEF achieved the following headline results in 2021:

- 335.9 million children were reached with services to prevent stunting and other forms of malnutrition (a 38 per cent increase from 2020),
- 67.4 million adolescents benefited from services and support to prevent anaemia and other forms of malnutrition (a 90 per cent increase from 2020),
- 150 million children were screened for wasting (a 9 per cent increase from 2020) and
- 5.4 million children received treatment for life-threatening wasting (a 10 per cent increase from 2020).

The ability of UNICEF programmes to withstand and bounce back from the shocks and constraints of the COVID-19 pandemic reflects years of investments in systems-strengthening together with national governments. It also highlights how UNICEF support in identifying strategies and innovations to safely deliver nutrition services allowed countries to maintain and recapture programme coverage in the face of significant pandemic-related service disruptions.

As UNICEF embarks on its next Strategic Plan (2022–2025), the lessons learned during this unparalleled period will shape the future of maternal and child nutrition programming across the humanitarian–development nexus and drive faster progress towards a world without malnutrition by 2030.



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Nurislam, aged 13 months, eats lunch with his mother at their home in Kurshab village, Uzgen district, Osh Oblast, Kyrgyzstan. Nurislam was introduced to his first foods at 6 months of age and now enjoys eating dairy products, meat, fish, poultry, eggs, fruits and vegetables and other nutritious foods.

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

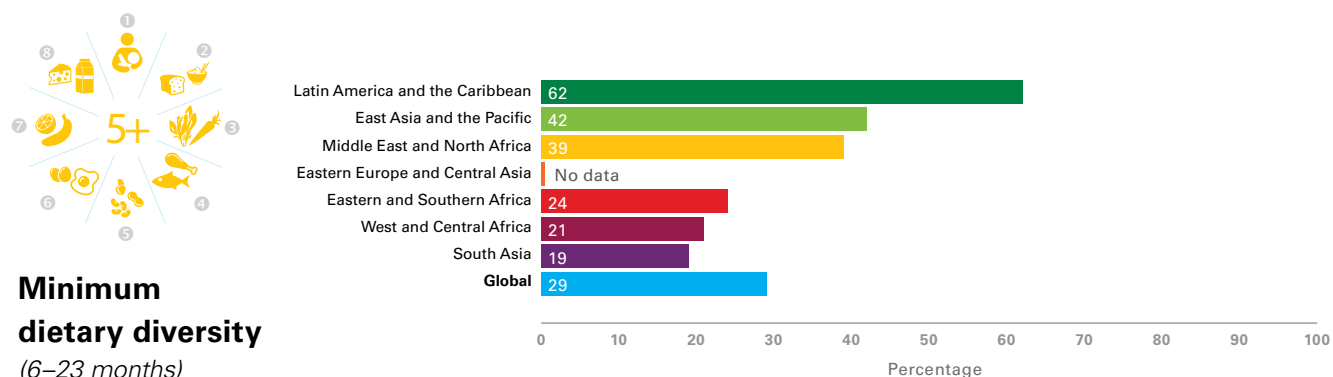
The primary objective of UNICEF nutrition programmes is to prevent maternal and child malnutrition in all its forms across the life course. As such, most nutrition programming and expected results fall under Output 1: “Countries have accelerated the delivery of programmes for the prevention of stunting and other forms of malnutrition.”

To achieve this output and prevent 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. These foundations of good nutrition fuel children’s growth, development and learning in childhood, with benefits that endure across generations.

Globally, most children are not being fed enough of the right foods at the right time in their development – and little progress has been made to improve their diets in more than a decade.⁹³ Even before the pandemic, slightly more than two in five children under 6 months of age were exclusively breastfed, and fewer than one in three children aged 6–23 months were fed foods from the minimum number of food groups needed for healthy growth and development (see *Figure 70*). This crisis of child diets has been compounded by the COVID-19 pandemic, which left many families facing significant barriers to accessing nutritious, safe and affordable diets in 2020 and 2021.

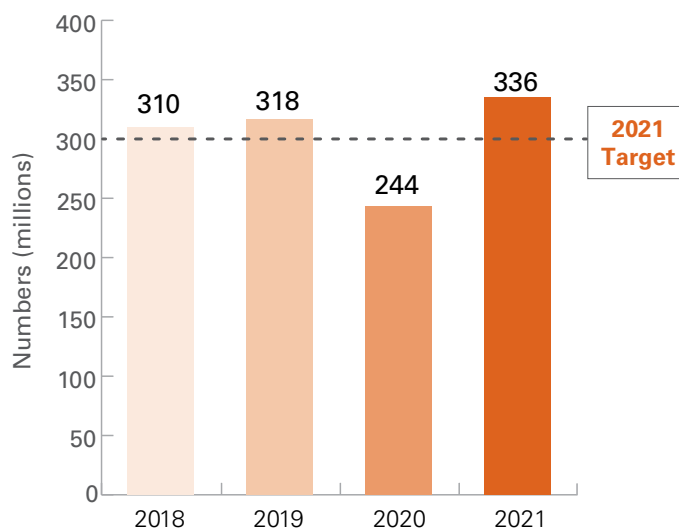
UNICEF addresses the drivers of poor diets through programmes that target the critical developmental period from conception to the age of 2 years. Before and during

FIGURE 70: Percentage of children aged 6–23 months receiving the minimum dietary diversity, by UNICEF region, 2020



Source: UNICEF global databases, 2021, based on Multiple Indicator Cluster Surveys, Demographic and Health Surveys and other nationally representative sources.

FIGURE 71: Children who received services for the prevention of stunting and other forms of malnutrition, 2018–2021 (SP1.16)



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 micronutrient deficiencies. UNICEF also advocates for and promotes healthy food environments in early childhood and throughout life.

Many essential services to prevent malnutrition – such as vitamin A supplementation, deworming, counselling on infant and young child feeding, the provision of micronutrients and interventions to prevent overweight – were disrupted or constrained in 2020 due to the pandemic. In 2021, UNICEF continued responding to these challenges by leveraging programme adaptations and shifting delivery platforms to maintain programme coverage. By the end of 2021, nearly all programmes were recovering and back on track to achieve Strategic Plan output targets. Together, through these programmes, UNICEF reached 335.9 million children with services to prevent malnutrition, exceeding the target of 300 million (see Figure 71).

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

FIGURE 72: Outcome results for prevention of stunting and other forms of malnutrition, 2021

Outcome indicator (+ key United Nations partners)	Baseline	2018 value	2019 value	2020 value	2021 value	2021 target
1.12 Percentage of women with anaemia	35.6%	N/A	N/A	N/A	32.6% (2019)	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%	41.4%	44.5%	44.6%	44.1% (2014–2020)	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%	28.6%	28.2%	28.7%	28.9% (2014–2020)	35%
1.15 Percentage of households consuming iodized salt (WHO)	86%	87.9%	90.2%	88.7%	88.7% (2014–2020)	>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	310 million	318 million	244 million	336 million	≥300 million

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

FIGURE 73: Output results for prevention of stunting and other forms of malnutrition, 2021

Outcome indicator	Baseline	2018 value	2019 value	2020 value	2021 value	2021 target
1.d.1. Percentage of pregnant women receiving iron and folic acid supplementation	33%	34.2%	36.6%	37.3%	37.4%	41%
1.d.2. Number of countries that have integrated nutrition counselling in their pregnancy care programmes	47	57	68	71	73	70
1.d.3. Number of countries with: a) a national strategy to prevent stunting in children; b) programmes to improve the diversity of children's diets ⁹⁴	41 30	49 32	54 47	58 58	66 63	60 60
1.d.4. Number of countries that are implementing policy actions or programmes for the prevention of overweight and obesity in children ⁹⁵	15	17	23	21	31	30
1.d.5. Number of countries that are implementing salt iodization programmes with an effective coordination body for reducing iodine deficiency ⁹⁶	26	33	35	37	44	46

Improving services and community demand

Counselling to caregivers to improve feeding and care practices

UNICEF supports counselling for mothers and caregivers to equip them with the knowledge and skills to improve infant and young child feeding (IYCF) practices. Counselling can be provided within health-care facilities or through community platforms; delivered by skilled health workers alone or with the support of experienced mothers; provided in individual or group settings; and delivered in-person or using virtual modes. In 2021, UNICEF supported IYCF counselling for more than 57 million caregivers, a 24 per cent increase from the 46.1 million reached in 2020.

In 2021, UNICEF strengthened its technical support and guidance to countries through the release of Implementation Guidance on Counselling Women to Improve Breastfeeding Practices, together with WHO. With the Global Breastfeeding Collective, UNICEF also published a compendium of case studies on skilled breastfeeding counselling to share lessons from countries that have successfully implemented the recommended breastfeeding

policy actions.⁹⁷ UNICEF also revised its integrated training course on IYCF counselling with WHO, which, together with the abovementioned guidance documents, were downloaded more than 700 times in 2021.⁹⁸

Many countries combine IYCF counselling with large-scale communication campaigns to raise awareness about optimal child feeding practices while providing direct support to caregivers. This approach was particularly important in the context of COVID-19 to prevent declines in recommended feeding practices (*see case study on IYCF in Pakistan*).

Despite the challenges of 2020 and 2021, many countries were able to expand counselling services with UNICEF support. In Burkina Faso, IYCF counselling reached more than 791,460 pregnant and breastfeeding women with young children in 2021 – a 30 per cent increase from 552,320 in 2020 and 558,767 in 2019. With UNICEF support, mother-to-mother support groups continued to provide IYCF counselling and guidance in 2021, reaching some 385,798 women. In addition to counselling, group activities included cooking demonstrations, micronutrient supplementation, guidance on screening children for acute malnutrition and the distribution of one egg per child per week to 53,200 children aged 6 to 24 months. An

Case study: Scaling up IYCF counselling in Pakistan during the COVID-19 pandemic

In Pakistan, UNICEF supported the Government to re-establish infant and young child feeding (IYCF) counselling services, which had been disrupted in 2020 due to the COVID-19 pandemic. In 2021, IYCF counselling was provided to more than 7.8 million mothers and caregivers through health-care facilities and in communities – a more than fivefold increase from 1.4 million in 2020.

Guided by UNICEF global guidance in the context of the pandemic, Pakistan adopted and implemented simplified national IYCF guidelines, including comprehensive infection prevention control measures, to minimize virus transmission while dramatically expanding the reach of IYCF services.⁹⁹ To support this scale-up, UNICEF enhanced the capacities of more than 10,720 health-care providers to provide IYCF counselling using the UNICEF comprehensive training package in 2021. In addition, an online IYCF training package for the COVID-19 context was developed and rolled out in provinces to reach more health workers during lockdowns. Some 7,735 community-led peer support groups were established for community-based support on IYCF, with religious leaders, academics, media and other key influencers engaged to protect and support breastfeeding in the community.

With UNICEF support in 2021, federal and provincial departments of health also raised awareness on nutrition and IYCF through various channels. More than 40 messages were developed and disseminated via social media, brochures, television and radio messages, reaching more than 50 million caregivers and community members. IYCF messages were also disseminated to the beneficiaries of food assistance and cash transfer schemes by actively engaging the social protection system.

To spearhead the adoption of family-friendly policies and support breastfeeding for working women in Pakistan, UNICEF helped establish dedicated breastfeeding spaces in 18 public sector institutions, including hospitals, airports, train stations, parliament buildings and courts. Support for optimal breastfeeding was also strengthened within the health system by revitalizing the Baby-friendly Hospital Initiative in 46 hospitals across 23 districts.

independent evaluation showed that women benefiting from the mother-to-mother support groups had better knowledge of key IYCF practices: for example, 40 per cent of mothers in the group knew at least four recommended IYCF practices, compared with less than 12 per cent of other women of childbearing age. UNICEF supported regional directorates of health in the Cascades and Sud Ovest regions to train community actors from radio and civil society organizations in behaviour change and community dialogue. These actors in turn delivered key IYCF messages to an estimated 900,000 caregivers and community members.

IYCF counselling is critical to support caregivers during humanitarian crises. The number of countries providing this service in health-care facilities and communities rose steadily during the Strategic Plan period, from 42 countries in 2018 to 64 countries by 2021. In Myanmar, global thematic funding allowed UNICEF to restore IYCF counselling services that were disrupted amid intensified conflict and the civil disobedience movement in February 2021. UNICEF developed adapted programming guidance for nutrition in emergencies to support the continuation of essential nutrition interventions. Moreover, UNICEF designed virtual training materials and provided training on community IYCF in emergencies to 539 nutrition workers in 2021, reaching more than 25,950 caregivers. A social

media campaign was also launched with animated pictures and family recipes to promote adequate complementary feeding for young children, which reached about 1 million people.

Against a background of conflict, insecurity and drought, UNICEF supported the scale-up of IYCF counselling in Somalia, from 850,000 caregivers of young children reached in 2020 to more than 1.1 million in 2021. The relaxation of COVID-19 protocols made it possible for individual IYCF counselling to resume in 2021, in addition to group counselling sessions. The number of delivery points providing IYCF counselling more than tripled, from 154 in 2020 to 559 in 2021, surpassing the target of 533. To help drive this expansion in services, UNICEF supported training to build the capacities of 1,716 health and nutrition workers – a significant increase from the 292 trained in 2020 and surpassing the 2021 target of 1,271. In addition, cascade training was carried out using the harmonized training guidelines for community health workers across Somalia: 1,736 community health workers were trained – more than double the number in 2020.

UNICEF counselling programmes target the most vulnerable and marginalized women and children to tackle the barriers to improved child feeding and improve equity. In Guyana, UNICEF focused on improving access to IYCF



A UNICEF Nutrition Specialist provides infant and young child feeding counselling to a mother at a temporary displaced persons camp in Kyaukme township, Northern Shan State of Myanmar.

counselling and growth monitoring in health-care facilities and early childhood learning spaces for indigenous children and families living in the hinterland regions. UNICEF supported integrated training on nutrition and nurturing care to more than 700 early childhood development practitioners and community volunteers. More than 75 per cent of community health workers in one hinterland region were trained in IYCF and planning age-appropriate and nutritious meals for young children.

UNICEF has made efforts to address the gender dimensions of child feeding, including through IYCF counselling training with health workers. In Indonesia, UNICEF adopted a gender-transformative approach to the IYCF counselling curriculum, with the aim of shifting social norms to engage fathers in child feeding and encourage male health workers to participate in IYCF counselling training sessions. As part of these efforts, UNICEF supported the establishment of a fathers' association 'Ayah Asi' to improve paternity support and encourage peer-to-peer dialogue and learning.

Caregivers of children with developmental delays and disabilities may need specialized counselling and support for feeding, particularly if the child has difficulty chewing or swallowing. In Brazil, for example, the UNICEF-supported

'Baby Weeks' strategy provided special support for breastfeeding and complementary feeding to 1,617 children with disabilities and their families in 2021.

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

Social and behaviour change communication (SBCC) strategies were particularly significant in 2020 and 2021, as UNICEF used large-scale communication campaigns to encourage recommended IYCF practices during the COVID-19 pandemic and dispel myths and misinformation. UNICEF also seized opportunities to leverage water, sanitation and hygiene (WASH), social protection and early childhood development (ECD) platforms to reach communities and families with messages on early childhood nutrition to shift behaviours and practices.

In various settings, UNICEF combined SBCC with social protection schemes targeting vulnerable households to address the underlying determinants of malnutrition and foster sustainable behaviour change. With the support of global thematic funds in the United Republic of Tanzania, UNICEF and the Government targeted caregivers of



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In the Gorgol region of Mauritania, mothers of young children receive counselling on breastfeeding and complementary feeding as part of their participation in Groups for Learning and Monitoring IYCF Practices.

young children in the Government’s Productive Social Safety Net Programme (PSSN II) in two districts to test if a regular cash transfer plus SBCC would support positive changes in IYCF practices in very poor households. More than 10,830 caregivers were reached, and an end-line assessment showed that knowledge of IYCF practices had increased among caregivers attending the SBCC sessions; for example, the proportion of attendees who understood the importance of timely introduction of complementary foods improved from 12 per cent at baseline to 50 per cent at end-line, while the proportion who understood what constitutes a balanced diet at 6 to 9 months of age increased from 34 per cent to 50 per cent. The next phase of the programme will benefit 43,000 caregivers, with plans for the SBCC sessions to be fully integrated within the PSSN II.

Social protection schemes combined with nutrition SBCC were also critical to reaching the children most vulnerable to malnutrition in Tajikistan. With global thematic funds, UNICEF supported the Ministry of Health and Social Protection to develop the multisectoral National 1,000 Golden Days Communications Programme to reduce stunting by improving 10 practices during the first 1,000 days of life, along with an SBCC strategy and five-year implementation plan. UNICEF forged a partnership with the World Bank to implement an emergency cash transfer programme during the pandemic to disseminate key nutrition messages to the most vulnerable households and guide them on using cash for healthier foods: 55,000 vulnerable households were reached with nutrition messages through this programme. With UNICEF support, more than 950 health-care providers improved their capacities to provide maternal nutrition and IYCF counselling via training videos and counselling cards adapted to the COVID-19 context. In 2020 and 2021, more than 702,690 caregivers of young children in Tajikistan benefited from IYCF counselling by trained health workers. In addition, more than 70,720 people were reached with breastfeeding messages through a radio talk show, podcast and social media platforms.

UNICEF leverages community platforms to influence behaviour change and address social and cultural barriers to nutrition among vulnerable groups. In Mauritania, volunteers from the community platform Groups for Learning and Monitoring IYCF Practices¹⁰⁰ promoted a multisectoral package of interventions for nutrition, WASH, health, social protection and child protection in the 24 most vulnerable health districts of the country. With UNICEF support for scale-up, the programme more than tripled its reach in three years, expanding from 64,277 pregnant and breastfeeding women in 2019 to 265,148 in 2021. During this same period, exclusive breastfeeding within the intervention regions rose from 41 per cent to 60 per cent, and the proportion of children receiving the minimum dietary diversity increased from 32 per cent to 43 per cent. Community empowerment and ownership of the programme have been critical in shifting IYCF norms and practices, while offering an entry-point for interventions related to child protection, agriculture and social protection

schemes to mitigate the impact of the COVID-19 pandemic. To foster long-term programme sustainability, UNICEF is advocating for volunteer incentives and for the secondment of young nutritionists into public service.

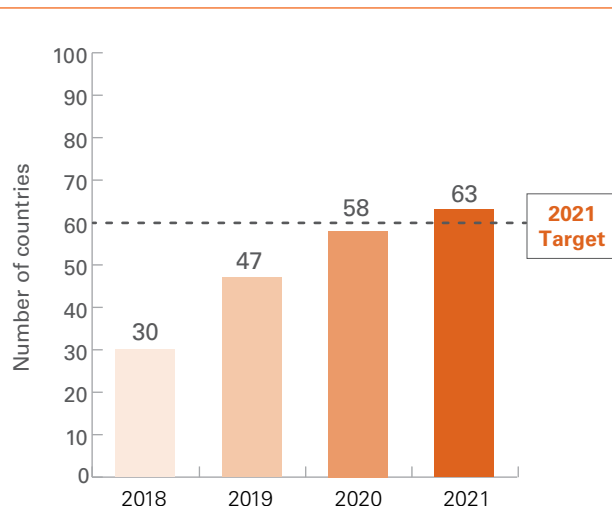
Improving the quality and diversity of foods for young children

Young children’s access to a range of nutritious foods is central to the prevention of stunting and other forms of malnutrition, yet progress in improving the quality of children’s first foods has remained stubbornly slow for more than a decade.

To target this slow progress, UNICEF prioritized the scale-up of programmes to improve the diversity of children’s diets throughout the 2018–2021 Strategic Plan period. Driven by UNICEF technical support and guidance, including action frameworks to chart context-specific responses,¹⁰¹ UNICEF programmes in this area have nearly doubled over the past four years, from 32 countries in 2018 to 63 countries in 2021, surpassing the Strategic Plan target (SP1.d.3(b)). Programme scale-up will continue during the next Strategic Plan period, with new outcome indicators to track the number of countries with programmes to improve diet quality during this critical developmental period.

Many countries used the new UNICEF programme guidance (issued in 2020) to design or revise programmes, strategies and plans to improve young children’s diets in 2021, with global thematic funding. In Ethiopia, UNICEF hosted federal, regional and subregional workshops to examine the barriers to child diets in diverse settings and identify context-specific actions based on the global complementary feeding action framework.¹⁰² These workshops engaged the health, agriculture, social protection and water and sanitation sectors, as well as

FIGURE 74: Number of countries with comprehensive programmes to improve the diversity of children’s diets



health extension workers and community representatives. Five complementary feeding frameworks were established, with key actions integrated within government annual workplans, such as the development of context-specific food recipes considering local availability, affordability and nutritional value. More than 3 million children aged 6–23 months in Ethiopia will benefit from these actions.

UNICEF also tested new and innovative approaches to boosting the diversity of young children's diets (see *'Spotlight on innovations'*). Building on research by Emory University, UNICEF and partners have developed a complementary feeding bowl to support IYCF counselling and to ensure the continuity of good nutrition practices at home. In 2021, UNICEF procured 289,920 complementary feeding bowls in eight countries, which include messages to address food diversity and quality and demarcations by age group to address food quantity. The bowl also includes a slotted spoon to ensure that children's first foods are the right consistency, energy-dense and not watered down. With improvements to the design integrating dietary diversity, WASH elements and disability aspects, it is anticipated that when fully scaled, this innovation could reach 23 million caregivers in over 40 countries.

Household access to nutritious and affordable foods can help drive sustainable improvements in children's diets. In Malawi, UNICEF and FAO supported the Government in implementing nutrition-responsive agriculture interventions – including SBCC, integrated homestead farming, capacity-building, nutrition education and IYCF counselling – to improve access to safe and nutritious foods. More than 698,480 households were reached (surpassing the target), including 445,630 children under age 5 and 360,780 caregivers in 10 districts. Survey results showed

remarkable improvements in diet quality for children aged 6–23 months: minimum dietary diversity increased from 27.6 per cent in 2018 to 39.3 per cent in 2021; minimum meal frequency increased from 47 per cent to 56.5 per cent; minimum acceptable diet nearly doubled from 14.8 per cent to 26.6 per cent; and animal-source food consumption increased from 26 per cent in 2018 to 39 per cent in 2021.

Community platforms can be leveraged as an effective entry-point for multisectoral interventions – via food, health, water and sanitation and social protection systems – to improve dietary diversity in young children. In the Sudan, for example, UNICEF, the Kassala State Ministries of Health and Agriculture and NGO partners engaged with mother-to-mother support groups across 55 communities in 2021 (up from 40 in 2020) to train and empower women to produce and prepare diverse nutritious foods through the establishment of home vegetable farms and practical cooking demonstrations of balanced meals. Sessions took place at primary health-care (PHC) centres to strengthen the integration of primary health and nutrition services, such as vaccination, antenatal care and early detection of wasting. UNICEF helped develop a training manual and job aids and conducted a training-of-trainers for Ministry of Health staff, who in turn trained mother-to-mother support group leaders on using local ingredients to improve the nutrient composition and safe, hygienic preparation of complementary foods. Cash transfers were provided to pregnant women involved in the support group sessions to address the poor affordability of nutritious food and encourage the use of health and nutrition services. Field observations suggest that the food and nutritional status of participating families improved through better access to nutrient-rich foods.

Ethiopia: Spotlight on innovations

In Ethiopia, diets are cereal-based, with low consumption of fruits and animal-source foods. Only 12 per cent of children aged 6–23 months have minimally diverse diets,¹⁰³ and many caregivers struggle to find affordable nutritious foods to feed children throughout the year.

UNICEF supported the Government to establish an innovative solution: the drying of eggs into powders that can be added to foods prepared for young children to improve nutrient density. The drying process addresses barriers to consuming nutritious foods, such as price, seasonality and shelf life, by reducing transport and storage costs and making these local foods more accessible and affordable to families.

UNICEF supported the Government to establish an agreement for the equipment needed with two Ethiopian companies with the capacity to process 1,500 eggs per hour. The Ethiopian standards agency approved quality standards for the product and UNICEF is testing different modalities for distributing them to families with young children. This innovative initiative benefited from a multidisciplinary approach, with the engagement of government, academia, research institutions and private sector, and reflects UNICEF's strategic shift towards engaging food systems actors to deliver nutritious diets for young children.



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In Malawi, Flora Kaswada breastfeeds her baby and explains how she feeds eggs, vegetables and other nutritious foods to her young children to keep them healthy and growing well.

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 preventing micronutrient deficiencies and anaemia in settings where nutrient-poor diets prevail. At least 36 countries implemented MNP programmes with UNICEF support in 2021. Overall, 13.6 million children received point-of-use fortification with MNPs to improve the quality of their diets in 2021, compared with 10 million in 2020.

In 2021, UNICEF supported countries to regain pre-pandemic progress and expand the coverage of integrated point-of-use fortification programmes, including in humanitarian settings. In Yemen, UNICEF leveraged mass screening campaigns for malnutrition in 174 districts to drive the uptake of MNP supplementation and deworming, reaching coverage targets for the first time in 2021. The number of children reached with MNPs in Yemen

tripled, from 883,391 in 2020 to 2.6 million in 2021 and far surpassed the pre-pandemic coverage of 1.7 million children.

As part of the national strategy to prevent micronutrient deficiencies in Pakistan, UNICEF support enabled MNPs to be provided to more than 1.3 million children in 2021 – an increase from 1 million in 2020 and 800,000 in 2019. Caregivers received MNPs as part of integrated community IYCF counselling and through the health system.

Vitamin A supplementation for life-saving protection

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 mortality in children under 5 years of age. UNICEF has supported governments to implement vitamin A supplementation (VAS) programmes for more than two

decades and is the main provider of VAS globally. UNICEF delivered 433.2 million vitamin A capsules to 68 countries in 2021, of which more than 90 per cent was through an in-kind donation from the Government of Canada, implemented by Nutrition International and UNICEF.

After declines in the coverage of VAS in 2020 due to COVID-19-related disruptions, UNICEF worked with governments to resume VAS campaigns, strengthen routine delivery and close gaps to reach more children in 2021. With this support, VAS programmes recovered to reach an estimated 251 million children under age 5 with two doses of VAS in 2021, compared with 141.3 million in 2020 and 245.4 million in 2019.

In Nigeria, very few children received both doses of VAS in 2020 when distribution campaigns were suspended as a pandemic containment measure. In 2021, UNICEF and the Government prioritized VAS as a core indicator in the annual management plan and worked to regain coverage by convening key stakeholders, providing training and improving micro-planning. VAS was delivered to children via Maternal, Newborn and Child Health Weeks in 2021, reaching 26.6 million children with two doses (80 per cent coverage) compared with no children reached with two doses in 2020. To boost coverage, UNICEF also identified opportunities to deliver VAS via other platforms; for example, Oyo State integrated VAS into the first polio outbreak response, reaching more than 1 million children (double the planned number). The success of this approach demonstrated how leveraging a range of delivery platforms and delivering integrated interventions can boost programme coverage.

To strengthen the reach and coverage of VAS in Pakistan, UNICEF and Nutrition International convened vitamin A task force meetings with key stakeholders to improve programme performance and coordination. As part of these efforts, UNICEF supported the Government to integrate vitamin A indicators into lot quality assurance sampling – a survey tool for monitoring the performance and impact of nutrition services – which will be used to improve programme quality. Through these efforts, 31.8 million children in Pakistan were fully protected with VAS in 2021 (88 per cent of eligible children). In Chad, VAS delivery was integrated within measles vaccination campaigns targeting all 23 provinces, reaching 3.4 million children with VAS and deworming, exceeding the target.

UNICEF made significant contributions to expanding the evidence base for VAS in 2021 through peer-reviewed papers published on prioritizing the youngest children;¹⁰⁴ measuring VAS coverage;¹⁰⁵ COVID-19-related disruptions in VAS coverage;¹⁰⁶ consumption of vitamin A-rich foods¹⁰⁷ and tackling service delivery bottlenecks.¹⁰⁸ In addition, UNICEF carried out a scoping exercise to identify innovations for redesigning the vitamin A capsule to improve delivery in the field, enabling integration into PHC, during routine health visits and possibly in the home. These specifications will be included in a 2022 tender for manufacturers of vitamin A capsules.

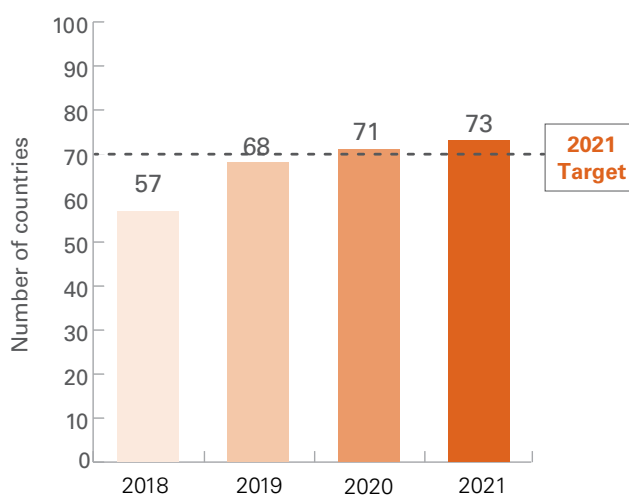
Comprehensive interventions for improving maternal nutrition

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 interventions to support women's right to nutrition, 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.

In 2021, 85 countries included preventive IFA supplementation for pregnant women as part of an antenatal care (ANC) package, an increase from 73 in 2020. According to 2021 estimates, 37.4 per cent of pregnant women received IFA supplementation, nearly the same proportion as in 2020 (SP1.d.1). In Yemen, for example, 2.1 million pregnant and breastfeeding women were reached with IFA in 2021 – a dramatic increase from 1.1 million in 2020 and 1.4 million in 2019.

UNICEF supports countries in strengthening the routine provision of nutrition counselling within pregnancy care programmes. This support has increased steadily throughout the current Strategic Plan period, expanding to 73 countries in 2021 (see Figure 75) from 71 countries in 2020 and surpassing the target of 70 countries (SP1.d.2).

FIGURE 75: Number of countries integrating nutrition counselling in pregnancy care programmes



UNICEF uses a range of strategies to improve women's access to and use of nutrition services during pregnancy. In Cameroon, UNICEF and the government sparked an increase in the coverage of IFA supplementation for pregnant women by incentivizing ANC visits. Pregnant women were provided with cash after using IFA for 90 or more days to boost compliance with the recommended protocol and other preventive services, such as ANC, deworming, intermittent preventive treatment for malaria and HIV testing. More than 29,400 pregnant women received IFA tablets – nearly triple the number planned. The provision of cash encouraged more pregnant women to seek care, resulting in an increase in the number of antenatal hospital visits and the number of hospital deliveries.

As part of its global thought leadership in maternal nutrition, UNICEF developed and disseminated a number of resources to guide countries in scaling up gender-responsive maternal nutrition programmes that are designed with women's unique needs in mind. These include new Programming Guidance on Maternal Nutrition;¹⁰⁹ a technical brief on counselling to improve maternal nutrition¹¹⁰ and an advocacy brief to support countries in transitioning from IFA to MMS. These documents guide programming in ways that empower women as agents in nutrition and health decision-making.

UNICEF continued to shape the strategic direction of maternal nutrition programming in 2021, including by supporting countries to begin using MMS. UNICEF supported Ethiopia, Mexico and the Philippines to develop plans to introduce MMS as means of strengthening the quality of nutrition services in ANC. UNICEF developed tools to support country-level forecasting for MMS and carried out a feasibility analysis for local production and procurement. Guided by gender-responsive formative research with mothers in four countries, UNICEF tailored MMS packaging and labelling to better meet women's needs and preferences. This research also informed the design of social and behavioural strategies to increase the coverage of ANC and helped adjust services to accommodate women's specific needs. Based on women's feedback in Burkina Faso, for example, ANC service provision was shifted from one to three days to make nutrition services more accessible. In 2021, the contributions of UNICEF and other agencies resulted in the approval of MMS in the WHO Essential Medicines List.

With global thematic funding in the Philippines, UNICEF provided technical assistance to the Department of Health to conduct a landscape analysis on maternal nutrition and to draft, finalize and disseminate evidence-based nutrition guidelines for women of reproductive age. UNICEF supported the roll-out of the guidelines by facilitating joint planning with the Department of Health and local government units to facilitate ownership; procuring MMS and strengthening supply chain management; and providing training and post-training support to reinforce the knowledge and skills of front-line workers. UNICEF is also conducting implementation research that will generate local evidence and learning to inform national scale-up.

Food fortification to make nutritious diets accessible for all

Large-scale food fortification is a proven and cost-effective intervention for addressing micronutrient deficiencies by improving the nutritional quality of the food supply in the population. UNICEF advocates for strengthening national fortification policies and legislation, while supporting governments and industry to develop technical standards and monitor quality and compliance. There are now 142 countries that mandate the fortification of maize flour, wheat flour, rice, edible oil or salt.¹¹¹

In 2021, UNICEF defined and disseminated its new vision and approach to advancing large-scale food fortification. The approach targets common weaknesses in existing programmes; charts lessons learned and conditions for successful programming; and addresses government engagement, partnerships, policy formulation and programme design.

Salt iodization – the most common form of large-scale food fortification worldwide – is the primary strategy for eliminating iodine deficiency disorders and protecting children's brain development. In 2021, there were mandatory standards for salt iodization in 126 countries, compared with 124 in 2020. Aided by the long-standing support from USAID to UNICEF, the proportion of households consuming iodized salt remained steady at 88–90 per cent, meeting the 2021 target (SP1.15).

Bangladesh has made significant progress in updating its universal salt iodization policy, despite the setbacks of the pandemic. The advocacy and technical support of UNICEF and partners resulted in the Government's endorsement of a landmark piece of legislation: the Iodized Salt Law 2021. The law mandates that all edible salts, including salt used for livestock and the production of processed food items, must be iodized and imposes strict legal and monetary punishments on violators producing, importing or selling non-iodized salt.

In Ethiopia, UNICEF invested in strengthening national capacities to improve the production and distribution of quality iodized salt. UNICEF provided support to sensitize salt producers on national standards and regulations and provided training on food safety and good manufacturing practices. Training workshops were also conducted to build the capacity of the central iodization facility to adopt standard operating procedures and packaging practices. UNICEF also carried out a mapping of salt production and processing zones and developed a monitoring tool for iodized salt. Vigilance is needed to sustain these successes, as conflict is impacting the main salt producing regions and risks jeopardizing the salt supply chain in the country.

UNICEF supported the Governments of Kyrgyzstan and the United Republic of Tanzania to explore innovative approaches to monitoring universal salt iodization in 2021. This included providing guidance on the design of supplementary research to pilot innovative approaches

to monitoring iodized salt coverage and iodine nutrition assessments using composite sampling methods. This research is linked to national surveys being conducted in both countries.

In the current Strategic Plan, UNICEF monitored the number of countries with an active salt iodization coordination body that convenes all stakeholders, including government, industry and civil society. The number of countries with such a body has risen steadily, from 36 in 2019, to 38 in 2020 and to 44 in 2021, just below the target of 46 countries (SP1.d.5). Recognizing that this indicator did not necessarily predict the sustainability of salt iodization programmes during the Strategic Plan period, and in an effort to align better with SDG targets and the UNICEF Nutrition Strategy priority related to prevention of anaemia, this indicator will be replaced in the next Strategic Plan with a new indicator to measure the percentage of the population consuming at least one cereal fortified with IFA.

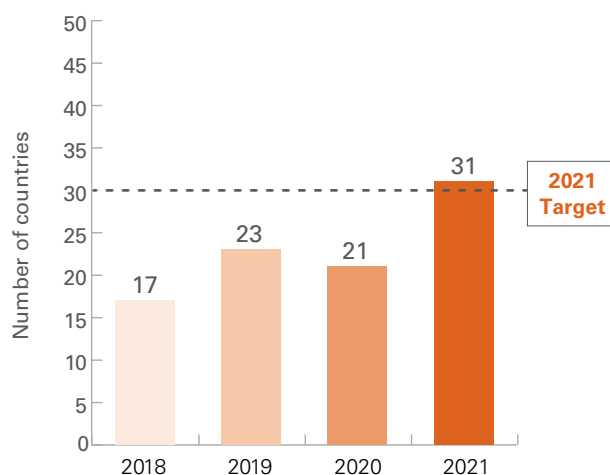
The South African Development Community (SADC) Minimum Standards for Food Fortification were validated by Member States in 2020. In 2021, UNICEF provided technical support to implement the food fortification road map in Angola, Namibia and Zimbabwe and facilitated coordination on food fortification within SADC Member States via quarterly consultation meetings. In Tajikistan, UNICEF supported the development of the National Programme on the Prevention of Micronutrient Deficiencies in 2021, which aims to facilitate an enabling environment for sustained salt, wheat and oil fortification by public agencies and private sector stakeholders. The programme includes capacity-strengthening of more than 200 staff of inspection agencies in supervision, law enforcement, monitoring and governance mechanisms, as well as development and piloting of a web-based monitoring system in four salt production factories. This will enable real-time feedback at salt production sites and at the marketplace.

Scaling up services for the prevention of overweight

In response to the rising prevalence of overweight globally, UNICEF has been working to strengthen and scale-up nutrition programming in this area throughout the Strategic Plan period. UNICEF forged a compact with regional and country offices to initiate this work in 2018, and guided countries to scale-up programmes by issuing programming guidance on the prevention of overweight (2019); advocacy guidance intended to translate global guidance into policy and action (2020); and a toolkit on SBCC for the prevention of overweight (2021).¹¹² As a result of this sustained guidance and technical assistance, the number of countries implementing policies for the prevention of overweight in children rose from 21 countries in 2020 to 31 countries in 2021, surpassing the Strategic Plan target (SP1.d.4).

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

FIGURE 76: Number of countries implementing policy actions or programmes for the prevention of overweight and obesity in children



overweight and obesity. In addition, UNICEF advocates for healthy food environments and supports governments to adopt policies that improve the availability and affordability of nutritious foods and safeguard children from consuming unhealthy foods and beverages. Results achieved with this upstream policy and legislative support are described under 'Leveraging collective action' in Results Areas 1 and 2.

UNICEF launched a landscape analysis tool on overweight and obesity in children in 2020, and in 2021, Indonesia, Mongolia, the Philippines and Viet Nam began implementing this tool to guide policies and programmes. It is also being piloted in Costa Rica, India and Peru. In China, through a city-level partnership with Chengdu, the capital city of Sichuan Province, UNICEF supported the Municipal Government to conduct a landscape analysis to understand the status of childhood nutrition and the influencing factors that contribute to childhood overweight and obesity in the city. The evidence was used to inform an action plan, which identified 12 key actions to be implemented in Chengdu from 2021 to 2025.

To inform policies for the prevention of childhood overweight in Costa Rica, UNICEF worked with the Ministry of Public Education and the Ministry of Health and INFORMAS¹¹³ on an analysis of children's nutrition status and consumption practices. The study results, which included a food price analysis, are being used to inform advocacy and public policy recommendations for improving children's food environments nationwide.

In 2021, UNICEF co-sponsored the Latin American Society of Nutrition Congress 2021 – the most important nutrition event in Latin America and the Caribbean. UNICEF's support was critical to ensuring that the Congress was free of conflicts of interest from the food and beverage industry. More than 850 researchers, nutritionists, physicians and policymakers participated in the event. UNICEF facilitated

six symposiums related to preventing overweight in childhood and shared results from studies on the digital marketing of food and drinks in Argentina and Mexico (See page 122) and the childhood overweight landscape analysis pilots in Costa Rica and Peru.

UNICEF advocates for healthy food environments in places where children live, learn, eat and play. To tackle rising rates of childhood overweight in Bosnia and Herzegovina, UNICEF and the health and education sectors of the Government of Republika Srpska Entity¹¹⁴ carried out a Nutrition-Friendly Kindergarten and School Initiative (NFK/SI) to improve nutritional well-being and physical activity in schools. With global thematic funds in 2021, UNICEF supported the programme in nine preschools and six schools, benefiting 2,000 preschool children, 1,000 primary school students, 220 teachers and 500 parents. As part of these efforts, UNICEF developed guidelines, policies, cookbooks and standards to guide implementation, including a rulebook on nutritious food preparation in preschools. UNICEF also developed blended learning modules and videos on healthy eating, along with a culinary 'edutainment' show for national television called What to cook for children for lunch, to maintain programming during pandemic-related school closures.

Building stronger institutions

Strengthening health systems to support early childhood nutrition

Primary health care is an important platform for delivering high-impact, integrated nutrition services to prevent malnutrition in children and women. UNICEF works with governments to integrate essential nutrition interventions within routine PHC to improve coverage and foster programme sustainability. As part of a systems-strengthening approach, UNICEF supports capacity development for front-line workers and develops guidance to support institutions in providing quality care for mothers and their children.

The knowledge and skills of health and community workers are essential to delivering nutrition services with quality. In China, UNICEF supported the publication of the first national training curriculum on IYCF counselling, which includes prevention of overweight for the first time and will be led by a team of 140 facilitators at national and provincial level. The National Plan for IYCF Counselling Scale-up and Training of Health Workers covers 140,000 primary health workers in 832 counties and will reach more



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A mother breastfeeds her infant after receiving counselling and support from a health care worker in Nigeria.

than 5 million children. UNICEF also developed an online counselling training course (accessed by more than 6,000 health personnel) and strengthened partnerships with the Chinese Nutrition Society to engage nutrition workers from health-care facilities, health-management institutes and career training organizations to establish sustainable IYCF counselling training modalities in urban settings.

Some of the programme adaptations leveraged by countries during the pandemic – such as remote nutrition counselling by telephone and social media – offer long-term post-pandemic solutions for increasing access to services. In Indonesia, for example, the limitations of resource-intensive in-person trainings had long been recognized, but the pandemic highlighted the need for new approaches to capacity development. UNICEF and the Government developed a series of interactive online training courses for front-line workers on IYCF counselling, integrated management of acute malnutrition and nutrition in emergencies, using a comprehensive multi-stage process to create interactive, user-friendly online courses. In 2021, the IYCF counselling course was accredited by the Government as the national standard training material for health and non-health workers and was subsequently piloted in seven provinces to train nutritionists and midwives. These online training courses will be rolled out in all 34 provinces beginning in 2022 to boost national and subnational capacity development for nutrition during the COVID-19 pandemic and beyond. In India, UNICEF supported states in developing guidelines and standards for virtual counselling sessions. Through partnerships with academic institutions in the country, UNICEF put in place a system of remote monitoring and assessment to monitor the coverage and quality of counselling home visits and to assess the knowledge of the front-line workers.

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. With global thematic funds, the Government of Guatemala adapted the BFHI Ten Steps to guide the work of traditional birth attendants, who deliver the majority of births in the country. To support implementation, UNICEF developed a participatory social and behavioural change communication (SBCC) methodology to improve the breastfeeding support skills of traditional birth attendants and supported the Ministry of Health to institutionalize a ‘Breastfeeding-friendly Birth Attendants Training Strategy’. More than 2,000 traditional birth attendants were recognized as ‘breastfeeding promoters’ and at least 4,000 more are currently in training. The approach will improve care for more than 40,000 mothers and children each year. The institutionalization of the strategy is helping to reach more traditional birth attendants, particularly among Indigenous populations in remote and rural areas, and demonstrates how a strategy designed for use within health-care facilities (i.e., the BFHI) can be adapted to strengthen the health system, enhance the capacities of community workers and improve quality of care.

Strengthening capacity for emergency preparedness and response

In line with its Core Commitments to Children in Humanitarian Action, UNICEF continued to support governments to prepare for and respond to nutrition crises exacerbated by drought, conflict and displacement, coupled with the ongoing socioeconomic impacts of the COVID-19 pandemic. As part of this work, UNICEF supported countries in developing emergency preparedness and response plans that prioritize the prevention of malnutrition, while ensuring the provision of life-saving interventions to detect and treat severe wasting where prevention falls short (*see Results Area 3*).

In collaboration with the Global Nutrition Cluster (GNC), UNICEF supported emergency responses in 61 countries in 2021 and strengthened its role as Cluster Lead Agency for Nutrition by successfully implementing the GNC Technical Alliance during its first year of work.¹¹⁵ In 2021, the GNC Alliance responded to 210 requests for technical support, including 101 quick remote support requests and 30 requests for in-depth support of 4–8 weeks in duration. Adapting to the realities of the pandemic, 8 of the 30 deployments were all or partly in-country and 22 were remote deployments. In-depth technical support was provided in 22 different contexts, including Afghanistan, Angola, the Bolivarian Republic of Venezuela, the Democratic Republic of the Congo, Ethiopia, Haiti, Honduras, India, Malawi, Mozambique, Myanmar, Nicaragua, Nigeria, Somalia, South Sudan, the State of Palestine, the Sudan, Turkey, Viet Nam, Yemen, Zambia and Zimbabwe.

Fragile and conflict-affected countries face important challenges in generating, analysing and using nutrition data and information. To address these challenges in 2021, UNICEF, the GNC Technical Alliance and partners developed a road map for system-wide improvements to nutrition information systems in these settings. The road map, which will be finalized in 2022, represents a critical moment for positive system change to build on the lessons learned from the COVID-19 pandemic, the growing risk of famine, increasing malnutrition and fragility due to climate change, and widespread economic and political pressures.

As the number of children and communities facing extreme nutrition insecurity increases, UNICEF is prioritizing famine prevention and response. A new position paper on famine prevention and mitigation sets out UNICEF’s vision in this area and outlines a commitment to lead integrated responses, expand the use of early warning systems, support multisectoral responses that go beyond food assistance, and mobilize political action and investments.¹¹⁶

During a year of increased need, UNICEF and the GNC continued to develop guidance for countries on the most pressing issues facing countries in humanitarian crisis. The use of cash transfers in humanitarian settings has increased rapidly in recent years, and in 2021, UNICEF and the Global Nutrition Cluster released guidance on the use

of cash and voucher assistance for nutrition outcomes in emergencies.¹¹⁷ UNICEF also released updated guidance on the procurement and use of breastmilk substitutes in humanitarian settings,¹¹⁸ which outlines principals and procedures for providing urgent and targeted support to non-breastfed infants in humanitarian contexts.

The COVID-19 pandemic placed significant demands on UNICEF's leadership in nutrition, in particular, to meet technical demands on issues with more questions than answers. Meeting those demands, while acknowledging the knowledge gaps in specialized areas, gave UNICEF an opportunity to consolidate sector-wide technical discussions and harness the best possible solutions. The resulting inter-agency guidance notes on maternal and child nutrition in the context of COVID-19, and their widespread adoption across multiple countries and agencies, suggests that this approach is critical for UNICEF to achieve impact and ownership of key technical and programmatic responses in emergency contexts.

Improving nutrition monitoring for action

UNICEF works closely with governments and partners to strengthen national capacities to collect and use data, monitor and evaluate nutrition programmes, and track the nutrition status of women and children. This has been particularly critical during the COVID-19 response, to monitor how service disruptions were impacting the coverage of nutrition programmes, and to employ innovative monitoring strategies to collect information on how populations were impacted.

The UNICEF–WHO/World Bank Joint Malnutrition Estimates (JME) are the leading nutrition data collaboration to track the status of child malnutrition globally. To produce the 2021 Edition, the JME group developed the first-ever country-level model to generate country, regional and global estimates for stunting and overweight. The 2021 Edition includes country data, individual countries' share of the global burden of child malnutrition and, for the first time, an assessment of progress towards the 2030 nutrition targets.¹¹⁹

UNICEF developed the first global Guidance on National Nutrition Information Systems (NNIS) in 2021, with the WHO–UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM).¹²⁰ The guidance is accompanied by an online e-course that teaches country-level stakeholders how to build an NNIS and use it to support nutrition programmes. Recommendations for the first ever District Health Information Software 2 (DHIS2) Nutrition Module were finalized with partners, which will enable the timely collection of standard administrative data on nutrition to be easily visualized to improve programmes. UNICEF and WHO also released updated guidance on standard indicators and tools for collecting, analysing and reporting on IYCF practices, including the first global standard indicators for measuring unhealthy eating practices among infants and young children (i.e., consumption of sweet

beverages; unhealthy foods; and zero vegetables or fruit). This is a critical step towards better tracking the nutritional impact of poor feeding practices.¹²¹

In 2021, UNICEF carried out an in-depth review of NutriDash (the organization's global nutrition monitoring platform). The findings will be published and used to make the platform more accessible and fit for purpose. With UNICEF support throughout the current Strategic Plan period, the number of countries reporting to NutriDash rose to 127 in 2021, and the quality of data collected has improved each year. NutriDash data are being used at all levels to monitor progress towards targets and inform decision-making; improve accountability; report key trends; strengthen nutrition information systems; inform supply forecasting; build political will and catalyse investments.

Engaging business to prevent all forms of malnutrition

Throughout the Strategic Plan period, UNICEF sought opportunities to harness the power of business and markets for nutrition, including through shared value partnerships and public–private sector collaboration. In India, for example, UNICEF continued to expand the IMPAct4Nutrition public–private partnership – a platform that enables private sector companies to contribute to the Government's National Nutrition Mission. Between 2020 and 2021, the partnership doubled to 212 partners pledging to contribute resources to nutrition in the country.

UNICEF's most common engagement with business across the organization has been working with commercial entities to support family-friendly workplaces, including paid maternity leave and workplace provisions for breastfeeding mothers. As part of this work, UNICEF is leading an analysis of parental leave policies and advocating for increased support for breastfeeding in the workplace in 24 countries.

In Mexico, UNICEF supported an innovative campaign to promote breastfeeding-friendly policies in the workplace, benefiting 5 million caregivers. UNICEF worked with the Government and partners to: issue a series of recommendations to support breastfeeding; foster dialogue with more than 300 national companies; produce a national guide to promote nursing rooms in businesses; and develop communication materials to raise awareness about breastfeeding support in the workplace. In collaboration with the Mexican Social Security Institute and the Ministry of Education, UNICEF developed three Massive Open Online Courses (MOOCs) on IYCF that will be made obligatory for all employees and employers in more than 10,000 companies and for 50,000 education workers in childcare centres to improve the adoption of breastfeeding policies in the workplace. UNICEF also hosted a high-level event with Ministry of Labour to launch the National Guideline to Implement Breastfeeding-Friendly Policies in the Workplace, attended by 20,000 participants, in partnership with Liomont and Novo Nordisk.

UNICEF has been engaging with the Government of Bangladesh and ready-made garment (RMG) companies to design and test the effectiveness of a baby-friendly workplace model to strengthen maternity protection and breastfeeding. Between 2017 and 2021, through a strategic partnership with the International Labour Organization's Better Work programme, UNICEF engaged with RMG companies to implement seven workplace standards, including: breastfeeding spaces, breastfeeding breaks, childcare, paid maternity leave, health benefits, non-discrimination and safe work. With UNICEF support, the programme was scaled up from five pilot factories in 2017 to 113 RMG factories by 2021, benefiting more than 200,000 women workers. Evaluations showed an improvement in the nutrition knowledge and practices of women workers, increased productivity and employee retention. Through a partnership with key garment manufacturers associations, UNICEF aims to scale up of the programme to more than 4,000 RMG factories by 2030, reaching all 2 million female workers in the sector.

UNICEF advocates for child-friendly business practices that protect children's right to nutrition. Since 2017, UNICEF and Norges Bank Investment Management have collaborated to protect children's rights in the garment and footwear sectors, and in 2021, this work expanded to a new initiative on children's rights and nutrition. The initiative brings together companies in the food retail sector to improve business practices in ways that respect children's nutritional rights. Over the next two years, the ambition is to hold four workshops and develop a guidance tool similar to that of the garment network.

Leveraging collective action

Generating evidence and knowledge for nutrition

UNICEF generates evidence to shape advocacy, drive investments and design effective programmes. In 2021, UNICEF published the flagship report *Fed to Fail? The crisis of young children's diets* – the first in a series of annual child nutrition reports – that was released to coincide with the United Nations Food Systems Summit, a high-level advocacy opportunity to mobilize commitment to improving child nutrition (see case study on *'Shaping food systems for child growth and development'*, page 207). The report presents the most recent UNICEF data and evidence on the alarming state of children's diets globally and the inequities affecting the youngest and most marginalized children. To hold governments and stakeholders accountable, the report calls for 10 key actions to support them in upholding children's right to nutrition. The report gained significant attention globally and was quoted by the Guardian, Al Jazeera, Forbes, EFE, De Standaard, the Indian Express, NewsDay, Jamaica Observer, The Fiji Times, the Jakarta Post and others. An explainer video was released with the report and reached 1 million viewers on UNICEF channels.

UNICEF contributed to the 2021 State of Food Security and Nutrition in the World, an annual flagship report jointly prepared by FAO, IFAD, UNICEF and WHO to analyse progress towards ending hunger, achieving food security and improving nutrition.¹²² The four agencies also published the Asia and the Pacific Regional Overview of Food Security and Nutrition, which examined the affordability of nutritious foods and other determinants of maternal and child diets in the region.¹²³ With the Global Alliance for Improved Nutrition (GAIN), UNICEF also published a journal supplement with new evidence from Eastern and Southern Africa and South Asia on assessing nutrient gaps and the affordability of complementary foods for young children.¹²⁴ This work is an important building block in evidence-based nutrition policymaking for children.

Evidence for tackling childhood overweight and obesity is expanding with UNICEF support. In Argentina, Mexico and the Philippines, UNICEF studied the digital marketing of foods and beverages to children, leading to policy recommendations and actions for prevention of overweight. UNICEF also developed an investment case method for the prevention of overweight and obesity, which was piloted in Mexico and is being replicated in China and Peru.

Gender norms can constrain health-seeking behaviours and contribute to suboptimal coverage in nutrition programmes, but there are no precise metrics for assessing these barriers and how they can be overcome to improve programme delivery. To derive such metrics, UNICEF assessed levels of women's empowerment using the Survey-based Women's Empowerment index (SWPER) (which measures caregiver social independence and decision-making autonomy) and compared the VAS coverage of high- and low-empowered groups. Findings showed significant variation in the ability of VAS programmes to reach children in communities with gender-related barriers. UNICEF will identify high-performing programmes to share exemplar approaches and prioritize low-performing programmes for support.

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, 66 countries had a comprehensive nutrition policy for the prevention of stunting and other forms of malnutrition in 2021 (compared with 58 in 2020), surpassing the target of 60 countries (SP1.d.3a).

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

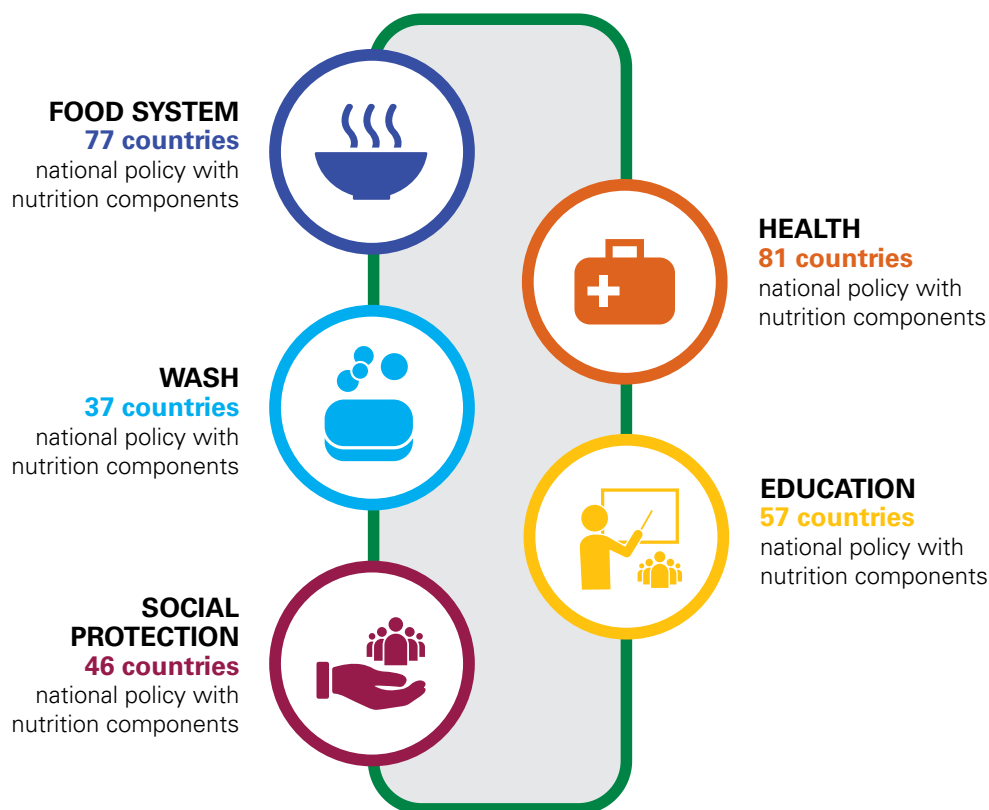
components, 57 countries have education policies with nutrition components included, and 37 countries have a national water and sanitation policy with nutrition components (see Figure 77). Efforts by UNICEF to shape food systems to deliver better diets for children are described in 'Shaping food systems for child survival, growth and development', page 207.

Many countries adopted new national strategies for stunting reduction in 2021, with comprehensive action plans to achieve the SDG nutrition targets (see case study, *Lao People's Democratic Republic*). In Ecuador, where one in three children under 2 years of age suffers from stunting,¹²⁵ UNICEF and partners advocated for the presidential candidate to include stunting reduction as a priority in the government agenda, with proposed actions including engagement with civil society, academia and media to build common messages. The campaign resulted in the President making stunting prevention a central priority of the Government Development Plan, with a specialized Government Secretariat to coordinate all related actions. With support from UNICEF, the Government also drafted a national intersectoral plan for implementation, including local models and a survey on national child stunting, which will benefit more than 1 million children under 2 years of age.

UNICEF led efforts to strengthen regional nutrition policies and approaches in 2021. In the Pacific Islands, UNICEF supported the development and implementation of the 'High-Impact Nutrition Interventions' (HINI) framework in five high-burden countries. UNICEF carried out high-level advocacy events at regional and country level and provided technical guidance to strengthen nutrition policies and frameworks. In addition, multisector nutrition coordination structures were established in three out of five countries and key preventive interventions – such as point-of-use fortification, VAS, deworming and screening for malnutrition – were introduced or revitalized in three countries.

UNICEF contributed to the development of a National Strategy on Healthy, Fair, and Sustainable Diets in Mexico, including a Strategy on the Prevention of All Forms of Malnutrition during the First 1,000 Days and a Social Behaviour Change Communication Programme, with support from global thematic funds. UNICEF advocated with Ministry of Health Directors and provided strategic technical support to develop the Strategy's conceptual framework, theory of change, logic framework and budget. Further, UNICEF developed capacity-building training courses on implementing the Strategy for 2,000 health and

FIGURE 77: Countries with sector policies that include nutrition components



community workers. The Strategy is expected to benefit more than 9 million children under 5 years and 2 million pregnant women.

Harnessing financial resources and allocating budgets for nutrition are critical strategies for strengthening the enabling policy environment. In Ethiopia, UNICEF provided technical guidance on the costing of the 10-year multisectoral National Food and Nutrition Strategy 2021–2030, including a road map for leveraging financing. In Nigeria, UNICEF mobilized political commitment and investments from local governments, with 16 states releasing \$2.5 million for nutrition, an increase from \$1.6 million in 2020. In addition, UNICEF provided technical support to revise key policies for maternal and child nutrition, such as the micronutrient deficiency control guidelines, the Multisectoral Plan of Action for Food and Nutrition (2021–2025) and the National Policy and National Strategy on Maternal, Infant and Young Child Nutrition in Nigeria.

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 includes legislation to restrict the

marketing of breastmilk substitutes, enforce maternity leave and other family-friendly policies, mandate food fortification, and establish taxes on sugar-sweetened beverages and other unhealthy foods, as well as front-of-package food labelling measures and comprehensive restrictions on the marketing of unhealthy foods to children (*see also Results Area 2*).

The International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions (known together as ‘the Code’) aim to protect and promote breastfeeding by prohibiting the promotion of breastmilk substitutes. To mark the fortieth anniversary of the Code, UNICEF, WHO and the Global Breastfeeding Collective hosted an event to build national capacities in country-level Code implementation, including tools and strategies for strengthening this important global policy framework for protecting breastfeeding.

Throughout the Strategic Plan period, UNICEF provided technical support to governments to implement the Code through the adoption, monitoring and enforcement of national legislation. In Lao People’s Democratic Republic, for example, UNICEF technical and financial support between 2019 and 2021 culminated in stronger legislation to protect families from the inappropriate marketing of breastmilk substitutes and a new monitoring tool to track violations (*see case study, page 111*). To strengthen Code



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Susana gazes at her newborn, Miguel Angel, in the postpartum room at San Luis hospital in Otavalo, Ecuador, where UNICEF is providing support for breastfeeding – a key intervention for child survival, growth and development.

Case study: Improving the enabling environment for nutrition in Lao People's Democratic Republic

Lao People's Democratic Republic has taken steps to progressively strengthen national policies, legislation and monitoring systems for nutrition. With UNICEF support, this work culminated in the adoption of a National Plan of Action on Nutrition; a stronger nutrition data ecosystem; and a national Breastmilk Substitutes Decree (BMS) and enforcement mechanism that gives the country one of the most effective BMS laws in the region.

Between 2013 and 2021, UNICEF provided technical and financial support for the functioning of the Government's National Nutrition Committee Secretariat, and to provincial and district nutrition committees in 10 out of 18 provinces for multisectoral coordination, planning and monitoring. This support enabled the functioning of the platform for coordinating multisectoral nutrition actions and placed nutrition higher on the political and development agenda. UNICEF also leveraged high-level advocacy opportunities, such as the National Nutrition Forum – the country's biggest nutrition advocacy event, chaired by the Deputy Prime Minister and co-chaired by UNICEF and the European Union – where national and subnational government stakeholders and key development partners made strong commitments to strengthening the enabling environment for nutrition. As a result of this advocacy and policy dialogue, nutrition is featured prominently in the country's ninth National Socioeconomic Development Plan. The Government also endorsed a new 2021–2025 National Plan of Action on Nutrition with a significantly stronger results framework, which was developed with technical support from UNICEF.

To improve results monitoring in the country, UNICEF rallied stakeholders to invest in improving the nutrition data ecosystem in the country. Using evidence generated through a nutrition data mapping exercise, UNICEF highlighted weaknesses across management information systems. The findings informed advocacy for prioritization and investment in the nutrition information system in the country. As a result of these efforts, a nutrition surveillance system was established to monitor progress in implementing the National Nutrition Strategy, and the newly developed National Plan of Action for Nutrition. Also, a web-based nutrition dashboard was developed in 2020 to increase access to multisectoral nutrition data and track nutrition investments, while in 2021, UNICEF provided support to integrate a range of nutrition indicators into the health management information system. As part of institutional capacity-strengthening, UNICEF supported the training of government staff from various line ministries and departments on data management and analysis.

To improve the legislative environment to protect breastfeeding, UNICEF contributed to strengthening the national BMS decree in 2019, drafting a BMS implementation guideline in 2020, and developing an innovative real-time monitoring tool to monitor and report violations of the decree at sales points in 2021. This tool included automatic collection of GPS coordinates, generation of results and visualization in dashboards, which enabled timely data analysis. A similar innovative tool for monitoring the decree in health-care facilities was developed and is awaiting Government approval.

monitoring in Indonesia, UNICEF introduced a WhatsApp chatbot system to report Code violations, which was implemented nationwide.

Despite high levels of stunting in the Philippines, the country had limited investment in nutrition interventions at the start of the 2018–2021 Strategic Plan period and no specific legal framework to address stunting reduction. UNICEF developed a business case highlighting the costs of inaction and leveraged it to successfully advocate for a strengthened national legislation with Senate and Congress. In 2019, UNICEF provided support for a nationwide multisectoral consultation to develop implementing rules and regulations for a first 1,000 Days

Law¹²⁶ – which provides a legal and policy framework for the scale-up of integrated nutrition interventions nationwide – and provided subsequent support to draft and finalize it. Interventions were rolled out between 2019 and 2021, with an emphasis on capacity-building, systems-strengthening, local leadership and governance. UNICEF provided technical assistance to chief executives and legislators to establish local ordinances, policies and action plans, with increased investments for nutrition in the first 1,000 days. As a result, nutrition-specific spending in the health sector increased from US\$1 million in 2018 to \$3 million in 2020 and nutrition investments in three UNICEF-supported provinces rose from US\$609,400 in 2019 to more than \$1 million in 2021.

Leveraging global partnerships and high-level advocacy to transform the nutrition landscape

2021 marked the ‘Nutrition for Growth Year of Action’ – a year-long effort to mobilize global momentum for tackling malnutrition that was characterized by high-level global advocacy events, including the United Nations Food Systems Summit and the Nutrition for Growth (N4G) Summit. The latter summit culminated in 396 new nutrition commitments from 66 countries and more than US\$27 billion in financial commitments (see ‘*Shaping food systems for child survival, growth and development*’, page 207).

UNICEF is a founding member of UN-Nutrition, an inter-agency coordination and collaboration mechanism for nutrition at the global and country levels that became active in January 2021 in line with the United Nations reform agenda.¹²⁷ As part of its membership in the United Nations Nutrition Steering Committee, UNICEF supports FAO and WHO in fulfilling their mandates as providers of standards and normative guidance on food and nutrition. In addition, UNICEF plays the lead role in translating standards and normative guidance on nutrition into advocacy, policies, and programmes for children and women in development and humanitarian settings.

Throughout the Strategic Plan period, UNICEF continued to provide leadership and technical support to the Scaling Up Nutrition (SUN) Movement, including strategic support to the Executive Director in her role as Chair of the SUN Lead Group. In 2021, the SUN Movement launched its 2021–2025 Strategy to guide the Movement during its third phase and endorsed a mutual accountability framework and indicators of success, addressing key issues related to country delivery, knowledge management, financing, governance and accountability.

UNICEF continued its leadership in global breastfeeding advocacy through the UNICEF–WHO-led Global Breastfeeding Collective, now comprised of 28 partner organizations. In 2021, the Collective developed new resources for breastfeeding policy advocacy, such as a Global Breastfeeding Scorecard¹²⁸ to track national-level progress on key policy actions; an advocacy brief on the role of midwives and nurses in supporting breastfeeding;¹²⁹ and an advocacy toolkit to improve policies and financing for breastfeeding.¹³⁰ Through key advocacy events in 2021, such as World Breastfeeding Week and the fortieth Anniversary of the Code,¹³¹ UNICEF reached more than 3,000 individuals with tools and resources to support and protect breastfeeding.

In 2021, UNICEF, WHO and the World Obesity Federation founded the Global Obesity Coalition, which was launched during the annual Global Obesity Forum in 2021. The



Four-year-old Ana Lucia Garzona Martinez eats a banana in Guatemala City.

Coalition aims to streamline priority global leadership and coordination on obesity, scale up national policymaking efforts to create healthy environments, and support health systems in building back better and more equitably from the COVID-19 pandemic, including incorporating the needs of people with obesity as part of future pandemic preparedness.

In Eastern and Southern Africa, UNICEF strengthened nutrition governance through its partnership with the SADC. The partnership provided an opportunity to engage Ministers of Health and other sectors to accelerate commitments to nutrition and sectoral collaboration. UNICEF contributed to a set of guidance documents (on food and nutrition security, school meals and a hygiene strategy) and created regional coordination structures for nutrition, with the goal of building political will among decision makers to accelerate the implementation of high-impact nutrition actions in SADC Member States. In 2021, SADC Ministers endorsed 18 nutrition decisions, including the decision for Malawi to host a Regional Centre of Excellence on Stunting Reduction. Through the SADC Food Fortification Partners platform, partners provided monitoring support to the SADC countries and an additional five countries adopted SADC Minimum Standards for Food Fortification (i.e., 10 of 16 SADC Member States). The experience illustrates how the influence of regional economic communities can be leveraged to drive the nutrition agenda.



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Diomande Ibrahim Jordane, age 14, lives in Yopougon, a suburban area of Abidjan, in the south of Côte d'Ivoire. He is pictured eating rice with potato leaf sauce – but his favourite dish is rice with peanut sauce, which he has been eating since he was 8 years old.

Results Area 2: Adolescent nutrition

During the school-age years,¹³² good nutrition can fuel growth and development, foster long-term healthy habits, improve learning and contribute to breaking the intergenerational cycle of malnutrition. In contrast, malnutrition during this time can trigger physical, mental and socioeconomic consequences that carry over generations.

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 under this results area is aligned with the UNICEF Gender Action Plan, 2018–2021, and supports the first objective of the UNICEF strategic framework for the second decade: to maximize adolescents’ physical, mental and social well-being.

Today, far too many school-age children and adolescents are not consuming the nutritious foods they need for healthy growth and development. Fewer than a third of school-going children in low- and middle-income countries consume fruits and vegetables once a day and half of adolescent girls in low-income countries eat fewer than three meals a day. Adolescent girls are especially vulnerable to malnutrition in contexts where gender inequalities limit their access to nutritious food, essential services and educational opportunities. Further, the negative impact of the COVID-19 pandemic on food systems, education and livelihoods is undermining the diets of school-age children and adolescents everywhere.

To protect and promote diets, services and practices that support optimal nutrition in middle childhood and adolescence, UNICEF uses a coordinated approach,

underpinned by responsive actions across the education, food, health, water and sanitation, and child protection systems. These actions aim to improve availability and 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; enhance knowledge and skills about good nutrition and physical activity; and promote good diets and active lifestyles through large-scale communication programmes. In addition, UNICEF leverages programmes and policies across sectors to overcome gender barriers and reinforce adolescent girls’ access to resources, decision-making and agency.

UNICEF programmes to improve children’s nutrition during the school-age years are delivered primarily through schools, as well as through the health system

and community platforms. Many of the key preventive programmes for this age group – such as school-based IFA supplementation and nutrition education – were significantly disrupted in 2020 and 2021 due to school closures and other pandemic-related containment measures. At least 79 countries reported adapting their approaches and delivery platforms to ensure as much continuity as possible in nutrition services for this age group.

UNICEF intensified its support to governments to re-establish nutrition services as schools re-opened, and in 2021, key programmes such as IFA supplementation rebounded, surpassing pre-pandemic coverage levels (see *Figure 80*). At the same time, school closures and other pandemic-related challenges persisted throughout the year, preventing greater acceleration towards Strategic Plan targets. Additional investments are needed to drive progress in this area in 2022 and beyond.

Outcome and output indicators for adolescent nutrition and health

FIGURE 78: Outcome results for adolescent nutrition, 2021

Outcome indicator (+ key United Nations partners)	Baseline	2018 value	2019 value	2020 value	2021 value	2021 target
1.21 Percentage of girls aged 15–19 years with anaemia	46%	46% (2012–2018)	48% (2014–2019)	48.3 (2014–2019)	48.3% ¹³³ (2014–2020)	38.1%

FIGURE 79: Output results for adolescent nutrition, 2021

Outcome indicator	Baseline	2018 value	2019 value	2020 value	2021 value	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	58.4 million	59.9 million	35.3 million	67.4 million	100 million

Improving services and community demand

Scaling up essential nutrition services for adolescents

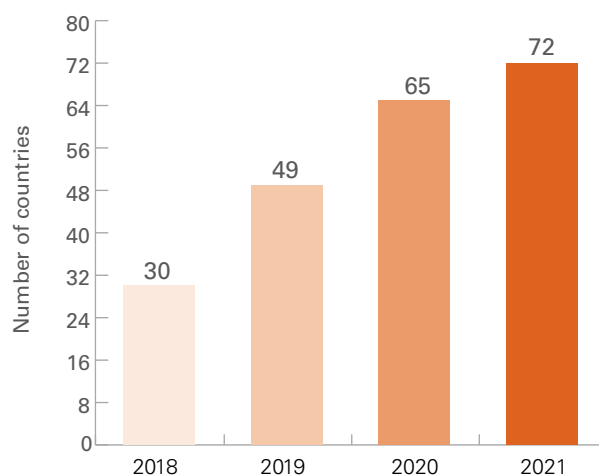
The 2018–2021 UNICEF Strategic Plan was the first to prioritize nutrition results for adolescents as a distinct results area. In 2018, UNICEF established compacts with regional and country offices to expand programming in this area, and supported countries to pilot, evaluate and scale-up programmes throughout the 2018–2021 Strategic Plan

period. In 2021, UNICEF released programme guidance on nutrition in middle childhood and adolescence¹³⁴ to support programme design, implementation and monitoring.

These significant programmatic investments throughout the Strategic Plan period allowed more countries to adopt IFA supplementation for adolescents – a key intervention for tackling anaemia, which remains stubbornly high in adolescent girls globally and is exacerbated by gender inequality. Between 2018 and 2021, the number of countries implementing programmes on the prevention of anaemia in adolescents more than doubled, from 30 to 72.

In 2021, UNICEF continued advocating for governments to re-establish and maintain IFA supplementation for school-age children and adolescents, which had declined significantly in 2020 during pandemic-related school closures. With UNICEF support, 67.4 million adolescents benefited from services for the prevention of anaemia and other forms of malnutrition in 2021 – a 90 per cent increase from 2020 and surpassing the 2019 figure of 59.9 million (SP1.i.1). Still, nationwide school closures caused significant setbacks, and as such, the 2021 result falls short of the Strategic Plan target of 100 million school-age children and adolescents. This reflects the challenge of ensuring school reopenings during multiple pandemic waves and humanitarian situations, reporting constraints in some countries, and limited national investments in improving nutrition for this age group. Despite these challenges, many countries made significant efforts to establish alternative service delivery platforms, such as community groups or health centres, to maintain the continuity of nutrition services as much as possible.

FIGURE 80: Countries implementing programmes on the prevention of anaemia in adolescents



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Adolescent girls receive iron and folic acid supplementation as part of an initiative between UNICEF and the Ethical Tea Partnership in Assam, India.

Case study: Strengthening policies and scaling up services to reach more adolescents in need in Ghana

In Ghana, the prevalence of anaemia among adolescent girls was high at 48 per cent in 2014. The Girls' Iron Folate Tablet Supplementation (GIFTS) programme was implemented from 2017 to 2021 to tackle this problem and improve the nutrition knowledge and dietary practices of adolescent girls and boys, with partial support from UNICEF global thematic funds.

UNICEF collaborated with the Ghana Health Service and Ghana Education Service to scale up the programme nationwide, from four regions in 2018 to 16 regions by 2021. This included weekly iron and folic acid (IFA) supplementation to in-school and out-of-school adolescent girls, and education on anaemia prevention, nutrition and health for all adolescent boys and girls. More than 2.5 million adolescent girls received IFA tablets by the end of 2021 – a near threefold increase from 2020 when 900,000 were reached. At least 14,673 schools and 6,133 health-care facilities implemented the GIFTS programme in 2021 and 7,971 health workers and 17,234 teachers were trained on anaemia prevention and control. To address myths and misconceptions about IFA supplementation, health workers participated in parent-teacher association meetings and sensitized families about the programme to improve uptake.

Based on the success of GIFTS, the programme was combined with the Nutrition-friendly Schools Initiative in 2021 and consolidated into a national programme aimed at improving the nutrition of school-age children and adolescents in Ghana. This is an important step to fostering sustainability of the programme, as it will be delivered as part of a package of interventions (that includes IFA supplementation, physical activity, health and nutrition education, school health screening, water, sanitation and hygiene (WASH) services and an improved school food environment) rather than as a stand-alone programme.

UNICEF also provided technical and policy support to the Government to improve the broader enabling environment for adolescent nutrition. In 2021, together with FAO, WHO and the International Fund for Agricultural Development, UNICEF contributed to the drafting of national food-based dietary guidelines for Ghana and facilitated dialogues with children and adolescents to incorporate their views. In addition, through a partnership with the country's Food and Drug Authority, UNICEF contributed to developing a regulation on the marketing of unhealthy foods that resulted in the revocation of advertisements making false nutrition claims.

In Malawi, UNICEF supported a multisectoral systems-based approach to improve the nutrition status of adolescents. This included developing a strategy focused on leveraging agriculture, health and education sectors to prevent malnutrition in girls. As part of this strategy, IFA supplementation was provided to in- and out-of-school adolescent girls in 10 out of 28 districts of the country, reaching more than 256,950 girls in 2021 – an increase from 200,882 in 2020. To improve IFA uptake in schools, a participatory approach was used where focal students were identified to assist teachers in keeping registers and tracking self-compliance. Further, some 378,995 adolescent girls and boys benefited from nutrition education, cooking demonstrations, crop demonstration plots, WASH promotion and reproductive health support through community groups. Through these interventions, the proportion of adolescent girls meeting the minimum dietary diversity increased from 32 per cent in 2018 to 47 per cent in 2021.¹³⁵ Leveraging the strengths of the agriculture, education and health sectors, and engaging young people in programme design and implementation, were key factors in the programme's success.

In Indonesia, after a breakthrough policy decision to scale up adolescent nutrition interventions nationwide, UNICEF intensified efforts to strengthen the National School Health Programme. This included disseminating national guidelines for the programme to multisectoral government authorities across 34 provinces and providing training to strengthen the capacities of programme managers and service providers in 50 districts. While the number of adolescents reached with IFA supplementation declined from 12.2 million to 5.2 million between 2019 and 2020 due to school closures, in 2021, the figure more than tripled to 18.5 million through UNICEF's continued efforts to strengthen systems. This included the development of national multisectoral guidelines on adolescent nutrition programme delivery, digitalization of monitoring and reporting systems and capacity-building of service providers to support the Government's commitment to nationwide scale-up. Guided by the results of a quality assessment of school food environments, UNICEF also provided technical assistance to the Government to develop a national guideline on school canteens in 2021. In addition, UNICEF conducted a review of out-of-school adolescent nutrition interventions

and co-designed and facilitated workshops with out-of-school adolescents to generate ideas for future delivery platforms to reach them. Research articles on these issues were published in a peer reviewed journal in 2021 (See page 121).

Community platforms offer critical opportunities to deliver nutrition services to out-of-school adolescents. Many countries shifted to these platforms during school closures, and have continued leveraging them to reach out-of-school adolescents. In Afghanistan, UNICEF is the sole source for procurement of IFA supplements for adolescent girls. Initially, IFA supplementation in schools recovered significantly in early 2021, reaching 765,265 adolescent girls (from 76,100 in 2020). In addition, supplementation via community health workers (first launched in four pilot districts in 2020) expanded to five more provinces in 2021, reaching 158,193 out-of-school adolescent girls. With the Taliban takeover in the latter part of 2021, the community model will be used to cover school-going girls whose schools have been closed.

During the first year of pandemic school closures, an estimated 370 million children missed out on safe and nutritious school meals.¹³⁶ UNICEF and WFP led advocacy to sustain this essential social safety net for vulnerable children and develop alternative delivery points. Alternatives to school feeding, such as take-home rations and cash transfers, have been implemented by governments and

agencies such as WFP and UNICEF. However, these interventions can be expensive and inefficient, and strategies are needed in tandem to support children to return safely to school. In 2021, UNICEF, UNESCO, the World Bank and WFP published a 'Framework for Reopening Schools' to inform national recommendations on this issue and guide implementation.¹³⁷

Enhancing knowledge and generating demand for healthy diets

Social and behavioural change communication can increase awareness about the benefits of healthy eating and physical activity among school-age children and adolescents and reinforce positive practices.

One strategy is large-scale communication campaigns via media-based platforms, which can help foster engagement with communities and create a social movement that promotes nutritious diets and healthy lifestyles. Such approaches were critical in the context of COVID-19, when the typical delivery platforms to reach adolescents – schools and community institutions – were unavailable. In Ecuador, UNICEF developed an edu-communication strategy to promote healthy lifestyle habits during the pandemic, which included a series of books, guides, an animated television series, music videos and radio programmes. These were publicized across a range of



Umar Noorlatif, 13, eats with his mother at their home in Jakarta, Indonesia. In both rich and poor households in the country, families are shifting from traditional diets towards processed products that are often cheaper than nutritious foods and higher in fat and sugar.

platforms including social media and traditional television and radio stations. The strategy has reached more than 4 million people – double the number reached in 2020 – and is being evaluated, with the aim of scaling it up in schools in 2022.

As part of its programme to tackle the triple burden of malnutrition in 14 Pacific Island nations, UNICEF partnered with the Pacific Islands Food Revolution (an innovative television programme that promotes local, healthy food across the region), to create a spin-off reality television series: the Pacific Kids Food Revolution. The series features six dynamic adolescents who lead cooking segments using locally available, nutritious foods, together with celebrity chef Robert Oliver and Olympian Pita Taufatofua. The series was broadcast across 26 networks, reaching approximately 5 million people each week in 2021, while radio and social media platforms were used to reach several million more people with messages encouraging young people to cook healthy, local recipes with their families. The show was particularly timely during the COVID-19 pandemic, when many families in the region faced reduced income, restricted availability and affordability of imported foods, and increased time available to prepare meals at home. In 2021, UNICEF Pacific partnered with the national broadcasters of eight countries who engaged thousands more children via children's television shows, questions and answers with children on healthy eating, and celebrity engagement.

Promoting meaningful participation and engagement in nutrition programmes

Children have the right to participate meaningfully in matters that affect them. UNICEF fosters opportunities for adolescents to share their perspectives related to food, diets and physical activity, and engages young people in the design and implementation of nutrition programmes. Importantly, in 2021, UNICEF took a lead role in facilitating the engagement of children, adolescents and young people in the United Nations Food Systems Summit in 2020 and 2021 (see case study in *'Shaping food systems for child growth and development'*, page 207). The views of children and young people were synthesized into a report.¹³⁸

In 2021, UNICEF Executive Director Henrietta Fore was invited to deliver the Martin J. Forman Memorial lecture, an annual event held in honour of Martin J. Forman, who made a significant impact on international nutrition. The Executive Director reflected on the voices and actions of the children and young people who inspired her during her tenure with UNICEF (2018–2021) and offered concrete steps for fostering the meaningful participation of children and young people in actions to transform food systems both locally and globally.

To promote opportunities for meaningful participation, UNICEF works to establish platforms, spaces and channels for children to express their views and engage



Children in the Pacific Islands are leading the way as advocates for healthy eating through the Pacific Kids Food Revolution – a reality television show that promotes local, nutritious food across the region.

with decision makers. This was done in Zimbabwe, where UNICEF supported the country's junior parliament to implement a youth-led nutrition advocacy initiative in schools in six districts to promote healthy eating and lifestyles. Junior parliamentarians were empowered to identify nutrition challenges and actions for addressing them within the school environment. In addition, UNICEF hosted a 'Nutrition Hackathon' event during which adolescents designed digital solutions to improve nutrition. One of these solutions, the YOLO4Health application, is now a registered start-up company that allows young people to access accurate health and nutrition information via a web-based social platform.

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. 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.

UNICEF advocates for and supports the development of food-based dietary guidelines in the context of national food, health, education and social protection programmes, which can play an important role in educating communities about nutritious diets and providing direction for policies and programmes. In 2021, UNICEF published a review of food-based dietary guidelines for children, adolescents and women,¹³⁹ which found that such guidelines are lacking in many low- and middle- income countries, and where they did exist, they rarely responded to children's specific needs.

The school food environment in South Africa does not adequately support healthy eating habits and physical activity. UNICEF provided technical support to the Department of Basic Education to develop the Blueprint for Improving the South African School Food Environment, which provides guidance on healthy eating, drinking clean and safe water, and engagement in physical activity. It applies to all foods and beverages sold and offered to learners on and around school premises in government-regulated primary and secondary schools. UNICEF

provided support to conduct a stakeholder mapping to identify all people with the potential to influence school food environments. Handbooks and key messages were developed to encourage behaviour change among learners, educators, school management, caregivers, tuck-shop operators, food vendors and handlers, and the community. In 2021, the Blueprint was approved by the senior management of the Department of Basic Education for roll-out in government schools. Posters, infographics and leaflets on healthy eating were developed and distributed to 20,000 out of 24,894 government schools during the National Nutrition week campaign in all nine provinces, reaching approximately 10.4 million children in public and independent schools.

Promoting nutrition education in school curricula

The school curriculum provides an opportunity to promote healthy eating and physical activity and empower children and adolescents with the knowledge and skills to adopt healthy diets and lifestyle practices. UNICEF advocates for nutrition education and physical education in school curricula and for improving the capacities of teachers to deliver these programmes. This includes seeking innovative solutions for making nutrition education more accessible and understandable to children and adolescents (see *'Spotlight on Innovations'*).

Many countries provide nutrition education as part of a package of school-based interventions. In the State of Palestine, UNICEF provided support to prioritize adolescent nutrition through the establishment of a national nutrition-friendly schools initiative, which includes capacity-building training for teachers, children and parents; improved WASH facilities, gardening and school play areas; improved diversity of foods provided in school canteens; screening for anaemia and micronutrient supplementation as needed; community mobilization workshops; and physical education. UNICEF fostered inter-ministerial coordination among health and education ministries at national and subnational levels and supported the capacity-building of teachers, school administrators and caregivers. With UNICEF support, school-based policy and action plans were also developed to guide implementation. To enhance the enabling environment for nutrition, UNICEF provided technical support to the Ministry of Health to revise the National Nutrition Protocol to include adolescent nutrition, as well as procedures for nutrition screening, treatment and referral of malnourished adolescents.

Zimbabwe: Spotlight on innovations

In partnership with the City of Harare and Impact Zimbabwe Trust, UNICEF leveraged global thematic funds to develop an innovative proof-of-concept – an app that uses blockchain technology to improve the availability of nutritious foods for school-age children by registering healthy food vendors. Through the app, food vendors update available food options and prices; parents can preload funds on the system and track usage and the child can purchase food. Through a QR-coded card unique to each student, the blockchain system tracks each child's food choices from the registered vendors. In addition, nutrition education was provided to food vendors, students and teachers to raise awareness on the importance of good nutrition. In one month, 1,000 students were reached with nutrition education and 607 transactions were recorded on the system, of which 60 per cent were for the purchase of healthy foods. The number of healthy foods being sold within the school premises increased as vendors provided more healthy food options. The pilot will be scaled up in 2022 to target more schools and create direct linkages between food producers and vendors.



A vendor scans a student's food purchases as part of an innovative proof-of-concept to improve children's access to healthy foods and nutrition education in Harare, Zimbabwe.

Case study: Building food environments that protect the nutritional rights of children and adolescents in Mexico

Children and adolescents in Mexico are affected by a triple burden of malnutrition, where undernutrition and micronutrient deficiencies coexist with overweight and obesity. The main determinants of all forms of malnutrition are inadequate diet, characterized by low consumption of nutrient-rich fruits, vegetables and high consumption of unhealthy, ultra-processed food products and sodas. High levels of obesity, diabetes, cardiovascular diseases and hypertension in the country, which also affect children, have also increased the incidence of severe morbidity and mortality related to COVID-19.

In-person classes in Mexico were suspended from March 2020 through most of 2021 and replaced with a distance learning educational strategy called 'Learn at home', implemented mainly through television, radio and the Internet.¹⁴⁰ In the context of this new educational strategy, the Government designed a school-based nutrition curriculum, known as 'Vida Saludable' (healthy living), which aims to curb childhood obesity and promote healthy lifestyles. While the Government of Mexico had initiated Vida Saludable before the COVID-19 pandemic, the arrival of the virus, along with evidence that obesity and diabetes were risk factors for serious illness, reinforced its importance.

Delivered by the Ministry of Education in coordination with the Ministry of Health and with support from UNICEF, the programme design was finalized in 2020 and was fully implemented by 2021 as the national school curriculum in all 32 states in Mexico, targeting children aged 6–15 years. The programme seeks to improve knowledge, attitudes and practices, while also recognizing the social determinants of nutrition and health, including the food environment. The programme was broadcast throughout the school-year via television, radio and the Internet, with UNICEF providing technical support to develop the scripts. In addition, UNICEF supported the development of a diploma course for teachers to contribute to healthier food environments in schools and communities.

During the 2020–2021 school cycle, 24.6 million students between 3 and 15 years of age were enrolled in Vida Saludable and 1.2 million teachers were enrolled in the diploma course. UNICEF and the National Public Health Institute are conducting a study to analyse the design, implementation and outcomes of the initiative to inform future improvements.

UNICEF also supported a number of policy and legislative improvements to promote healthy food environments for children and adolescents in Mexico in 2021. UNICEF provided technical support to the Ministry of Health to monitor the implementation of the new front-of-pack nutrition labelling through the development of a Guideline for Health Authorities. The food and beverage labelling norm, which was strengthened with UNICEF support, prohibits the use of cartoon characters and other techniques to attract children to unhealthy foods. The norm was successfully implemented, despite efforts by the food industry to avoid these restrictions.

To support implementation of the norm, UNICEF designed an innovative SBCC campaign to raise consumer awareness about front-of-pack labelling legislation and generate demand for healthier food options. The campaign was designed with school-age children, who created 'Health Hero' characters based on healthy foods that are widely consumed in Mexico (an avocado, a lemon and a radish) to help children and parents to choose foods and beverages without warning labels in supermarkets, schools and public spaces. This campaign continues to be implemented in 2022 as part of the National Campaign on Healthy and Sustainable Diets.

Leveraging collective action

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

In 2021, UNICEF generated evidence to advance policies and programmes to prevent all forms of malnutrition in school-age children and adolescents. This included publishing a range of knowledge products to promote knowledge exchange across countries, including seven case studies disseminated with the global programming guidance and 12 articles published in a special issue of the Emergency Nutrition Network's Field Exchange publication – the first-ever compendium of nutrition field experiences, learning and evidence on this age group.¹⁴¹

Similar evidence generation initiatives were undertaken by UNICEF country offices in 2021. As part of efforts to address the triple burden of malnutrition among adolescents in Indonesia, UNICEF coordinated a journal supplement published in the Food and Nutrition Bulletin in 2021, including an editorial and eight original research articles written by UNICEF and other nutrition experts. This represents the first comprehensive review of evidence on the nutritional status of adolescents in the country, which will be used to mainstream adolescent nutrition within sectoral policies and strategies and identify platforms for reaching the most vulnerable.

In 2021, UNICEF contributed to the increasing body of evidence on policy approaches to tackling overweight and obesity in children and adolescents. In Viet Nam, overweight and obesity increased sevenfold in children aged 5–19 years from 2002 to 2020 and coincided with sharp increases in the sale of sugary drinks. The Ministry of Finance proposed a 10 per ad valorem cent tax on sugar-sweetened beverages to disincentivize consumption and UNICEF supported a modelling study to examine the impact of different tax rates. The findings are being used to inform advocacy for taxes on sugar-sweetened beverages in the revision of tax law.

In 2021, UNICEF commissioned a study on adolescents' experiences of weight-related stigma in Brazil, Indonesia and South Africa. The study aimed to advance global knowledge on this topic, bringing new insights from low- and middle-income countries, and inform UNICEF programming response and advocacy related to overweight and obesity.

In East Asia and the Pacific, UNICEF carried out research to examine urban food retail environments and share recommendations for making them healthier for children. The project involved public and private sectors, with an initial focus on Indonesia, the Philippines and Chengdu City in China. The findings helped lay the groundwork for advocacy for protective government policies and innovative business interventions to improve food retail environments and tackle childhood overweight and obesity in the region.¹⁴²

To strengthen the evidence base on nutrition during the school years, UNICEF collaborated with the Emergency Nutrition Network to identify research priorities for school-age and adolescent nutrition in low- and middle-income countries. The results will inform the research efforts of both academics and programme implementers by prioritizing interventions that can achieve measurable results in reducing malnutrition in this age group. UNICEF also called attention to the lack of standardized nutrition metrics, indicators and targets for the period of middle childhood and adolescence, and established a technical expert advisory group to offer recommendations for addressing this gap.

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. Countries are increasingly adopting these frameworks to uphold the nutritional rights of school-age children and adolescents: 89 countries had a policy, strategy or plan of action in place for this age group in 2020 (the latest estimate), compared with 73 countries at baseline.

UNICEF supported the Government of Nepal to strengthen the policy environment for adolescent nutrition in 2021, with the help of global thematic funds. Technical assistance and funding were provided throughout the current Strategic Plan period, which culminated in a nutrition strategy and five-year costed implementation plan (which includes adolescent nutrition); adolescent nutrition guidelines; capacity development of health workers and female community health volunteers; and a monitoring mechanism with adolescent nutrition indicators integrated within the country's web-based reporting system. As a result of these investments in systems-strengthening, weekly IFA supplementation coverage among adolescent girls in 308 municipalities increased from 30 per cent (325,248 adolescents) in 2018, to 37 per cent (400,136 adolescents) in 2021. The number of local governments with access to IFA in schools increased from 308 in 2018 to 753 in 2021, and the percentage of health workers and community health volunteers who improved their capacity in adolescent nutrition increased from 39 per cent in 2018 to 68 per cent in 2021.

National strategies for school-age children and adolescents are increasingly including actions for addressing overweight and obesity. In South Africa, through its membership in the National Advisory Team on Obesity, UNICEF provided technical support to the Government to update the National Strategy for the Prevention and Control of Obesity. The new strategy commits to improving the enabling environment, including equitable access to affordable healthy food and physical activity; evidence-based communication to prevent and manage obesity; prevention and management of obesity within the health system; and policy and legislation that support a healthy food environment. In

addition to supporting implementation of the strategy, UNICEF conducted a baseline study on modifiable risk factors for non-communicable diseases (NCDs) focusing on adolescent diets to inform national policy positions and engaged with adolescents and young people on these issues via youth groups and other community platforms.

Adopting national legislation to protect the nutritional 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.

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 of food products to help consumers make better food choices. With a high burden of child overweight, the Latin America and Caribbean region has been at the forefront of UNICEF work in this area, with some of the most advanced policy advocacy to push for stronger legislation to protect children's food environments.

Some countries, such as Argentina, Mexico (*see case study, page 120*) and Uruguay have been particularly adept at using SBCC approaches to simultaneously build public support for regulatory measures, pressure governments to enact them and encourage public support. In Argentina, UNICEF, PAHO and FAO conducted advocacy and provided technical assistance to parliamentarians to enact the Law on Promotion of Healthy Eating in 2021, including front-of-package labelling regulations. To win support from stakeholders, UNICEF generated evidence on the exposure of children and adolescents to digital food marketing, which proved central to the parliamentary debate on the law. This evidence-driven, child-rights based approach was persuasive with stakeholders and ultimately formed the basis for drafting the law. To increase buy-in from policymakers and the public, UNICEF conducted media advocacy by leveraging social media platforms and mobilizing influencers such as the Association of Chefs and Entrepreneurs to amplify these messages. At the same time, UNICEF worked to strengthen the capacity of the National Coalition to Prevent Obesity in Children and Adolescents, bringing together more than 50 civil society organizations that had actively advocated for the new law. This wide coalition of support for the law among United Nations agencies, NGOs, influencers and the public was critical in counteracting powerful resistance from food and beverage companies.

UNICEF also played a pivotal role in the adoption of front-of-pack labelling legislation in Uruguay throughout the current Strategic Plan period. Through UNICEF-supported



A mother and her 10-year-old daughter shop for food in Canelones, Uruguay. The Government of Uruguay adopted front-of-pack warning labels (pictured here) on foods with excess fat, salt and sugar to help consumers make informed decisions about their food purchases.

evidence generation and advocacy, the Uruguayan front-of-pack nutrition warning labels entered into force in March 2020; however, soon after, the new government considered suspending the decree. In response, UNICEF generated rapid policy-relevant evidence and advocated successfully for the policy to be enacted, along with FAO and PAHO, despite strong industry counter pressure. In 2021, UNICEF studied consumer adherence to the legislation four months after it was implemented and found that 76 per cent of consumers had lowered their consumption of the labelled products. Together with partners, UNICEF also leveraged SBCC approaches, including advocacy videos, to harness public support for the legislation.

UNICEF is also intensifying its advocacy and support for strengthening the policy environment in East Asia and the Pacific, where childhood overweight and obesity are growing faster than in any other region of the world.¹⁴³ This includes policies to improve the food retail environment to make nutritious foods more available, affordable and desirable for children and adolescents. In 2021, UNICEF provided technical and policy support to the Government of Thailand in developing comprehensive legislation to restrict the marketing of unhealthy food and beverages to children. The legislation is part of a range of policies being developed to tackle increasing rates of overweight and obesity in the country. Legislation was drafted in 2021 based on a UNICEF evidence paper that set out the rationale, scope and mechanisms for monitoring, evaluation and enforcement, and public consultations will be held in 2022 to harness public support for the legislation. The legislation has the potential to benefit all 15 million children under 18 years of age in Thailand.

As work in this area continues to develop, UNICEF will expand these approaches to support governments in strengthening food policy environments in other regions, such as Southern Africa and the Middle East.



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Eman Hameed Ahmed Al Rahmy and her father arrive at the AlTheebah Health Centre in Mabyan district, Hajjah governorate, Yemen, where UNICEF is supporting early detection and treatment of child wasting and providing counselling on infant and young child feeding and micronutrient supplementation to children under 5 years of age.

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

An estimated 45.4 million children under 5 globally (6.7 per cent) suffer from wasting – the most visible and life-threatening form of hunger and malnutrition.^{144,145} More than half of children with wasting are younger than 2 years of age.¹⁴⁶ Even before the COVID-19 pandemic, there was little progress towards the SDG target of reducing the prevalence of child wasting to <3 per cent by 2030. Now, as a result of the pandemic's socioeconomic impacts, the number of children with wasting could increase by 20 per cent by the end of 2022, with grave consequences for children's growth, development and survival.¹⁴⁷

Prevention is paramount to reducing the number of children suffering from wasting, as described in Results Area 1. But when efforts to prevent malnutrition fall short, early detection, feeding, treatment and care can save lives and put children back on the path to healthy development.

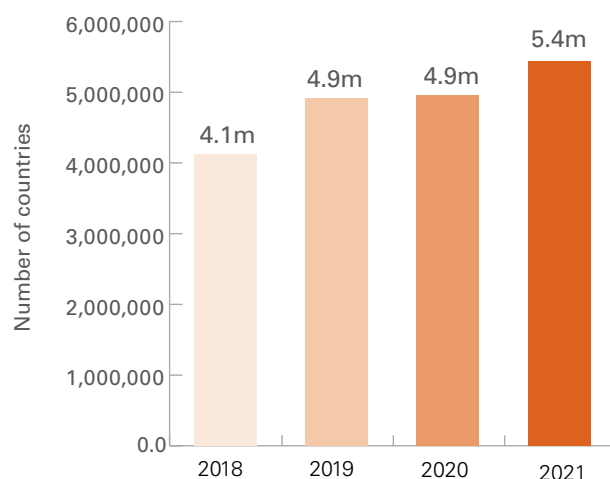
The UNICEF Strategic Plan, 2018–2021 commits to the prevention and treatment of child wasting in all contexts through Output 3: “Countries have accelerated the delivery of services for the treatment of severe wasting and other forms of severe acute malnutrition.” Under this results area, UNICEF aimed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

While the number of children accessing effective treatment has continued to rise in recent years, fewer than one in three children with wasting is being reached with treatment globally. In 2021, UNICEF launched No Time to Waste – an institutional action plan for tackling this persistent global crisis.¹⁴⁸ Aligned with the Global Action Plan on Child Wasting, No Time to Waste outlines concrete actions for protecting the most vulnerable children – the youngest, the

poorest and those left behind by humanitarian crises. It is a consolidation of years of partnership-building with national governments, civil society, partners, donors and the private sector around a common goal: that no child dies of wasting.

While the COVID-19 pandemic exposed the weaknesses of current approaches to child wasting, it was also a pivotal opportunity to shift course. In 2020 and 2021, UNICEF supported countries to transition rapidly to a number of simplified approaches to early detection and treatment delivered at community level – specifically, empowering caregivers to detect child wasting at home, engaging community health workers to provide treatment, and simplifying elements of the standard treatment protocol to expedite and ensure care (see Figure 84). These changes were adopted temporarily across at least 42 countries in 2021 to maintain life-saving care for children in need in the context of COVID-19. As a result, UNICEF and its partners treated nearly 5 million children with wasting in 2020 (the same number as in 2019) and expanded services to reach 5.4 million children in 2021 (see Figure 81).

FIGURE 81: Children receiving treatment and care for wasting, 2018–2021



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

FIGURE 82: Outcome results for treatment and care of children with severe wasting, 2021

Outcome indicator (+ key United Nations partners)	Baseline	2018 value	2019 value	2020 value	2021 value	2021 target
1.17. Percentage of children with severe acute malnutrition: a) who are admitted for treatment and default; ¹⁴⁹ and b) who are admitted for treatment and recover, through UNICEF-supported programmes (FAO, WFP, WHO) ¹⁵⁰	(a) 6.7% (b) 81.3%	(a) 8.4% (b) 82.2%	(a) 7.4% (b) 88.2%	(a) 6.6% (b) 88.8%	(a) 6.1% (b) 88.9%	(a) <15% (b) >75%

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

FIGURE 83: Output results for treatment and care of children with severe wasting, 2021

Outcome indicator	Baseline	2018 value	2019 value	2020 value	2021 value	2021 target
1.e.1. Number of children with severe acute malnutrition who are admitted for treatment ¹⁵¹	4.2 million	4.1 million	4.9 million	5 million	5.4 million	6.0 million
1.e.2. Number of countries that provide care for children with severe acute malnutrition as part of an essential package of regular health and nutrition services for children	24	24	27	29	30	≥30

Improving services and community demand

Delivering life-saving treatment and care for children with wasting

The early detection and treatment of children with wasting is an essential intervention to help severely undernourished children survive and thrive in development and humanitarian contexts. The number of UNICEF-supported countries providing services to treat children with wasting has grown steadily in recent years, from 69 countries in 2019 to 74 countries in 2020 and to 76 countries in 2021.

Through coordinated efforts to adapt services during the COVID-19 pandemic using programmatic innovations and simplified approaches, UNICEF and partners were able to expand early detection services and sustain access to care, despite severe health service disruptions and other pandemic-related limitations. Globally, UNICEF screened more than 150 million children for wasting in 2021 – 13 million more than in 2020. Of these, 5.4 million children with wasting received life-saving treatment and care – an increase of more than 400,000 children from 2020 (SP1.e.1). From 2018 to 2021, the number of children with wasting admitted for treatment increased by 1.3 million (Figure 81).

UNICEF programmes have maintained a consistently high quality of care in the treatment of children with wasting in all contexts: 88 per cent of children fully recovered in 2021,

the same proportion as in the previous two years. This result exceeds global performance markers and the quality targets set in the Strategic Plan (SP1.17(b)).

Complex and often protracted humanitarian crises occurred throughout the current Strategic Plan, including those characterized by conflict, drought, food insecurity and near-famine conditions, which deepened during the COVID-19 pandemic. Throughout this time, UNICEF and its implementing partners ensured the delivery of nutrition services to treat 5 million children with wasting in humanitarian contexts in 2021 – a significant increase from about 4 million treated in both 2019 and 2020. Of these children, 89 per cent fully recovered.

With UNICEF support in 2021, many countries worked to scale up and strengthen services to detect and treat children with wasting. In the Democratic Republic of the Congo, UNICEF provided technical and financial support for the treatment of child wasting in 14 provinces. Treatment services were provided through 155 stabilization centres and 1,989 outpatient therapeutic programmes, reaching 417,332 children with wasting compared with 382,520 in 2020, and 86 per cent of these children recovered. UNICEF supported the Ministry of Health's national nutrition programme to strengthen the capacities of NGO partners and develop a protocol for simplified approaches to the early detection and treatment of wasting, including adaptations related to admission criteria, family MUAC, single dosage and decentralization of care to the community level. Four coverage surveys were carried out in two health zones, with results indicating an increase



A mother cares for her baby who has severe wasting at a UNICEF-supported stabilization unit in Ayder hospital in Mekelle, the capital city of the Tigray region in Ethiopia.

Case study: Prioritizing services and care to protect the most vulnerable children with wasting in Ethiopia

The conflict in North Ethiopia has disrupted health and nutrition services and reduced access to care for the children most in need. With partial support from global thematic funds, UNICEF launched the Find & Treat campaign in 2021, a rapid response mechanism carried out by 145 mobile teams of community health workers and social mobilizers to identify and treat children with life-threatening wasting in conflict-affected areas. Through the campaign, 2.2 million children were screened for wasting and 12,213 were referred for treatment across Afar, Amhara and Tigray regions. Children and their families also received a range of multisectoral preventive services, such as vitamin A supplementation, deworming, infant and young child feeding counselling, immunization, water purification tablets and education on gender-based violence.

While the campaign faced important challenges, such as lack of fuel, cash and communications access, its success was driven by partnerships with government, NGOs and community partners, the pre-positioning of supplies, and strong monitoring and data collection. Find & Treat was established as a delivery mechanism during conflict-driven emergencies, but is now being adapted for use in climate-driven emergencies to reach vulnerable communities in the country.

Nationwide in Ethiopia, UNICEF supported the scale-up of services to treat children with wasting in the context of climate shocks, food price inflation, food insecurity and COVID-19. Five million children were screened for wasting across the country in 2021 and the number of children admitted for treatment increased in every region. UNICEF supported treatment for 424,492 children with wasting – an 18 per cent increase from 2020. UNICEF and the Government maintained a high quality of treatment, with 88 per cent of children recovering. To support these results, UNICEF worked to enhance government capacity in nutrition emergency preparedness and response by providing essential nutrition supplies, technical assistance and coordination mechanisms to improve programme efficiency.

UNICEF is collaborating with the organization Results for Development to integrate the treatment of wasting into the health system in Ethiopia. As part of this effort, UNICEF conducted an analysis of barriers to the supply of ready-to-use therapeutic foods (RUTF), leveraged innovative financing solutions to drive domestic resource mobilization, diversified the RUTF supplier base and assessed supply chain maturity against international standards to inform improvements.

in programme coverage. However, only 27 per cent of health-care facilities are offering treatment for wasting in the country and greater investments are needed to expand treatment services, integrate them within the minimum package of health services, strengthen the nutrition supply chain within the health system and enhance government leadership, commitment and ownership.

In 2021, humanitarian crises characterized by drought, conflict and displacement were reported in several states of Somalia. UNICEF partnered with 10 civil society organizations to increase the coverage of services to detect and treat wasting in affected areas. To support this scale-up, UNICEF and partners trained 4,719 health and nutrition staff nationwide – more than five times the planned target of 852, as this was the first time the integrated management of acute malnutrition training was rolled out, and states trained all staff up to the lowest primary care unit. Through these efforts, some 257,021 children with severe wasting were reached with treatment, an increase from 245,296 children in 2020. Programme performance indicators also improved: 95 per cent of nutrition treatment

sites surpassed global quality standards. This was the result of improved training and a new monitoring innovation at all levels – a nutrition scorecard – which allowed indicators to be monitored on a quarterly basis, in turn allowing for timely corrective actions.

In non-humanitarian contexts, UNICEF supported governments to scale up care for children with wasting, advocated for greater investments and commitments from governments to make prevention and treatment a priority, and strengthened health systems to better reach the most vulnerable children (see also, *'Building stronger institutions'*).

In 2021, the Government of India revised action plans for the national nutrition mission to give greater focus to child wasting, including calling on state governments to prioritize early detection and treatment at the community level. This shift was particularly important during the pandemic, which caused disruptions in access to facility-based wasting services. UNICEF supported the establishment of Centers of Excellence at National and State level in academic

institutions and medical colleges to provide technical assistance to the state governments on capacity-building, knowledge management, development of protocols, monitoring and supportive supervision, documentation and evidence generation. UNICEF also supported programme management at state level through the development of operational guidance and training materials on community-based treatment for wasting, while continuing advocacy to restore inpatient treatment. Through these efforts, eight state governments launched or intensified large-scale responses to detect and treat child wasting at the community level. Overall, more than 447,730 children with wasting were treated at both the facility and community level in 2021 – more than double the number treated in 2020.

Leveraging simplified approaches to detect and treat child wasting

UNICEF, in coordination with local ministries of health and national stakeholders, supported 42 countries to temporarily put in place simplified approaches to the early detection and treatment of wasting in 2021 in the context of COVID-19. Some of these included reducing the regularity of follow-up visits, supporting screening for wasting by caregivers and increasing stocks at district/facility levels (see Figure 84).

These simplifications were critical to maintaining and expanding the reach of services to cover more children in need, despite movement restrictions, health systems disruptions and other pandemic containment measures. Since many countries adopted these approaches in the context of COVID-19, UNICEF is now working closely with national governments to identify which simplifications are most appropriate to maintain in the longer term for each specific context. These simplifications are all unique and the case for promoting them widely for national scale-up is tied directly to the state of evidence for each simplification, which varies and is impacted by WHO normative guidance (which is currently under review). As such, UNICEF continues to prioritize efforts to generate evidence, while working with partners at all levels to identify which simplifications are appropriate to reflect in national guidelines, or in some cases, in national emergency protocols.

Parents and caregivers can be trained and empowered to play an important role in identifying children at risk of wasting. Before the pandemic, UNICEF was already working in some settings to empower mothers and other caregivers in the use of mid-upper arm circumference (MUAC) tapes to identify children with wasting at home – and with the onset of COVID-19, this approach became critical. Often referred to as 'Family MUAC', this approach improved access to care for vulnerable children in 2020 and



A young girl is screened for malnutrition at a Nutrition and Health Centre in Hargeisa, Somaliland.

2021 in the context of humanitarian crises and as screening campaigns and other health services were suspended. Forty-one countries used this approach in 2021, more than double the number from early 2020.

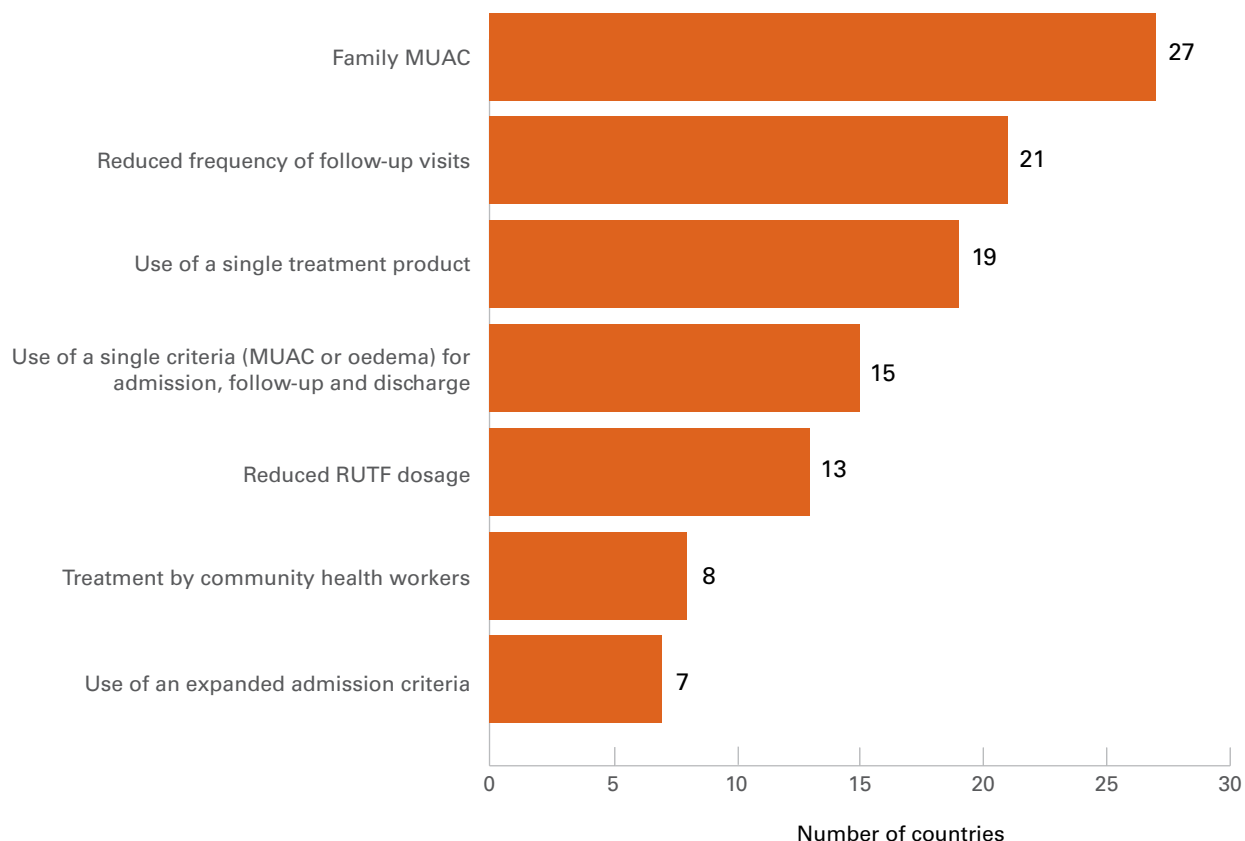
Training mothers, caregivers and community members to use colour-coded MUAC tapes is an effective strategy for identifying children with wasting as early as possible, particularly in underserved communities. In the Gambia, children with wasting who live in hard-to-reach areas without access to PHC are often missed in routine screening and referral. To close this gap, UNICEF supported integrated training for mothers on how to use MUAC tapes within infant and young child feeding counselling, which increased both the coverage and quality of the care for children with wasting. From 2018 to 2021, some 12,744 children were treated for severe wasting and 89 per cent recovered.

Millions of children in the northern states of Nigeria, many of them living in inaccessible areas, continue to face escalating violence, displacement and high levels of malnutrition. Across six states in the northeast and northwest, UNICEF supported the Government and partners to scale up Family MUAC as a key preventive

and monitoring strategy amid rising insecurity, which helped improve early access to treatment for vulnerable children. In addition, 1,365 health-care facilities provided treatment services for child wasting (against a target of 1,260 facilities) with UNICEF support. As a result, the number of children treated for wasting across 12 northern states rose to more than 520,000 in 2021, from 397,055 in 2020. The quality of care also improved, with 96 per cent of children fully recovering compared with 92 per cent in 2020. Drawing from experience in the northeast, UNICEF contributed to developing national guidelines for the integrated management of acute malnutrition, which include specific guidance for emergency and pandemic-related contexts. For the northwest, there is a need to prioritize systems-strengthening and the integration of treatment for wasting within PHC.

The identification and treatment of children with wasting by community health workers also increased in 2021. Twenty-two more countries implemented this adaptation, which brings community health workers right to the doorstep of the malnourished child. This approach has been piloted and studied in different settings for some time and is gradually being scaled up. With the support of the Children's Investment Fund Foundation and the Bill & Melinda Gates

FIGURE 84: Number of countries that implemented simplified approaches for the early detection and treatment of child wasting at national and subnational level in 2021



Source: NutriDash 2021

foundation, UNICEF launched operational research in seven countries (Ethiopia, Indonesia, Kenya, Malawi, Nigeria, the Philippines and Timor-Leste) to contextualize this innovative approach and identify pathways for scale.

In 2021, UNICEF launched a global interactive multi-stakeholder platform on simplified approaches to host newly developed resources and tools and provide a space for stakeholders to collaborate on implementation efforts. This is the first time all such information has been brought together and visualized. As part of the launch of this platform, UNICEF and its partners convened more than 450 individuals from 60 countries in a week-long learning event to showcase some of the most innovative approaches to the treatment and care of wasting being used around the world.¹⁵²

In the Eastern and Southern Africa region, the use of simplified approaches was accelerated by the pandemic; however, there was limited information on the scale and scope of these approaches. UNICEF carried out a landscape analysis to gather information on the size, scope, best practices and gaps in the simplified approaches being implemented in the region. A capacity assessment was also conducted to serve as a road map for scale-up and capacity-building to mature these approaches and

operationalize them at a wider scale. The analysis identified 48 instances of simplified approaches being implemented in the region; and with the pandemic's onset, their use increased by 46 per cent. To address the need for further guidance for countries, UNICEF formed a regional Technical Working Group to convene partners, provide technical support and ensure alignment across the region. The Working Group is also addressing gaps identified by the landscape analysis, such as the challenge of implementing simplified approaches within the health system.

Building stronger institutions

Strengthening systems and integrating treatment into routine primary health care

The early detection and treatment of child wasting should be integrated as part of routine PHC services for children to ensure that every child in need has access to care.

To achieve this level of integration, the early detection and treatment of child wasting must be integrated across the six building blocks of the health system: service delivery, workforce, information systems, access to essential medicines, financing and leadership/governance. With



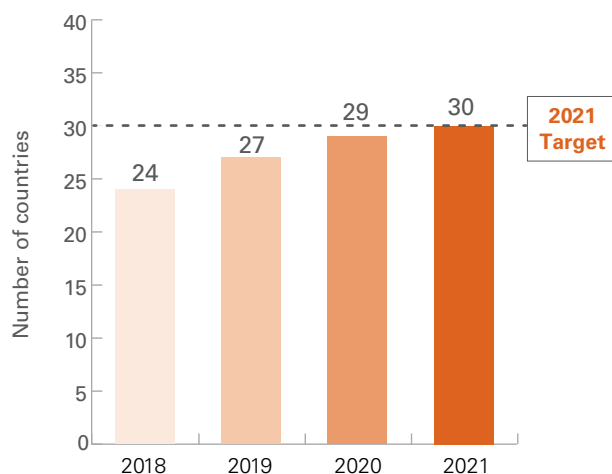
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In Kalembe Mulumba, a village 15km south of Kananga, Central-Kasai province, Democratic Republic of Congo, community members measure a child's MUAC to screen her for malnutrition.

UNICEF support, the number of countries integrating care for children with wasting as part of an essential package of regular health and nutrition services for children has risen steadily (see Figure 85). Thirty countries provided these integrated services in 2021, compared with 29 in 2020 and 27 in 2019, achieving the Strategic Plan target (SP1.e.2).

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. In 2021, UNICEF and Results for Development published new guidance on the integration of wasting services into health services.¹⁵³ The guidance is intended to support national policymakers and programme planners in further integrating wasting services into national health systems alongside systems- strengthening efforts. It aims to accelerate the process of making the treatment of child wasting a key component of PHC services around the world, boosting government ownership and strengthening sustainable scale-up.

FIGURE 85: Countries providing care for children with wasting as part of an essential package of regular health and nutrition services for children, 2021 (SP1.e.2)



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Nazia holds her one-year-old daughter Aqsad as she talks to UNICEF Nutrition Officer Mirza Mohammad Khan at a clinic in Kandahar Afghanistan, where Aqsad is being treated for severe wasting.

Wasting services at the health-care facility and community levels are increasingly being delivered by government health staff in many contexts, while UNICEF and partners continue to support health workforce recruitment, supervision and pre-service and in-service training. With global thematic funds in Benin, UNICEF provided technical support to the Government to include the integrated management of acute malnutrition (IMAM) within the curricula for pre-service training for health workers. UNICEF convened dialogues at the national level with the health and higher education ministries and launched a pilot phase road map, where IMAM was integrated within the curriculum for pre-service training within the Teaching, Training and Paediatric Research Unit from University of Parakou. To guide the training, UNICEF provided support to update learning materials, develop monitoring and evaluation tools based on the national IMAM protocol, and revise the study handbook.

The scale and reach of treatment services are directly proportional to the resources available for RUTF, and UNICEF advocates for Governments to allocate sufficient resources to procure RUTF and strengthen national supply chains. UNICEF established the Nutrition Match Fund in 2021 as a catalytic financing mechanism to incentivize domestic investments in nutrition by matching government spending. More than US\$3.5 million was 'matched' in 2021, securing access to more than 150,000 cartons of RUTF and \$5.5 million was committed for 2022. The first countries to benefit include Mauritania, Nigeria, Senegal and Uganda (described below).

In Uganda, only about 20 per cent of children with severe wasting are accessing treatment, including life-saving commodities like RUTF. While RUTF has been on the essential medicines list since 2016, it is not fully

Case study: Strengthening systems and bringing life-saving services from pilot to scale in Indonesia

In the upper-middle-income country context of Indonesia, UNICEF supported the Government to scale up services for the early detection and treatment of child wasting, with the help of global thematic funds.

Between 2018 and 2019, UNICEF partnered with the Government to design and pilot the integrated management of acute malnutrition (IMAM) in select districts to generate high-quality local evidence to support policy advocacy and programme scale-up. In 2020 and 2021, mass screenings for malnutrition were made more effective by integrating mid-upper arm circumference (MUAC) screening within primary and community health care services in 62 districts across seven focus provinces. The institutionalization of MUAC screening within community health posts was critical in making early detection and referral an integral part of the Indonesian health system. Further, Family MUAC was promoted by engaging caregivers, including fathers, in more than 20 districts to assess children for malnutrition at home.

By 2021, the programme had been scaled-up nationally across all 34 provinces. UNICEF supported the development of national IMAM guidelines and a training curriculum, which were used to strengthen the capacities of more than 4,700 health workers across the country. In addition, MUAC screening indicators were integrated within the national nutrition information system to better track programme coverage. With UNICEF's effective policy advocacy and technical leadership, the coverage and quality of IMAM services improved nationwide: the number of children with severe wasting receiving treatment doubled from less than 50,000 in 2020 to some 100,000 in 2021, despite disruptions to health services during the COVID-19 pandemic.

2021 was also a landmark moment for the prevention of child wasting in Indonesia. The Framework and Operational Road map of the Global Action Plan on Child Wasting were finalized with support from UNICEF and four other United Nations agencies (see *'Leveraging Collective Action'*).

UNICEF identified challenges throughout the IMAM scale-up process, including the limited availability of RUTF supplies and a lack of public awareness about child wasting. To address the first challenge and strengthen national supply, UNICEF contributed to the first-ever study on locally produced RUTF, in partnership with the Government and local companies. The study examined the efficacy and acceptability of four RUTF recipes composed of local ingredients, such as soybean and mungbean, instead of peanuts. Findings will inform the development of national regulations on local RUTF production in the country. To address the second challenge, UNICEF designed a national awareness-raising campaign and strategy on child wasting, which will be rolled out in 2022.

Lastly, a costing analysis on child wasting prevention and treatment is being carried out, which will inform advocacy for greater budget allocations for treatment services for child wasting in Indonesia.

integrated into the supply chain. UNICEF helped establish a nutrition supply chain integration task force in 2020, chaired by the Ministry of Health, and piloted supply chain integration. In 2021, UNICEF intensified its advocacy for improved domestic funding for nutrition commodities and empowered technical staff at the Ministry of Health to forecast, quantify and budget for nutrition commodities. As a result, the Government allocated US\$1 million to procure commodities to reach more children with severe wasting, which was in turn used to leverage the UNICEF Nutrition Match Fund. This will allow an additional 40,000 children with severe wasting to be treated. In addition, the budget voted by Parliament is expected to be maintained, which will improve programme sustainability and government ownership in Uganda.

Though RUTF is a key commodity in the treatment of child wasting, it is not yet included in the essential medicines/ commodities list in many countries and is thus not routinely procured by national governments. In Afghanistan, RUTF and other therapeutics were approved for inclusion in the essential medicines list in 2021 as the result of concerted UNICEF advocacy. Further, expanding access to treatment can only be achieved if national governments mobilize resources to procure RUTF, and if new, local, more cost-effective RUTF formulations are taken to market (*see case study, page 132*).

Investments to strengthen nutrition information systems, improve supply chains, secure financing and boost workforce capacity were key to improving the integration of wasting services in the Philippines, supported by global thematic funding. Based on a UNICEF-supported analysis of the bottlenecks to integrating care for children with wasting, UNICEF supported the Department of Health to develop and implement a multi-year IMAM scale-up plan, including capacity development, supportive supervision and local action planning, and the procurement of nutrition supplies. A health insurance benefit package for children with wasting was also finalized to ensure equitable access to care and is awaiting approval. UNICEF supported the integration of wasting indicators into the routine health information system. In addition, technical support was provided to introduce Family MUAC as a screening tool to identify more children with wasting, with 20,617 mothers trained in this approach. As of 2021, IMAM had been rolled out in 37 provinces, with 5,569 front-line workers trained to provide services. More than 80,260 children were screened for wasting, with 7,371 admitted for treatment. With the help of UNICEF advocacy and technical support, a costed country road map for the Global Action Plan on Child Wasting was adopted, and the Government procured US\$3.9 million worth of RUTF – enough to cover care for 70,000 children with severe wasting.

In the Bolivarian Republic of Venezuela, in the context of severe social, political and economic crisis, UNICEF contributed to key systems-strengthening efforts – such as improving nutrition data and the training of health workers – to prevent and treat child wasting. In addition to strengthening the capacities of facility- and community-

based health workers to improve early detection and care, UNICEF provided technical support to develop an information system for monitoring the nutrition situation – a critical contribution in a context where official data had been lacking for more than a decade. In prioritized health centres across the country, UNICEF and implementing partners expanded services to provide treatment to 15,786 children with wasting (compared with 5,656 in 2020), as well as to 18,497 undernourished pregnant and breastfeeding women (compared with 13,072 in 2020). Through UNICEF advocacy and technical assistance, national treatment frameworks were strengthened through the publication of a national guide for the management of acute malnutrition using simplified protocols.

Social health insurance is playing a larger role in health financing in many countries and represents a more sustainable option for funding wasting services as part of the broader shift towards universal health coverage. Viet Nam has implemented an IMAM programme since 2009; however, coverage was limited, with only 10 per cent of children in need being reached due to the lack of sustainable funding sources for IMAM services in central or local budgets. To establish a funding mechanism and framework for expanding IMAM services, UNICEF advocated for revisions to the Law on Medical Examination and Treatment, which if accepted would ensure that treatment of wasting is covered under the national health insurance. Once adopted, the law will cover treatment for all the estimated 230,000 children with wasting nationwide. At the same time, UNICEF supported the Ministry of Health to develop nutrition benefit packages, including an IMAM package focusing on prevention and community-based treatment. In addition, UNICEF successfully advocated for wasting indicators to be included in the official health information system for the first time in 2021, which will improve programme planning, investment and corrective action.

Leveraging collective action

Partnerships and coordination to put child wasting on the global agenda

The Global Action Plan (GAP) on Child Wasting represents a broad coordination effort among United Nations agencies to drive progress on the prevention, early detection and treatment of child wasting. The GAP was officially launched in November 2021 during the N4G Summit.

UNICEF led the roll out of the GAP, working closely with governments and partners in 23 countries to develop and implement comprehensive 'road maps for action' to achieve the SDGs on child wasting and provide universal treatment in more than 20 high-burden countries. UNICEF's technical vision shaped the architecture of the GAP, and its vision for new financing models and policy reform gained substantial support among donors, United Nations agencies and implementing partners.

In Cambodia, UNICEF advocated for the Government and United Nations partners to develop a GAP road map in 2021. Through UNICEF's strategic leadership and coordination with partners, including United Nations agencies, Scaling Up Nutrition networks, civil society and academia, the Government finalized a US\$25 million GAP national road map for the prevention and treatment of wasting through integrated health, food, social protection and WASH priority actions. Oversight of the operational road map occurs at a high level – under the Technical Working Group for Food Security and Nutrition, which is chaired by the Deputy Prime Minister and Chair of the Council of Agriculture and Rural Development.

In 2021, to guide its leadership within the GAP, UNICEF launched No Time to Waste,¹⁵⁴ an institutional action plan to scale up prevention, early detection and treatment of wasting for the most vulnerable children. Through this approach, UNICEF aims to harness global partnerships to unlock five key policy, programmatic and financial enablers¹⁵⁵ that have the power to reduce the number of children affected by wasting and improve access to treatment.

Key partnership agreements were established in 2021, including a strategic partnership with WHO to improve global and national policies on child wasting. This includes specific areas of collaboration to update global normative guidance, develop and/or update operational tools, and release a global research agenda on child wasting. In addition, UNICEF formed a strategic long-term agreement with a consortium of implementing partners working on simplified approaches for the detection and treatment of child wasting, led by International Rescue Committee and including Action Against Hunger and Save the Children.

Nutrition lessons learned

The UNICEF systems approach to nutrition was critical to progress made during the 2018–2021 Strategic Plan, particularly in the context of the COVID-19 pandemic and complex humanitarian crises, which highlighted the need to leverage food, health, social protection, water and sanitation, and education systems to tackle the multiple drivers of malnutrition and support governments in upholding children's right to nutrition in all contexts.



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In Ten Ngol village, Cambodia, Sol Pray holds her daughter who suffers from severe wasting and is being treated with RUTF.

The COVID-19 pandemic also reinforced the value of UNICEF investments in systems-strengthening throughout the Strategic Plan period. These investments left many countries better placed to adapt to the constraints of the COVID-19 pandemic and regain progress that had been stalled due to pandemic-related shocks. For example, UNICEF had been working for several years to support countries to transition their vitamin A supplementation (VAS) delivery platforms from campaign-style events to routine health systems distribution to promote sustainability of this critical nutrition service. An increasing proportion of VAS doses are now delivered through routine systems – a shift that allowed these countries to better maintain coverage during the pandemic than countries delivering vitamin A via campaigns and other events.¹⁵⁶

Despite the immense challenges of 2020 and 2021, UNICEF leveraged the pandemic as a catalyst to introduce simplified approaches to treat child wasting – a programmatic change that would have taken much longer to be adopted before the pandemic. The rapid and widespread acceptance of simplified approaches for the detection and treatment of child wasting was vital to maintaining and improving access to care throughout 2020 and 2021, especially for the most vulnerable children living in hard-to-reach areas and affected by humanitarian crises. UNICEF continues to work with stakeholders at all levels to support continued implementation and evidence generation to ensure these simplifications are maintained beyond the pandemic.

Operationalizing the United Nations reform through the creation of United Nations Nutrition was an important step in improving coordination among the four United Nations agencies with a mandate in nutrition (FAO, UNICEF, WFP and WHO). It will foster harmonized approaches and allow agencies to better leverage their comparative strengths for a more unified approach to accelerating progress towards the SDGs and an end to hunger and malnutrition by 2030.

Nutrition financial report

**All funding data are provisional as of 1 April 2022, 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 2021, UNICEF spent US\$740 million to support nutrition programmes across seven regions countries (see *'Expenses for nutrition in 2021'*).

Nutrition income in 2021

In 2021, partners contributed US\$232 million 'other resources – regular' for nutrition – a 44 per cent increase over the previous year. Public sector partners contributed the largest share of 'other resources – regular' to nutrition, at 76 per cent.

FIGURE 86: Nutrition 'other resources – regular' contributions, 2014–2021

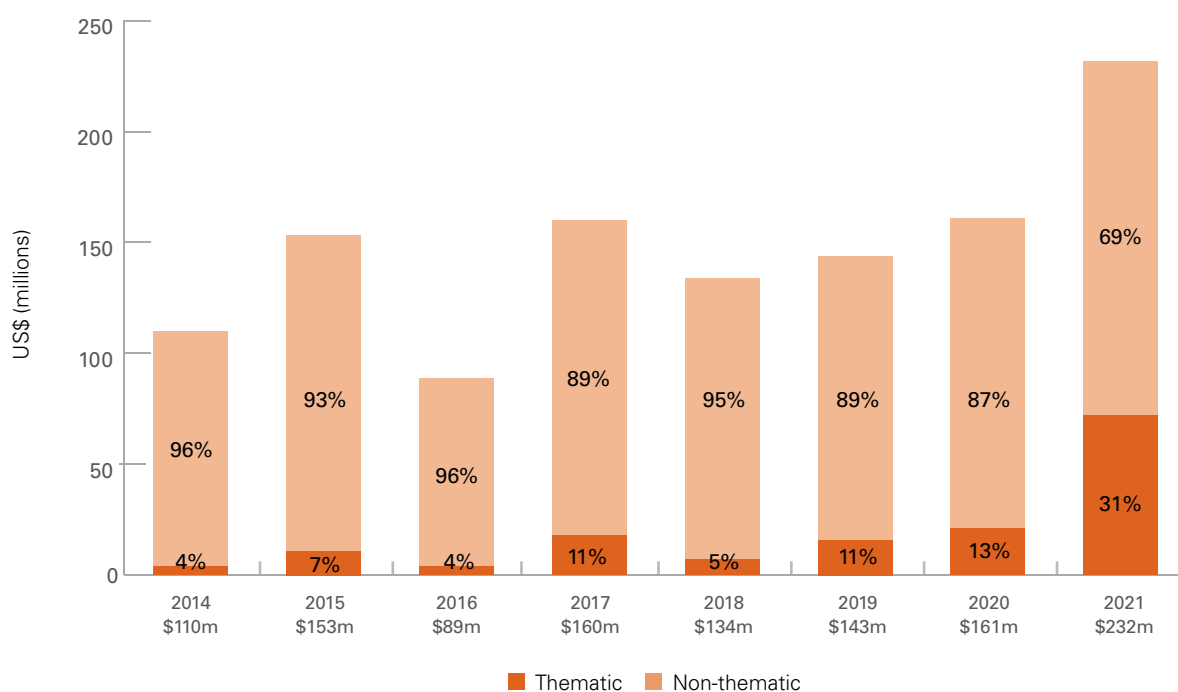


FIGURE 87: Total nutrition funds received by type of resource partner, 2021: US\$232 million

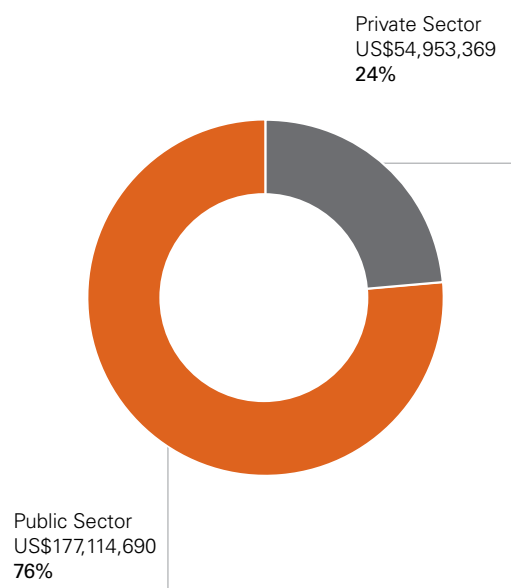


FIGURE 88: Top 20 resource partners to nutrition by total contributions, 2021

Rank	Resource partner	Total (US\$)
1	Germany	88,126,449
2	European Commission	41,495,472
3	United Kingdom Committee for UNICEF	22,453,012
4	United States Fund for UNICEF	19,819,270
5	Netherlands	14,000,000
6	Nutrition International	11,652,377
7	United Kingdom	8,422,161
8	United States	5,576,967
9	Canada	3,916,531
10	Luxembourg	3,755,603
11	Danish Committee for UNICEF	3,542,574
12	Sweden	3,466,525
13	Norway	2,516,830
14	German Committee for UNICEF	2,472,359
15	Ireland	2,159,291
16	Swiss Committee for UNICEF	1,688,930
17	Italian Committee for UNICEF	1,090,234
18	Portuguese Committee for UNICEF	975,470
19	French Committee for UNICEF	955,224
20	Polish Committee for UNICEF	950,380

The top five resource partners to nutrition in 2021 were the Government of Germany, the European Commission, the United Kingdom Committee for UNICEF, the U.S. Fund for UNICEF and the Government of the Netherlands (see

Figure 88). The largest contributions received were from the World Bank and from the Government of Germany (see Figure 89).

FIGURE 89: Top 20 contributions to nutrition, 2021

Rank	Total (US\$)	Grant Description	Resource Partners
1	95,999,974	Third Additional Financing for Emergency Health and Nutrition Project, Yemen*	World Bank
2	50,675,676	Thematic Nutrition Funding, Afghanistan	Germany
3	44,032,500	Emergency Human Capital Project, Yemen	World Bank
4	41,490,048	Building Resilience in Sahel (Mali, Mauritania, the Niger)*	Germany
5	17,031,520	Cash Transfers to Improve Nutrition and Mitigate the Impact of the COVID-19 Pandemic, Zimbabwe	Germany
6	16,891,892	Integrated Programme for Strengthening Resilience and Social Cohesion in Darfur, the Sudan*	Germany
7	15,202,703	Resilience and Social Cohesion in North-east Nigeria*	Germany
8	14,201,197	Strengthening Community Resilience in South Sudan Urban Settings*	Germany
9	14,000,000	Global Nutrition thematic funding	the Netherlands
10	10,612,380	Joint Integrated Resilience WFP-FAO-UNICEF in the Democratic Republic of the Congo	Germany
11	8,500,000	Support for UNICEF's Multi-country Child Wasting Collaboration	United Kingdom Committee for UNICEF
12	7,999,849	Nutrition, Mozambique	European Commission
13	7,909,997	Joint Programme on Saving Lives in Sierra Leone*	UNFPA-managed United Nations Partnerships and Joint Programmes
14	7,754,872	Multisectoral Support to COVID-19 Response, Senegal*	Canada
15	7,240,508	Multisectoral Nutrition Programme Supporting the Implementation of the Scaling-up Nutrition Initiative*	Germany
16	6,924,783	Fourth Additional Financing for Emergency Health and Nutrition Project, Yemen*	World Bank
17	6,689,858	Improving the Well-being of Conflict-affected Children and Families in the Sudan's Blue Nile and South Kordofan States*	Germany
18	6,472,800	Mitigating the Effects of COVID-19 through Nutrition, WASH and Protection, Afghanistan*	European Commission
19	6,236,023	Building Rohingya Refugee and Host Community Resilience in Cox's Bazar, Bangladesh*	European Commission
20	5,924,293	Vitamin A Supplementation Project 2019–2023	Nutrition International

Note: *Cross-sectoral grants SC190340 (Health, Nutrition, WASH), SC210542, SC180970 (Health, Nutrition), SC190614 (Health, Nutrition, Safe and Clean Environment), SC210718, SC210728, SC190741, SC190728 (Health, Nutrition, Education, Child Protection, WASH), SC210141 (Health, Nutrition, Education, Child Protection), SC190305 (Health, Nutrition, Social Protection), SC210017 (Nutrition, Child Protection, WASH), SC190011 (Nutrition, Education, WASH).

UNICEF thematic funds maintain a four-year funding period that covers the entire Strategic Plan period (2018–2021). Throughout the Strategic Plan period, thematic funding contributions for nutrition reached US\$116.6 million, with US\$72.3 million received in 2021, of which close to 92 per

cent came from public sector partners. The Government of Germany was the largest thematic resources partner in 2021, providing 70 per cent of all thematic nutrition contributions (see *Figure 90*).

FIGURE 90: Thematic contributions by resource partners to nutrition, 2021

Resource partner type	Resource partner	Total (US\$)	Percentage of total
Governments 91.71%	Germany	50,675,676	70.09%
	the Netherlands	14,000,000	19.36%
	Luxembourg	906,190	1.25%
	Sweden	718,668	0.99%
Private Sector 8.29%	German Committee for UNICEF	2,101,458	2.91%
	United States Fund for UNICEF	1,009,663	1.40%
	Portuguese Committee for UNICEF	975,470	1.35%
	Polish Committee for UNICEF	946,894	1.31%
	Dutch Committee for UNICEF	290,076	0.40%
	Slovenian Committee for UNICEF	170,980	0.24%
	Danish Committee for UNICEF	119,695	0.17%
	Slovak Committee for UNICEF	109,378	0.15%
	Swiss Committee for UNICEF	100,653	0.14%
	Norwegian Committee for UNICEF	84,255	0.12%
	United Kingdom Committee for UNICEF	38,630	0.05%
	New Zealand Committee for UNICEF	38,420	0.05%
	Canadian Committee for UNICEF	11,065	0.02%
Grand total		72,297,172	100%

Grant numbers are provided for IATI compliance: SC1899030001, SC1899030005, SC1899030014, SC1899030015, SC1899030017, SC1899030018, SC1899030020, SC1899030022, SC1899030035, SC1899030040, SC1899030045, SC1899030049, SC1899030051, SC1899030053, SC1899030055, SC1899030058, SC1899030059, SC1899030060, SC1899030061, SC1899030062, SC1899030063, SC1899030064, SC1899030065, SC1899030067, SC1899030068, SC1899030069, SC1899030070, SC1899030071, SC1899030072, SC1899030073, SC1899030074, SC1899030075, SC2299330001

Of all thematic nutrition contributions that UNICEF received in 2018 to 2021, 46 per cent were global-level contributions (see Figure 91). These are the most flexible sources of funding after regular resources and can be allocated across regions to individual country programmes, according to priority needs.

Under the 2018–2021 UNICEF Strategic Plan, the Government of the Netherlands has contributed 79 per cent of all global nutrition thematic funding (see Figure 92).

UNICEF is seeking to broaden and diversify its funding base and encourages all partners to give as flexibly as possible. Seventeen partners contributed thematic funding to nutrition in 2021, compared with 15 partners in 2020. Sizeable thematic contributions were received from the Government of Germany for nutrition activities in Afghanistan, and from the Government of the Netherlands for global nutrition thematic funding.

In 2021, the allocation of global nutrition thematic funds prioritized interventions to prevent all forms of malnutrition in children in the context of COVID-19, particularly interventions to improve the quality and diversity of young children’s diets. Global thematic funds also supported efforts to improve the nutrition of school-age children and adolescents and to support the early detection and treatment of child wasting.

FIGURE 91: Nutrition thematic funding contributions at country, regional and global levels, 2018–2021

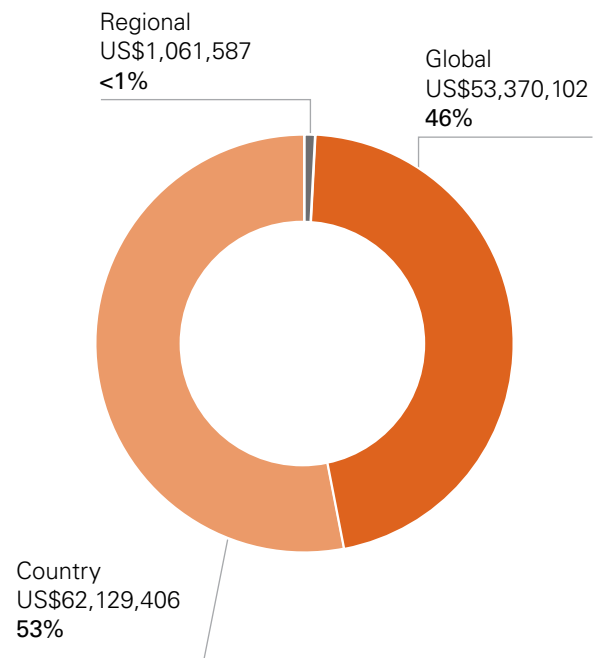
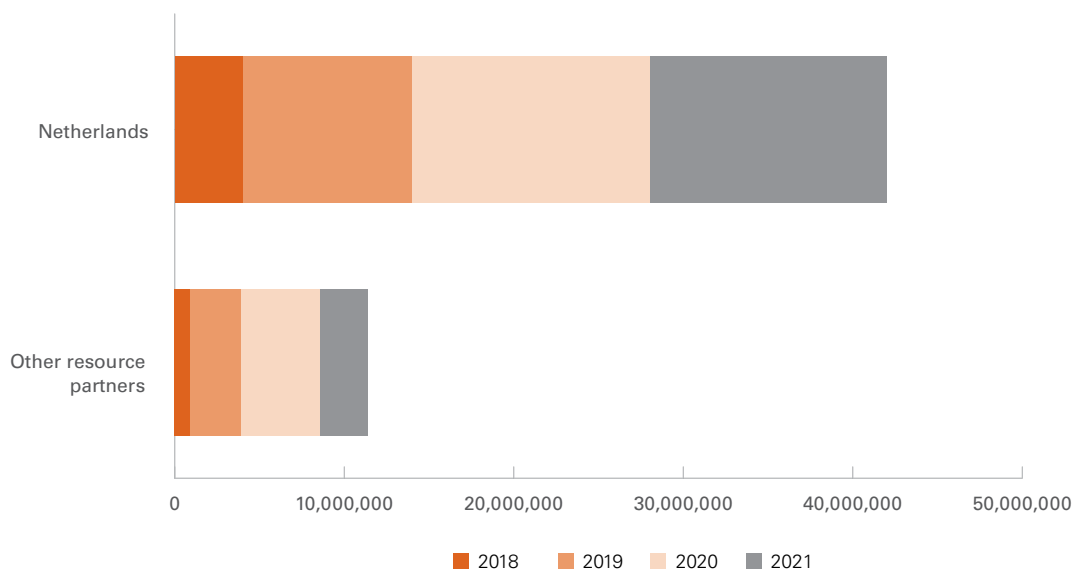


FIGURE 92: Spotlight on global nutrition thematic funding contributions, 2018–2021



Nutrition expenses in 2021

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 to nutrition in 2021. Total expenses for UNICEF programmes in 2021 amounted to US\$6.33 billion.

Overall nutrition spending increased to US\$740 million in 2021, from US\$656 million in 2020 (see Figure 93). More than half of these funds (US\$402 million) were allocated to support 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.

As in previous years, most nutrition spending in 2021 supported programming in Eastern and Southern Africa, West and Central Africa and the Middle East and Northern Africa (see Figure 94).

Expenses vs. Expenditures

'Expenses' are recorded according to International Public Sector Accounting Standards (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).

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 national systems to deliver large-scale nutrition results in low- and middle-income countries.

FIGURE 93: Expenses trend for nutrition, 2014–2021 (US\$740 million in 2021)

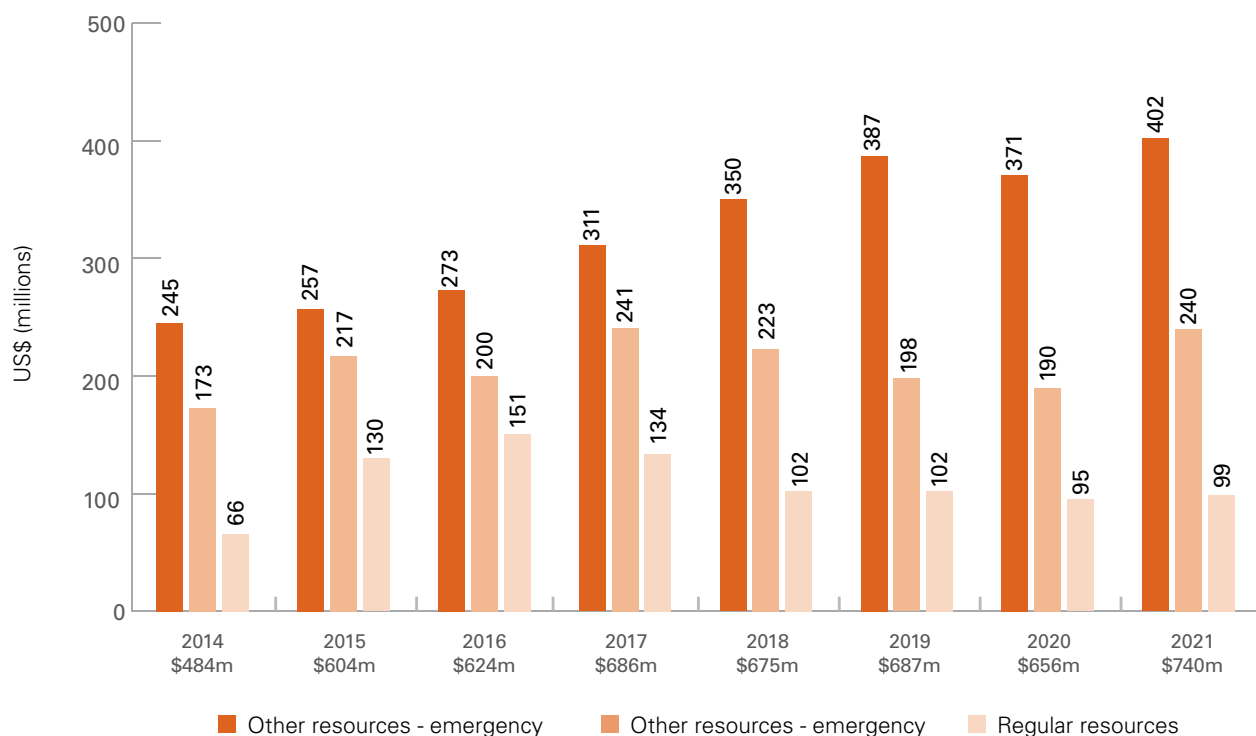


FIGURE 94: Expenses by region and funding source

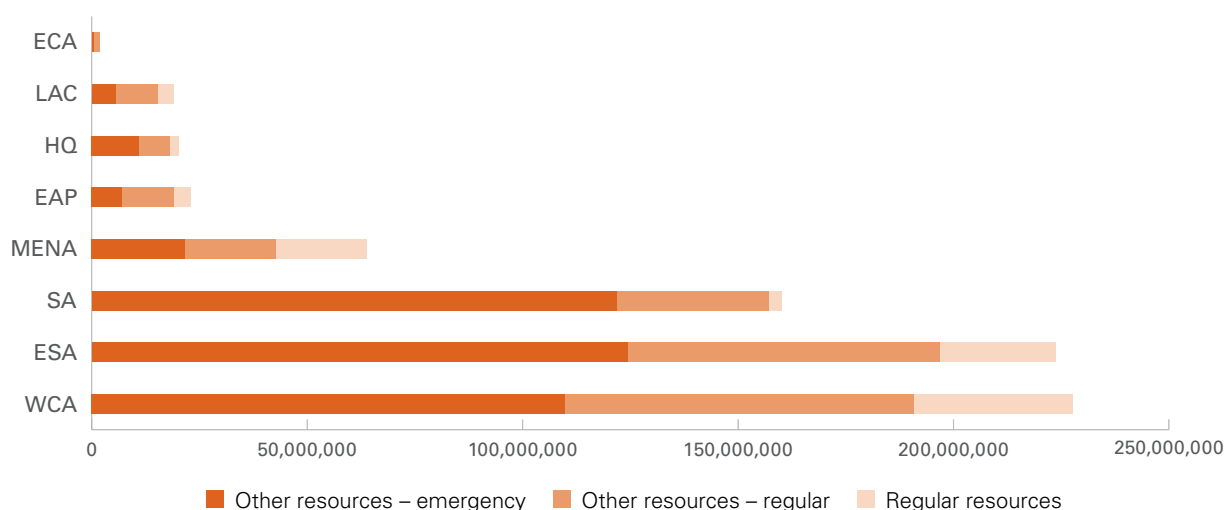


Figure 95 shows the 20 countries with the greatest expenses for maternal and child nutrition in 2021.

FIGURE 95: Expenses for nutrition – top 20 countries, 2021

Yemen	117,665,075
Ethiopia	51,398,194
South Sudan	48,729,092
Nigeria	46,966,121
Democratic Republic of the Congo	35,265,512
Chad	26,081,530
Niger	25,113,535
Sudan	24,390,463
Mali	22,126,561
Somalia	21,060,747
Afghanistan	17,190,799
Bangladesh	16,226,393
Malawi	16,188,221
Burkina Faso	15,499,288
Pakistan	13,684,239
India	13,666,713
Zambia	13,515,906
Cameroon	10,944,287
Zimbabwe	9,647,049
Central African Republic	9,610,353

Significant investments were made through counterparts and implementing partners to support them in delivering and implementing high-impact nutrition interventions. In addition, 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 (see Figure 96).

FIGURE 96: Expenses for nutrition by cost category, 2021 (US\$)

Transfers and grants to counterparts	231,578,770
Supplies and commodities	229,130,392
Staff and other personnel costs	106,722,452
Contractual services	54,630,200
Incremental indirect costs	41,874,397
Miscellaneous	35,509,970
General operating and other direct costs	32,881,935
Travel	7,615,367
Equipment, vehicles and furniture	322,388
Grand total	740,265,871



Results: HIV and AIDS

Stigma is part of Lukhanyiso's daily struggle as a person living with HIV and a sex worker in South Africa. She is the mother of a 2-year-old boy, Bandile.

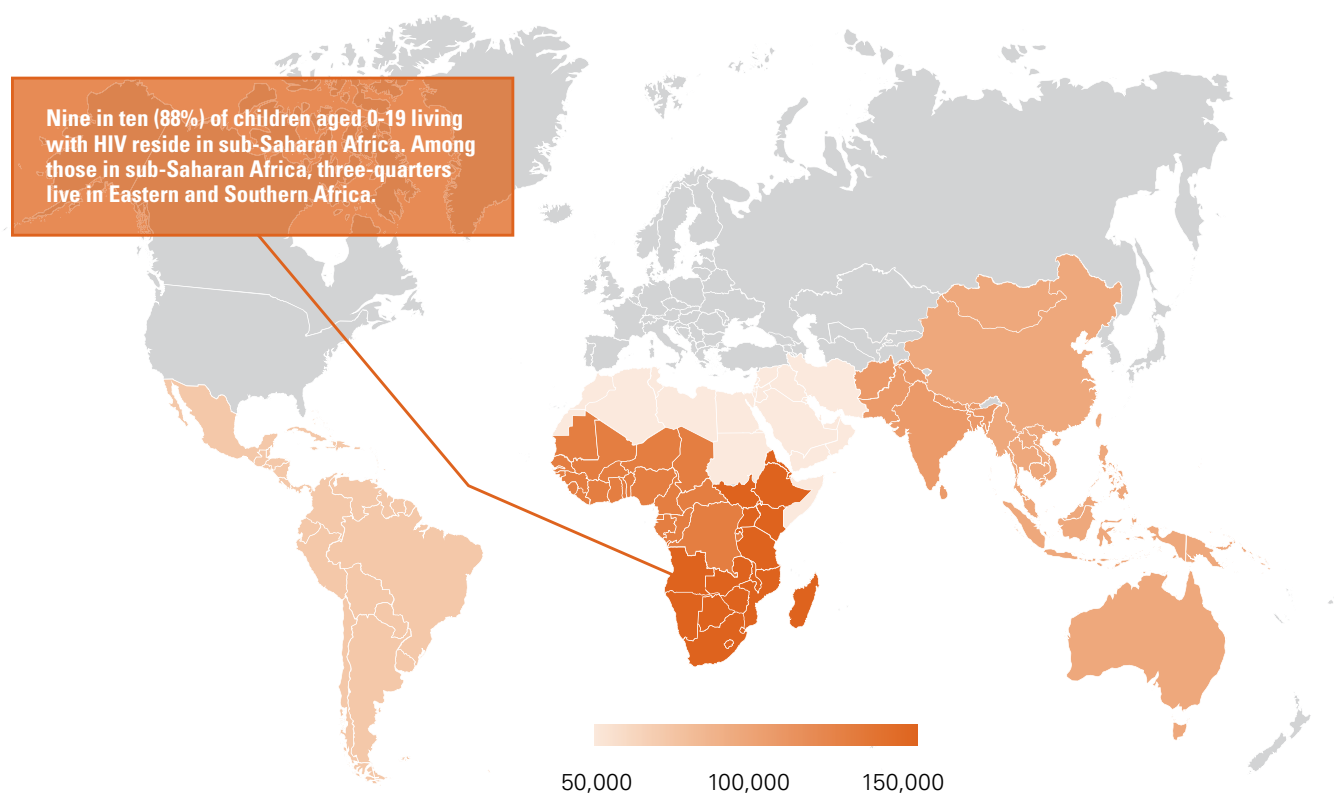
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HIV has prevented millions of children from being able to fully exercise their rights over the past four decades or more. Every new HIV infection in a child, every child death from AIDS, and every child orphaned by HIV represents a failure to safeguard children’s right to health, survival and development, all of which the global community has pledged to uphold in the Convention on the Rights of the Child.¹⁵⁷

Children living with and affected by HIV are among the most vulnerable individuals in any society, and yet we have failed to keep so many of them healthy despite having

long had the solutions to mitigate the impact of HIV and AIDS. Improving HIV results among them is essential for child rights throughout the 2030 Agenda for Sustainable Development. UNICEF will continue to support countries and other partners to better protect all these children in the new 2022–2025 Strategic Plan, in which health and HIV are more closely integrated in the recognition that strengthened primary health care (PHC) systems are a necessary part of successful efforts to reach and support all pregnant and lactating women, adolescents and children living with and vulnerable to HIV.

FIGURE 97: Number of children and adolescents living with HIV, by region, 2020



Source: UNAIDS 2021 estimates.

Note: This map does not claim any official position by the United Nations. Countries are classified according to nine geographic regions defined by UNICEF. Numbers of children and adolescents living with HIV in Eastern Europe and Central Asia, North America and Western Europe are not available. The numbers in brackets refer to the confidence interval.

For more information, please visit data.unicef.org

Results in 2021 and against the overall 2018–2021 Strategic Plan’s outcome indicators

UNICEF’s HIV work during the 2018–2021 Strategic Plan was concentrated in 35 priority countries and was tracked using a series of indicators (two outcome indicators and five output indicators).

Results against these indicators give an indication of the impact of UNICEF’s work in HIV and AIDS in 2021 and over the full course of the Strategic Plan. Children and adolescents are the focus of Outcome Indicator 1.18 (‘Percentage of girls and boys living with HIV who receive antiretroviral therapy [ART]’), with pregnant and breastfeeding women the focus of Outcome Indicator 1.19 (‘Number of pregnant women living with HIV who receive antiretroviral [ARV] medicines to reduce the risk of mother-to-child transmission [MTCT] of HIV through UNICEF-supported programmes’).

The two outcome indicators align with UNAIDS’s ‘super-fast-track’ framework for ending AIDS among children, adolescents and young women by 2020 and global HIV prevention targets. Those targets 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.¹⁵⁸

COVID-19 had an effect on the Strategic Plan’s two outcome indicators, but it does not appear to be as significant as originally feared. A notable observation based on reviews and analysis is that the pandemic’s impact on continuity of HIV prevention, treatment services and support was less devastating and harmful than anticipated when the pandemic first arrived, a time when major restrictions on mobility and economic activity were accompanied by severely stretched health systems.

As illustrated in Figure 98, paediatric ART coverage (Outcome Indicator 1.18) across all reporting countries in 2020 was about the same as the previous year and slightly higher than at the beginning of the Strategic Plan. Meanwhile, the total number of women receiving ARVs to reduce the risk of MTCT vertical transmission of HIV (Outcome Indicator 1.19) in 2021 was slightly lower than the previous years of the Strategic Plan. These overall results suggest that UNICEF’s contributions to strengthen capacities and systems of care and support – including HIV diagnostics, multi-month dispensing of medicines, outreach innovations using digital platforms and community-led support systems – were instrumental in mitigating the severest impacts of health systems and socioeconomic challenges stemming from the pandemic.

However, although the overall results show some clear signs of continued success that offer hope for better progress towards ending AIDS over the next Strategic Plan period, they also mask some disappointing and inequitable estimates and trends. The persistent paediatric ART coverage gap is particularly concerning as the main target was widely missed. For both the 0–14 and 10–19 age groups referred to in Outcome Indicator 1.18, the latest values (56 per cent and 55 per cent ART coverage, respectively) for the 35 high-priority countries were far below the 81 per cent target for the end of the 2018–2021 Strategic Plan.

Big differences at the regional level show where children remain most at risk of illness and death from HIV due to lack of access to treatment. At 58 per cent, paediatric ART coverage in 2020 among the reporting countries in the ESA region was higher than the global rate of 54 per cent, but was still far below the Strategic Plan target of 81 per cent and only slightly higher than the 52 per cent rate in 2018, the first year of the Strategic Plan. Although COVID-19 and perhaps other factors appear to have halted – though not necessarily reversed – progress in that region and most others, some exceptions showing notable reversals were also seen. Paediatric ART coverage in the two reporting countries in the ECA region was greater than 95 per cent in the first two years of the Strategic Plan, before falling to 88 per cent in 2020.

Results from the WCA region show a range of responses. Even though paediatric ART coverage was only 39 per cent in 2020 – less than half the global target – it was an improvement from the 35 per cent level in 2019 and the rate of 31 per cent in 2018. This slow but steady progress suggests that the prioritized UNICEF focus on the WCA region in its HIV and AIDS work, beginning in 2019, had some important positive results even during the COVID-19 era.

Results against the five 2018–2021 Strategic Plan output indicators can be grouped under two main results areas. Results Area 1, treatment and care of pregnant and breastfeeding women, children and adolescents living with HIV, covers three output indicators (1.f.1 to 1.f.3), and Results Area 2, adolescent HIV prevention, covers two output indicators (1.g.1 and 1.g.2) (see Figure 106). For Output Indicator 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’), the 2021 value across the 32 high-priority countries that reported against this indicator was 740,000, corresponding to coverage of 66 per cent on average. This is much higher than the 667,000 value (57 per cent) in 2018 at the beginning of the Strategic Plan.¹⁵⁹ One notable exception was in the ESA

region, where there was steady progress even during the COVID-19 pandemic, as reflected in a rise from 590,000 (62 per cent coverage) in 2018 to 664,000 (75 per cent).^{160 161}

In terms of Output Indicator 1.f.2 ('Number of adolescent girls and boys tested for HIV and [having] received the result of the last test'), UNICEF's efforts to reach adolescent girls with HIV testing, in particular, seem to have been relatively effective, as the 15 million value for 2021 for girls exceeded the 13.8 million target and was much greater than the 10.6 million baseline at the beginning of the Strategic Plan. The 2021 target of 9.8 million for boys was not reached, however, falling short by half a million. This result suggests greater attention is needed on not leaving boys behind when focusing on improving progress in adolescent testing efforts.

For Output Indicator 1.f.3 ('Number of countries implementing policies and/or strategies for the integration of key HIV/AIDS interventions [HIV testing and counselling, antiretroviral therapy] into child-centred service points and the degree of scale within countries'), the 2021 target of all 35 countries implementing such policies and strategies was met in all years of the Strategic Plan, which meant that yearly milestones were exceeded each time. However, such data do not give an indication of quality or the extent and impact of integration. Now that this target has been met, an important future UNICEF priority is to support assessments of these policies and strategies, to help ensure quality and impact.

FIGURE 98: Outcome indicators for HIV and AIDS 2018 – 2021

Outcome indicators (Key United Nations partners)	Disaggregation	Baseline 2017	2018 value	2019 value	2020 value	2021 value
1.18. Percentage of girls and boys living with HIV who receive antiretroviral therapy (Goal 3.8.1) (Global Fund to Fight AIDS, Tuberculosis and Malaria [Global Fund], Joint United Nations Programme on HIV/AIDS [UNAIDS], WHO)	Age: 0–14 years	46% (2016)	49% (2017)	51% (2018)	55% (2019)	56% (2020)
	Age: 10–19 years	35% (2016)	40% (2017)	45% (2018)	50% (2019)	55% (2020)
	EAPR	50%	52%	54%	56%	55%
	ECAR	>95%	>95%	>95%	88%	85%
	ESAR	49%	52%	54%	58%	58%
	LACR	42%	46%	47%	50%	50%
	MENAR	24%	30%	35%	37%	39%
	SAR	N/A	N/A	N/A	N/A	N/A
	WCAR	26%	31%	31%	35%	39%
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	1,028,000 (85%)	1,031,000 (86%)	1,033,000 (87%) (2018)	1,030,000 (88%) (2019)	1,001,000 (88%) (2020)
	EAPR	14,500 (51%)	14,700 (52%)	14,900 (54%)	14,600 (54%)	14,100 (53%)
	ECAR	2500 (88%)	3200 (87%)	3100 (93%)	2900 (93%)	2800 (94%)
	ESAR	857,000 (91%)	864,000 (91%)	875,000 (93%)	875,000 (95%)	858,000 (96%)
	LACR	14,900 (82%)	15,800 (88%)	17,200 (97%)	17,300 (99%)	16,400 (96%)
	MENAR	260 (52%)	240 (49%)	270 (57%)	230 (49%)	230 (50%)
	SAR	N/A	N/A	N/A	N/A	N/A
	WCAR	125,000 (65%)	119,000 (64%)	109,000 (59%)	106,000 (58%)	98,200 (54%)

EAPR = East Asia and Pacific Region; ECAR = Europe and Central Asia Region; ESAR = Eastern and Southern Africa Region; LACR = Latin America and the Caribbean Region; MENAR = Middle East and North Africa Region; SAR = South Asia Region; WCAR = West and Central Africa Region

FIGURE 99: Output statement 1.f. (Results Area 1) Countries have accelerated the delivery of services for the treatment and care of children living with HIV

Outcome indicators	Disaggregation	Baseline 2017	2018 value	2019 value	2020 value	2021 value
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	578,000 (49%)	667,000 (57%)	700,000 (60%) (2018)	717,000 (63%) (2019)	740,000 (66%) (2020)
	EAPR	5,400 (24%)	5,700 (26%)	9,800 (35%)	10,200 (38%)	8,100 (38%)
	ECAR	2,100 (53%)	1,800 (49%)	1,900 (57%)	2,200 (71%)	2,200 (74%)
	ESAR	507,000 (54%)	590,000 (62%)	618,000 (67%)	626,000 (69%)	664,000 (75%)
	LACR	2,800 (41%)	3,200 (47%)	3,300 (49%)	3,400 (51%)	2,900 (44%)
	MENAR	140 (27%)	150 (44%)	160 (34%)	110 (33%)	80 (24%)
	SAR	N/A	N/A	N/A	N/A	N/A
	WCAR	54,000 (30%)	61,000 (34%)	59,800 (33%)	66,100 (37%)	54,800 (30%)
1.f.2. Number of adolescent girls and boys tested for HIV and [having] received the result of the last test	Girls	13.3 million	13.4 million	13.5 million	15.0 million	15.0 million
	Boys	9.1 million	9.2 million	9.0 million	9.7 million	9.3 million
1.f.3. Number of countries implementing policies and/or strategies for the integration of key HIV/AIDS interventions (HIV testing and counselling, antiretroviral therapy) into child-centred service points and the degree of scale within countries	UNICEF programme countries with data	29	35	35	35	35
	EAPR	3	5	5	5	5
	ECAR	2	2	2	2	2
	ESAR	15	16	16	16	16
	LACR	3	3	3	3	3
	MENAR	1	2	2	2	2
	SAR	1	1	1	1	1
WCAR	4	6	6	6	6	

EAPR = East Asia and Pacific Region; ECAR = Europe and Central Asia Region; ESAR = Eastern and Southern Africa Region; LACR = Latin America and the Caribbean Region; MENAR = Middle East and North Africa Region; SAR = South Asia Region; WCAR = West and Central Africa Region

FIGURE 100: Output Indicator 1.g. (Results Area 2) Countries have implemented comprehensive HIV prevention interventions at scale

Outcome indicators	Disaggregation	Baseline 2017	2018 value	2019 value (2018)	2020 value (2019)	2021 value (2020)
1.g.1. Number of countries having initiatives to strengthen [the] availability of gender-responsive evidence for the All In framework for [the] prevention of HIV	UNICEF programme countries with data	20	23	25	25	24
	EAPR	1	2	2	2	2
	ECAR	1	1	1	1	1
	ESAR	12	12	14	14	14
	LACR	2	2	2	2	2
	MENAR	1	1	1	1	0
	SAR	1	1	1	1	1
	WCAR	2	4	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	30
	EAPR	3	4	4	4	3
	ECAR	1	1	2	2	2
	ESAR	14	15	15	15	15
	LACR	3	3	3	3	3
	MENAR	0	1	1	1	0
	SAR	1	1	1	1	1
	WCAR	3	6	6	6	6

EAPR = East Asia and Pacific Region; ECAR = Europe and Central Asia Region; ESAR = Eastern and Southern Africa Region; LACR = Latin America and the Caribbean Region; MENAR = Middle East and North Africa Region; SAR = South Asia Region; WCAR = West and Central Africa Region

As illustrated in Figure 100, results against the two 2018–2021 Strategic Plan output indicators associated with Results Area 2 show how difficult it is for rapid, consistent change to occur in key areas. Regarding Output Indicator 1.g.1. ('Number of countries having initiatives to strengthen [the] availability of gender-responsive evidence for the All-In framework for [the] prevention of HIV'), the 2021 Strategic Plan target of 25 countries was reached in 2019 and 2020, but fell back to 24 countries in 2021. This was the result of one country in the MENA region reported as not supporting such initiatives in 2021. Although minor, this reversal is a

reminder of the need for UNICEF to be vigilant moving forward in supporting and advocating for the gathering of sex- and age- disaggregated data, and for countries to be more responsive to gender and human rights in HIV prevention efforts.

Similar reversals in overall progress were seen with Output Indicator 1.g.2. ('Number of countries supporting implementation of at least three high-impact gender-responsive adolescent prevention interventions'). The 2021 target of 32 countries was reached in 2019 and 2020, but

not in 2021 – as two countries that year reported not to be supporting the implementation of such interventions. The slight step back in this output indicator further underscores the need over the next Strategic Plan to focus on differentiated programming for greater impact among the most vulnerable and hard-to-reach adolescents (including key populations). This approach is a key priority in the new Strategic Plan 2022–2025 and also in the new Global AIDS Strategy.

Dramatic results against the prevention of mother-to-child transmission (PMTCT) indicator in the Strategic Plan were always going to be difficult to achieve, because so much success in this area already had been realized over the 15 or so years starting in 2000. The baseline figure for the indicator – 1,020,000 pregnant women living with HIV receiving ART – corresponded to an 80 per cent share and was not much smaller than the 2021 Strategic Plan target of 1,190,000 women (or 95 per cent). Yet, even so, the PMTCT coverage rate across the 35 UNICEF priority countries in 2020 had only increased about half as much as was needed from that baseline, to 88 per cent, and had barely risen from 86 per cent in 2018.

Despite the overall impression of stagnation, the results across the Strategic Plan period hold several messages for UNICEF's recent and future PMTCT work. One is that countries that have been especially successful were willing to fight to preserve what they had achieved by developing resilient systems to stop them from falling back. This was seen in the ESA region, where hard-earned progress was maintained and even slightly increased over the course of the Strategic Plan and COVID-19 era. The most recent estimate of 96 per cent coverage of ART among pregnant women living with HIV actually exceeds the plan's global target.

Less positively, another message is that the converse is also true. Many countries that were faring relatively poorly before the Strategic Plan did not accelerate progress and some were unable to prevent reversals during the pandemic. PMTCT coverage across the five reporting countries from the EAP region stayed basically the same throughout the Strategic Plan period, never exceeding an average rate of 54 per cent.

Results were the most concerning in the WCA region, however. The 98,200 pregnant women living with HIV who accessed ART in 2020 in the six reporting countries was a significantly smaller number than the 119,000 reported in 2018 at the beginning of the Strategic Plan, with the corresponding coverage rate dropping from 64 per cent to 54 per cent. These results in the region with the second-highest overall HIV burden lend greater urgency to UNICEF doubling down on its priority focus in the region – a recommitment that could include promoting and supporting greater progress as part of its 'last mile' initiative to eliminate vertical transmission – as WCA is the region where the greatest gains can be won towards this goal.

UNICEF's HIV work in context: Overview of global progress and challenges related to children, adolescents and pregnant women

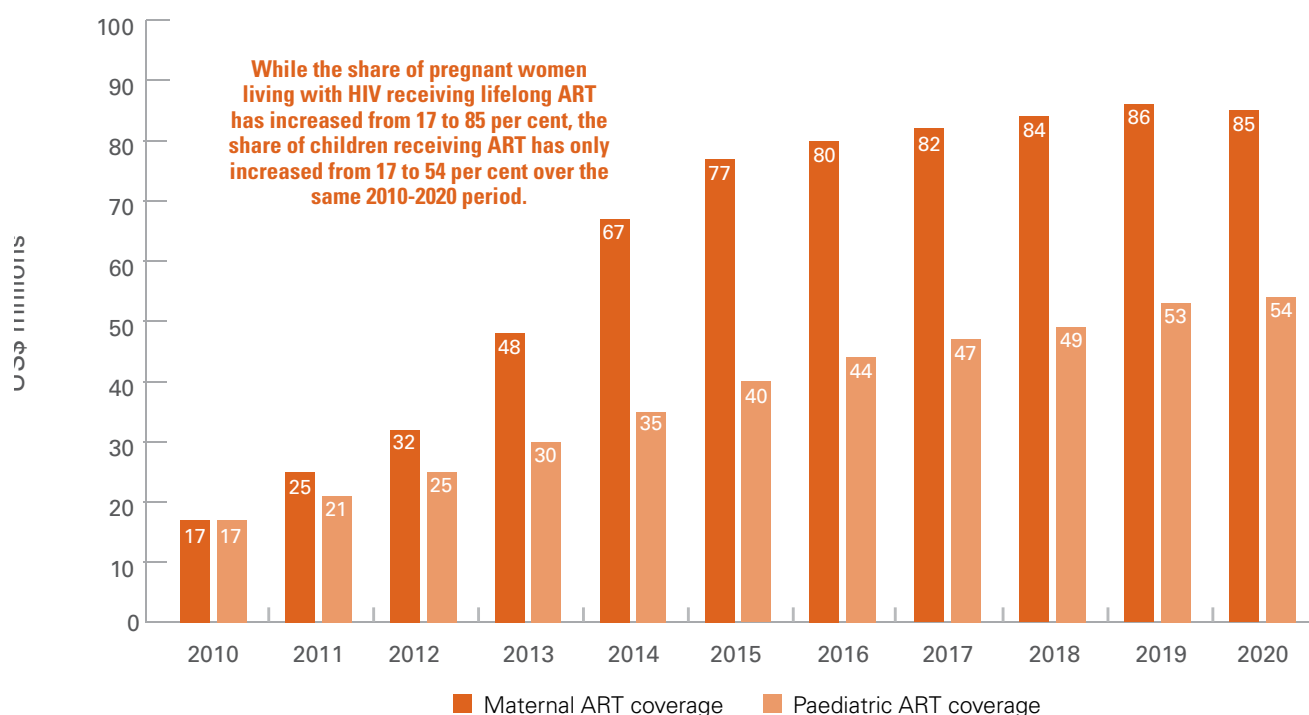
For the most part, the data UNICEF collected and analysed for the 35 target countries in the 2018–2021 Strategic Plan closely mirror the UNAIDS-coordinated global AIDS data that cover a wider range of countries and contexts. As that global data illustrate, rapid progress towards reducing the threat and impact of HIV among children, adolescents and pregnant women has slowed in recent years, with the result that all key 2020 global goals were missed.

The trends in countries and regions tell a story of considerable inequalities, although with remarkable achievements in some settings. The good news of massive reductions in AIDS-related mortality among children over the two decades from 2000 – a period in which more than 1.24 million cumulative deaths were averted by HIV programmes and services – is tempered by the fact that there were still some 99,000 AIDS-related deaths among children in 2020.¹⁶² These entirely preventable deaths were linked to persisting gaps in access to life-saving services exemplified by a global paediatric ART coverage rate of 54 per cent, which was nearly 31 percentage points less than that of all pregnant women living with HIV (see Figure 101) and nearly 20 percentage points less than that of all people living with HIV. Less than 50 per cent of children living with HIV globally have suppressed viral loads.¹⁶³

Annual new HIV infections among children of all age groups fell by unprecedented levels from 2000 to 2020, including by almost 70 per cent among those aged 0–9 and 57 per cent among those aged 10–19.¹⁶⁴ The estimated cumulative new infections averted by PMTCT over that period was nearly 2.5 million.¹⁶⁵ Yet, in 2020, an estimated 160,000 children (0–9 years) were newly infected with HIV¹⁶⁶ – nearly all due to gaps in PMTCT programming, including low levels of maternal access to ART, poor retention in care, and incident HIV infection in pregnancy and during the breastfeeding period.

Efforts to protect adolescents aged 10–19 from HIV have in general progressed more slowly than in children aged 0–9 years. According to the most recent UNAIDS data for 2020, there were an estimated 150,000 new infections a year among adolescents aged 15–19 worldwide.¹⁶⁷ That represents only a 35 per cent decline relative to the 2010 estimate, and is far higher than the super-fast-track 2020 target of fewer than 100,000 new infections annually, which would have represented a 75 per cent reduction since 2010 in new infections among adolescent girls and young women. Comprehensive knowledge about HIV among adolescents most at risk for sexual transmission of HIV (those aged 15–19) is low in most countries that report such estimates, usually no higher than 40 per cent. Only about one third of adolescents in that age group have ever been tested for HIV in the ESA region, and fewer than 1 in 10 in the WCA region.¹⁶⁸

FIGURE 101: Percentage of children aged 0–14 living with HIV and pregnant women living with HIV receiving ART, 2010–2020



Source: Global AIDS Monitoring and UNAIDS 2021 estimates
 Note: Maternal antiretroviral treatment (ART) includes only Option B+ regimens

These major shortcomings in reaching and supporting young people at one of the most vulnerable periods in their lives underscore the importance of strengthening linkages across all aspects of adolescent well-being and thriving. Reductions in HIV risk and susceptibility can best be achieved through closer integration with programmes and initiatives focused on adolescent health, nutrition and safety, among other areas.

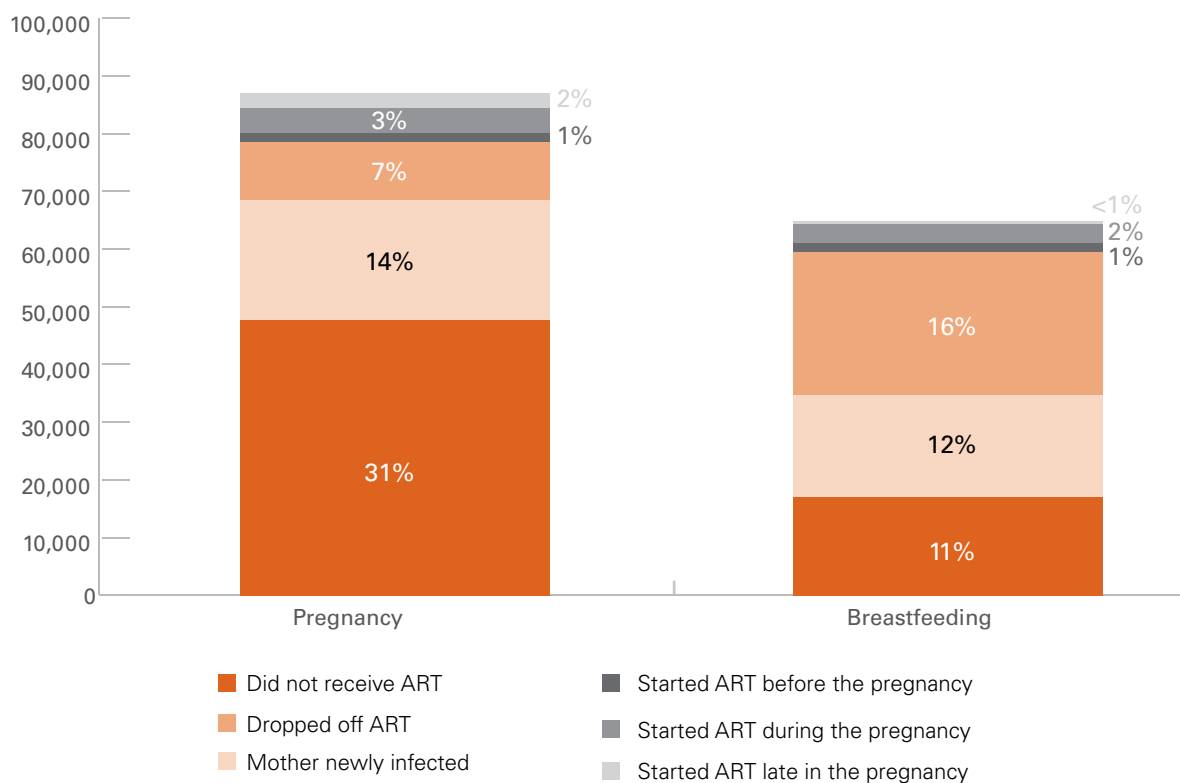
The disappointing trends in HIV responses have been a concern for several years, but there is a silver lining in that the direct and indirect effects of COVID-19 on overall HIV programmes have not been as severe as feared early on in the pandemic. With the support of partners, including UNICEF, most countries have managed to recover from reversals in access to HIV services.

However, this only tells part of the story. COVID-19 has exposed and, in some cases, exacerbated inequities in HIV responses, including by increasing the number of

marginalized people who are at a heightened risk of HIV. Many of the pandemic’s negative impacts outside of the relatively narrow markers related to HIV services are much more difficult to address quickly, and could have major short- and longer-term consequences for future progress in reaching and supporting women and children living with and affected by HIV.

Most notably, women and girls have been disproportionately affected by the pandemic and the multiple, often cascading, vulnerabilities associated with it. COVID-19 has caused a steep increase in poverty, which is a major risk factor for HIV. UN Women has estimated that there will be 121 women in poverty for every 100 men by 2030, up from 118 in 2021.¹⁶⁹ Education, age at marriage, and access to sexual and reproductive health and rights (SRHR) services and information also influence risk, especially among adolescent girls and young women. Girls were more likely than boys to drop out of school during pandemic-related shutdowns and have been less

FIGURE 102: Annual number of new HIV infections among children aged 0–4, by period of transmission, 2010–2020



Source: Global AIDS Monitoring and UNAIDS 2021 estimates

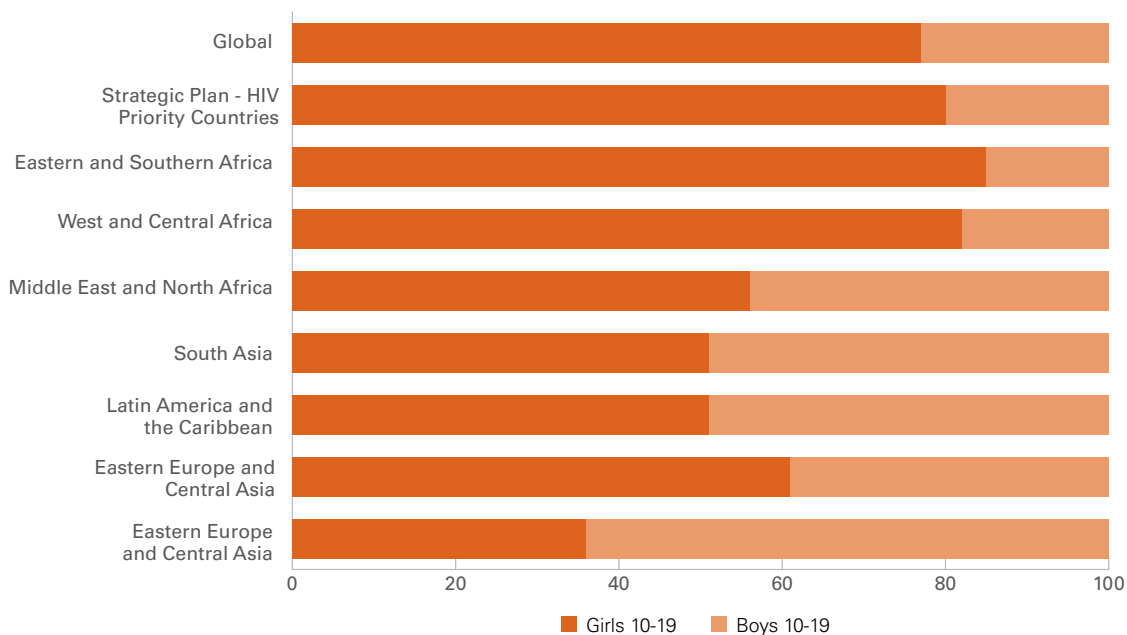
Note: Almost all new HIV infections among younger children occur among those aged 0-4, either during pregnancy, at delivery or during the breastfeeding period. The 95 per cent reduction by 2020 refers to super-fast-track targets.

likely to return. Girls who are not in school are more likely to get married early (e.g., before the age of 18) than their in-school peers and are less likely to have access to SRHR information and support.

Currently, more than three quarters (77 per cent) of new infections globally among those aged 15–19 are among girls.¹⁷⁰ In sub-Saharan Africa, adolescent girls and young women aged 15–24 are twice as likely to be living with HIV as men, and women and girls account for 63 per cent of all new infections.¹⁷¹ Despite the clear benefits of pre-exposure prophylaxis (PrEP), it is overwhelmingly used by men and is rarely part of a prevention package available to women and adolescent girls,¹⁷² including those accessing SRHR and antenatal and postnatal services. COVID-19 has made it harder to narrow such gaps, while also making it clearer than ever where UNICEF and partners must concentrate efforts to reach those missed and left behind.

HIV vulnerability among women and adolescents of both sexes is further heightened when they are a member of one or more key populations, including men who have sex with men, sex workers, transgender individuals, people who inject drugs, and migrants and refugees. They are on the margins in all societies and thus hard to reach and support. Available data and estimates are often shocking, including that the risk of acquiring HIV is 34 times higher in trans women than cisgender women, and that sex workers are at 26 times greater risk (see Figure 104).¹⁷³ Living in a fragile state or in a humanitarian crisis also multiplies HIV risk, including due to lack of access to HIV prevention and SRHR services, frequent or sudden unavailability of ARVs, and the overall absence of a functioning health system in general.

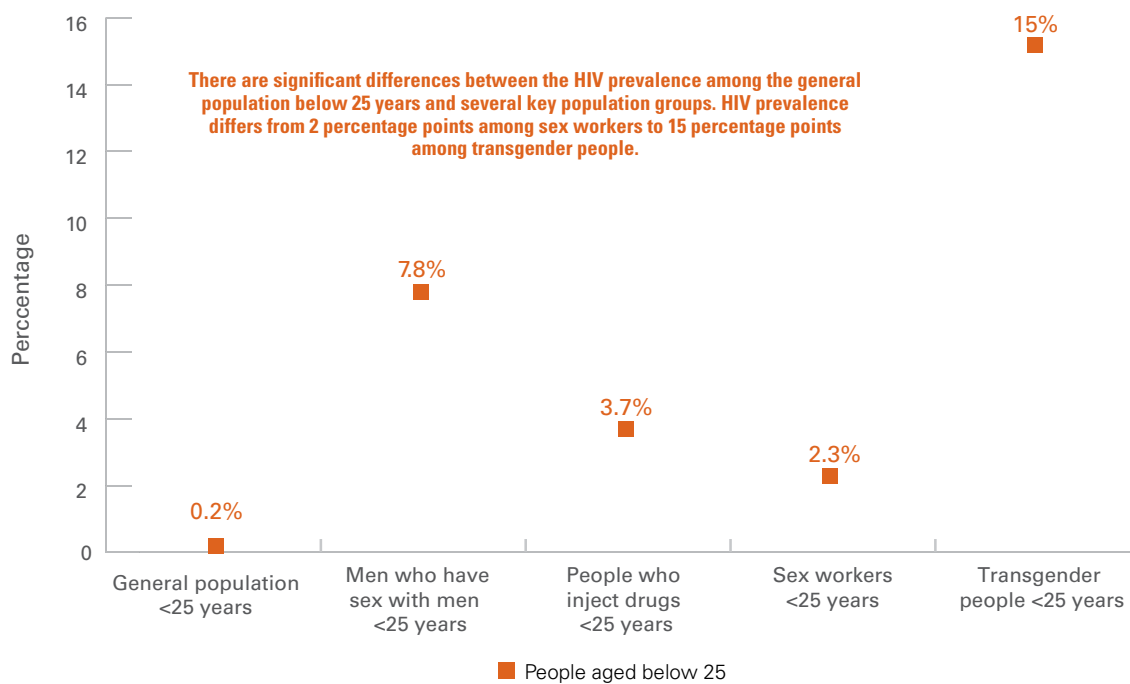
FIGURE 103: Annual number of new HIV infections among adolescents aged 10–19, by sex, 2010–2020



Source: UNAIDS 2021 estimates.

Note: Almost all sexually transmitted HIV infections are assumed to occur after age 14, since negligible numbers of sexually transmitted infections occur before age 15.

FIGURE 104: Median HIV prevalence (%) among key populations below 25 years and HIV prevalence among general population below 25 years, 2020



Source: UNAIDS Key Populations Atlas.

Note: Data included in this graph are nationally representative and from those countries that reported in 2020.

Highlighting examples of UNICEF's contributions in 2021

UNICEF groups the 2018–2021 Strategic Plan outcome and output indicators under two main results areas: Results Area 1 focuses on treatment and care of pregnant and breastfeeding women, children and adolescents living with HIV; and Results Area 2 centres on adolescent HIV prevention. For convenience, the work done and progress achieved are organized in this report under these two results areas, even though in practice UNICEF's HIV work is often cross-cutting and takes a life-cycle approach, recognizing that HIV affects not only individuals, but also families in all their diversity.

A number of key strategic themes and priorities are reflected in both results areas, including promotion of differentiated programming for children, adolescents and pregnant women; partnerships and coordination for results; and integration of HIV with other health services. The integration theme became more prominent during the COVID-19 pandemic as UNICEF supported countries to sustain vital HIV services through coordinated cross-cutting efforts to stabilize health systems. This approach is at the core of the organization's work on behalf of overall child health and well-being in the 2022–2025 Strategic Plan.

Results Area 1: Treatment and care of pregnant and breastfeeding women, children and adolescents living with HIV

Results Area 1 primarily considers UNICEF’s work in supporting countries and other partners to provide HIV treatment services for pregnant women, children and adolescents. Key priorities to safeguard their health and well-being include rapid and efficient diagnosis, transition to high-quality treatment, retention in care, and access to supporting services (such as adherence counselling, psychosocial support, nutrition and social services) that are designed to leave no one behind. Due to the preventive qualities of HIV drugs used for ART, effective treatment programming also has important impacts on reducing new HIV transmissions, including among infants, young children and adolescents, and thus further bending the trajectory towards ending AIDS.

Examples of UNICEF’s support in 2021 for HIV treatment and care are divided into three parts below that highlight the organization’s priority approaches. These are:

1. Eliminating vertical transmission (by ensuring that all pregnant and breastfeeding women living with HIV are on ART).
2. Introducing and supporting rapid and innovative responses to new challenges, such as the COVID-19 pandemic, among others.
3. Pursuing integrated, forward-looking approaches to help diagnose and treat children and adolescents living with HIV.

FIGURE 105: Outcome and Output Indicators related to Results Area 1:

	Outcome Indicators	Output Indicators
ART in children	1.18. Percentage of girls and boys living with HIV who receive antiretroviral therapy	<p><i>Output statement 1.f: Countries have accelerated the delivery of services for the treatment and care of children living with HIV</i></p> <p>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</p> <p>1.f.2. Number of adolescent girls and boys tested for HIV and [having] received the result of the last test</p> <p>1.f.3. Number of countries implementing policies and/or strategies for the integration of key HIV/AIDS interventions (HIV testing and counselling, antiretroviral therapy) into child-centred service points and the degree of scale within countries</p>
ART in pregnant women	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	

Part 1. Intensifying efforts to travel the 'last mile' to eliminate vertical transmission

The elimination of vertical transmission of HIV is a key strategic goal for UNICEF, and its country offices have responded in many ways to drive and support efforts to end this threat to children's health and rights. The organization is leading conversations with countries to support them to gather and review their data to understand where the missing children and gaps are, provide technical support, and identify what it will take to achieve elimination goals.

Promoting differentiated programming

Through its Last Mile to Elimination of mother-to-child transmission (EMTCT) Framework, UNICEF has been mobilizing partners and national programmes to adopt a differentiated approach to testing, care, treatment and support for both mothers who are HIV-negative and those who are living with HIV. The framework provides a detailed process for countries to follow: data review, identification of drivers of new infections, and implementation of context-specific, evidence-based solutions.

In 2021, the Last Mile Framework was disseminated to 15 high-burden countries and is being adopted as the main PMTCT approach. In Burundi and Kenya, UNICEF is working with the governments and other partners on implementing the Framework to identify and address the remaining gaps in their programmes.

Scaling up and integration of PMTCT programming

Improving access to effective PMTCT services is an important part of UNICEF's efforts to 'leave no one behind' in the global push to end mother-to-child vertical transmission of HIV. Scaling up and integrating PMTCT services has been a flagship initiative for the organization in all 35 priority countries.

In Zimbabwe, UNICEF support in 2021 in 10 districts it prioritized for intensified support helped ensure that 91 per cent of all health-care facilities were offering comprehensive, high-quality PMTCT services (including viral load monitoring during pregnancy and breastfeeding) and early infant diagnosis (EID) of HIV. In total, more than 8,500 pregnant women were reached with services. The health-care facilities also supported a range of adolescent-sensitive, integrated PMTCT services, covering HIV, SRHR and gender-based violence prevention.

In the Central African Republic, UNICEF supported the development of a road map for scaling up EID of HIV and viral load testing in PMTCT services, the adoption of a laboratory policy by the Ministry of Health, and the creation of a task force to oversee implementation of the 2022–2024 national PMTCT plan.

UNICEF's role in providing essential HIV supplies was vital for displaced populations in the Bolivarian Republic of Venezuela, where the organization supported the procurement of HIV/syphilis rapid diagnostic tests for antenatal testing, kits for early infant diagnosis of HIV, and ARVs for 600 pregnant women living with HIV to prevent vertical transmission of HIV and to safeguard their own health.

Data systems strengthening

UNICEF has been providing support to strengthen data systems in Namibia and Rwanda in preparation for their applications for WHO EMTCT validation.

In Somalia, the organization developed new data collection forms for the purposes of allowing age breakdown of PMTCT clients, which will help the country to deliver age-specific services to adolescent and young mothers.

Responding to data needs was an important feature of UNICEF's PMTCT-related work in other regions. In Ukraine, UNICEF assisted the Ministry of Health's EMTCT Committee to maintain the EMTCT database in all 25 of the country's regions. In Bangladesh, UNICEF supported the upgrading of the DHIS2 system to improve the quality of data and reporting for PMTCT.

Capacity-building of health workers

Strengthening countries' human resource capacity to provide and expand PMTCT services took on added urgency for UNICEF in many places in 2021, often due to the ongoing effects of COVID-19 on personnel and staffing challenges in health systems.

In South Africa, for example, UNICEF supported the development of a virtual SRHR and PMTCT training module. Health workers were able to access the module on the online National Department of Health platform and did not require face-to-face training. The draft virtual training was launched in June 2021.

In partnership with UNFPA and the Pan American Health Organization (PAHO) in Ecuador, UNICEF also supported remote training to benefit the national PMTCT response – in this case, a virtual course on 'MTCT+' that trained 120 health-care professionals from 17 health districts and 3 neonatal services.

In the Comoros, UNICEF supported the training of maternity service personnel on emergency obstetric and neonatal care and kangaroo mother care (KMC). A total of 150 nurses and midwives were trained on three islands. This training helped to further integrate PMTCT into the overall health system and link women and children at risk to the services they need. Across the country overall, about 65 per cent of pregnant women were tested for HIV after being counselled, with three of them testing positive – all of whom were quickly started on ART as per national guidelines.

Case study: Botswana achieves important milestone as first high-burden country certified as on the path to elimination of mother-to-child transmission of HIV

With the long-standing support of UNICEF and other partners, Botswana in 2021 became the first country with a high HIV burden in sub-Saharan Africa to be certified by WHO as being on the path to EMTCT of HIV. WHO certified the country as having reached 'silver tier' status, which is the second of three steps on a continuum for full EMTCT validation for countries defined in the global guidance as having HIV maternal seroprevalence above 2 per cent (the 'high burden' threshold).

Botswana's progress is the result of political commitment at the highest levels, which included a domestically funded response strategy spanning two decades. UNICEF, WHO and partners from other technical agencies, and national and global civil society groups have supported the country's policies, guidelines and strategic plans in line with WHO recommendations and helped to ensure a well-implemented PMTCT service delivery model integrated with health and HIV services at all levels of the health system.

Most recently, UNICEF, WHO and UNAIDS worked with the Government of Botswana to prepare for the certification exercise by collecting and ensuring the quality of HIV data and providing technical expertise for data analysis. As the regional lead for data validation, UNICEF was further involved in developing strategies and methods to complete this vital data collection process remotely, given restrictions due to the COVID-19 pandemic, with regional and global experts coordinating virtually with colleagues in Botswana.

With this milestone reached, Botswana is nearing the top overall standard of WHO validation for EMTCT of HIV, which has to date been certified for only 14 countries and territories around the world, all of which have far lower HIV prevalence. (Those validation targets include a population case rate of new paediatric HIV infections, due to MTCT of fewer than 50 cases per 100,000 live births; an MTCT rate of HIV of less than 2 per cent in non-breastfeeding populations or less than 5 per cent in breastfeeding populations; and greater than 95 per cent coverage of ANC, HIV testing of pregnant women, and coverage of pregnant women living with HIV.)



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PMTCT counselor Tshenolo Sefo talks to a pregnant woman about taking an HIV test as part of antenatal services at a clinic in the village of Shakawe in Botswana.

Innovative approaches to improve PMTCT outcomes among adolescents

Effective and consistent identification of HIV among pregnant and breastfeeding women is the starting point for quality PMTCT programming. In high-burden settings, this goes beyond HIV testing at the first ANC visit to include

HIV retesting through pregnancy and breastfeeding to find mothers with newly acquired HIV. Without retesting, incident HIV is often not picked up until it is too late to prevent vertical transmission. During 2021, UNICEF supported a number of approaches in countries to try and identify all mothers living with HIV in order to minimize vertical transmission.

Case study: Eliminating vertical transmission of HIV in India through a subnational data-driven approach

Validation of EMTCT of HIV has historically been a national process, following WHO's global guidelines.¹⁷⁴ However, achieving the targets required for validation at national level poses unique challenges in large and populous countries such as India, where the size of the health system and significant subnational variations in HIV prevalence have contributed to substantially different EMTCT outcomes across different geographical regions.

To better understand the main gaps and to focus attention on where the challenges to national EMTCT are the greatest, UNICEF worked with the National AIDS Control Organization (NACO) to develop an assessment, planning and monitoring tool as part of a phased district fast-tracking strategy for EMTCT. The strategy aims to validate achievement of WHO's three EMTCT process indicators at subnational level – district by district, state by state – until being ready to seek national validation for EMTCT.

In February 2020, NACO formally launched the EMTCT Fast Tracking Strategy for India, with UNICEF providing technical and logistical support. Its first phase is focused on the 15 states with 90 per cent of the national PMTCT needs. The strategy mandates that a total of 473 districts within those states conduct a baseline analysis on EMTCT and based on the identified gaps, institute a detailed plan of action to fill the gaps, along with quarterly monitoring at state level and regular reviews at national level. A district will be approved for certification internally by NACO if it has achieved the three process indicators.

There are many indications of the strategy having helped to mobilize momentum, including in Gujarat, where UNICEF has been supporting the state's PMTCT programme for over a decade. It is one of the 15 priority states in the strategy's first phase. A district-level review across the Gujarat in 2020 and early 2021 prompted accelerated progress towards achieving the process indicators in districts that were lagging behind, while also strengthening efforts to maintain compliance with targets that had already been achieved.

Findings two years after the strategy's launch indicate that there was no backsliding in PMTCT outcomes despite the challenges posed by the COVID-19 pandemic. In Gujarat, analysis showed that eight of the nine high-burden districts had maintained the EMTCT targets on almost all indicators in 2021. This contributed to achieving the EMTCT process indicators at state level as well. In 2021, 95 per cent of pregnant women in Gujarat had registered for ANC, 97 per cent of those who registered for ANC had been tested for HIV, and 98 per cent of those testing positive had been started on ART.

Key lessons learned from different districts and states, such as Gujarat, are being used to help drive improved results in other states in the ongoing effort to reach the WHO indicators at the national level.



Ramila, who is seven months pregnant, is getting tested for HIV and hepatitis B at an ANC facility in a village in India's Chattisgarh state.

A new approach to retesting breastfeeding mothers that focuses on immediate, rapid results has been introduced with UNICEF support in three provinces in Mozambique. The 19 health-care facilities participating in the initial stage were selected based on their high client volumes and the availability of point-of-care (POC) devices, which enabled same-day testing for HIV viral load – an important tool for assessing the likelihood of MTCT. Using this new approach, a total of 8,909 previously negative breastfeeding mothers were retested in the provinces of Manica, Sofala and Inhambane. Among these women, 56 had positive results and were offered immediate ART. Additionally, as part of this initiative 61 children who were found to have been exposed to HIV were themselves tested for HIV, with positive results found in 12 of them. All the children with HIV were initiated on ART.

In 2021, UNICEF supported Rwanda with an innovative approach to provide HIV self-testing in ANC. The current pilot phase was rolled out in seven facilities in the capital, Kigali. Combined with other efforts to boost testing uptake, this intervention contributed to the current rate of 99 per cent of pregnant women living with HIV receiving ART in Rwanda.

Improving PMTCT outcomes among adolescent and young mothers is difficult in many settings, because they are harder to reach for various social, cultural and legal reasons, and often face multiple factors that heighten their risk for poorer outcomes, including lack of access to adolescent-friendly health services and concerns about confidentiality and gender-based violence. One approach with successful results that UNICEF has supported in many countries is to make support available to them through peers and mentor mothers – including from young women living with HIV who have themselves gone through PMTCT services.

In Malawi, UNICEF supported the training of adolescent ‘champions’ to work with community and facility health workers in identifying adolescents and young women requiring HIV testing, linkage to PMTCT and psychosocial support. These cadres reached more than 16,000 adolescents and young women living with HIV, as well as many of their male partners.

Engaging the community to address retention in care and improve peer support

Mentor mothers are women who have themselves been through PMTCT programmes and can help newly diagnosed women navigate the complexities of treatment, adherence and follow-up. In Nigeria, with UNICEF support, mentor mothers were mobilized in two states (Kaduna and Rivers) to help optimize HIV treatment outcomes among pregnant and breastfeeding women. This approach centres on tracking new mothers for 18 months post-delivery to ensure that their children are brought back for follow-up care.

In South Africa, UNICEF has supported the scale up of the peer mentor model in 83 facilities across 3 provinces, covering the 4 metro municipalities in the country with the highest population density (Johannesburg, Tshwane, Ekurhuleni and eThekweni). The programme has reached and enrolled more than 25,000 pregnant adolescent girls and young women in 2021. Among these women, 97 per cent accepted HIV testing and 95 per cent of those who tested positive started ART. In addition, almost 70 per cent of their infants received a birth PCR test for infant diagnosis.

In Guinea-Bissau, in 2021, UNICEF provided continuing support to the national PMTCT programme through the training of 30 journalists in 5 pilot regions to use community radio to promote antenatal consultations, HIV testing for mothers, and infant diagnosis for babies exposed to HIV.

Part 2. Rapid and innovative responses to new challenges

Throughout much of 2021, most priority countries for UNICEF’s HIV work continued to face repercussions from the COVID-19 pandemic. However, service disruptions caused by lockdowns, economic downturns and supply chain challenges were not as extensive in much of the world as in 2020. Reversals in progress towards global HIV targets were largely halted even though the pandemic remained a major public health concern.

One of UNICEF’s most important contributions to this recovery in many countries was its support of new approaches and interventions to respond to some of the challenges posed by COVID-19. They included addressing child and adolescent mental health; ensuring continuity of treatment for pregnant and breastfeeding women, children and adolescents; and enhancing HIV-sensitive social protection.

Mental health for children and adolescents living with HIV

Restrictions on access to clinics and facilities, school closures and isolation from friends are among the reasons children and adolescents living with HIV have been especially vulnerable to mental as well as physical health problems during the COVID-19 era. UNICEF has supported efforts to reach and support them through interventions such as online counselling, helplines and chatlines (by phone, WhatsApp and other communication outlets), and virtual teen clubs.

In Botswana, UNICEF – in collaboration with the Ministry of Health and Wellness, the Botswana- Baylor Children’s Clinical Centre of Excellence and Viamo – developed a remote training platform on psychosocial support and care for adolescents living with HIV enrolled in teen clubs, to

Case study: Psychosocial support services for HIV disclosure and stigma reduction among children and adolescents living with HIV in Kazakhstan

Many children and adolescents living with HIV in Kazakhstan are unaware of their HIV status because it has not been disclosed to them, and many of those who know their status are reluctant to disclose it to friends, teachers, or other people in their lives who could provide important support beyond health care. Stigma and disclosure restraints often contribute to negative self-perception, isolation and poor engagement with clinical care.

To address these challenges, in 2019, UNICEF – in collaboration with the United Kingdom-based Children’s HIV Association – supported the Ministry of Healthcare to develop 10 standards for psychosocial support services (PSS) for children and adolescents living with HIV. The standards were developed specifically to build the capacity of health workers at AIDS centres to provide treatment, care and support services confidentially and in a non-judgemental, friendly manner, and to support families in ensuring the overall well-being of their children living with HIV, including by helping to increase disclosure of HIV status to and from them.



Thirteen-year-old Ayim (name changed for confidentiality purposes) sits in a park in Kazaly, Kazakhstan. Ayim receives counselling as part of the Adolescent Mental Health Promotion and Suicide Prevention Programme (AMHSP) developed by UNICEF and partners as an intervention for school and public health professionals.

An initial assessment of the standards¹⁷⁵ in 2020 found that in the six pilot regions, their introduction had led to 100 per cent of children under 12 years of age living with HIV having their HIV status disclosed to them and ensured high levels of preparation and effective transition of adolescents with HIV aged 15–18 from paediatric to adult care. Clear progress was seen in integration as well. Previously weak interaction among AIDS centres, primary health care and the education and social protection sectors was strengthened by the establishment of multidisciplinary teams that drove the partial or complete implementation by 2021 of the case management standards in many regions.

Additional impacts were evident in the results of an evaluation of the 10 PSS standards jointly commissioned by UNICEF and the Kazakh Scientific Center of Dermatology and Infectious Diseases and carried out during the first half of 2021. The evaluation also found that all children and adolescents participating in PSS were aware of their HIV status, and three in four respondents rated the programme as ‘very good’ or ‘good’.

However, the evaluation also found several challenges that highlight where attention is needed moving forward, in particular to respond to high levels of self- and external stigma. Three in five (61 per cent) of adolescents living with HIV who participated in the evaluation said that they would be careful not to disclose their results to anyone, and 23 per cent of those experiencing stigma reported being hurt by others’ reactions to learning of their HIV status.

One finding from analysis of the implementation to date is considered especially important to address more forcefully. High levels of stigma and discrimination among children and adolescents living with HIV were linked to their experiences in schools, where many teachers have incorrect knowledge about the modes of transmission of HIV and lack skills to support children and adolescents living with HIV and their families while maintaining confidentiality.

In response, UNICEF in 2021 supported the Government of Kazakhstan in collaboration with the Central Asian Association of People Living with HIV to develop methodological recommendations for prevention of HIV-associated stigma in schools. These recommendations are currently being introduced in 30 schools in the 6 regions with the highest HIV burdens to give clear practical guidance to schools on how they can better support children and adolescents living with HIV and their families.

facilitate virtual mental health counselling and psychosocial support. Related efforts to reach and support them have included audio-visual materials developed for WhatsApp group sessions that aim to amplify remote lessons, thereby providing an opportunity for deeper interaction and contributing to longer-term change. Twelve teen club facilitators have been recruited and 200 adolescents living with HIV mobilized for participation in virtual teen clubs and WhatsApp group discussions.

In Jamaica, similar interventions aimed at engaging adolescents living with HIV in supporting themselves and their peers have been introduced by UNICEF, including the launch of a mental health counselling chatline after youth mental health was identified as a key priority by adolescents of the mentorship programme. This is being piloted before a planned nationwide launch.

In Rwanda, mental health interventions for adolescents were also rolled out in 2021, following a landscape analysis report that identified the need for such support. With the help of UNICEF, guidelines and training tools were updated to ensure that providers are equipped to offer high-quality mental health services to adolescents (including those living with HIV). The roll-out of these tools was accompanied by community awareness-building activities to generate demand for these targeted services.

HIV-related stigma has long been recognized as a cause for anxiety, depression and other mental health challenges among people living with HIV, especially adolescents.

In Honduras, to help address this persistent and hard-to-confront problem, UNICEF in partnership with Fundación Llaves implemented a community mobilization and communication education strategy for the reduction of HIV-related stigma and discrimination. The initiative reached more than 1 million people with educational messages through digital platforms, radio stations and television networks. Adolescents and young people were heavily involved through the participation of U- Reporters, hip hop artists and young influencers.

Innovations to enhance antiretroviral treatment access and retention

The COVID-19 pandemic arrived at a time of stalled progress in PMTCT programming in many UNICEF priority countries. Innovations often proposed to overcome obstacles in access to treatment and retention in care, but used only rarely or in limited circumstances, were among those quickly prioritized by UNICEF and partners to help prevent backsliding in the midst of severe service challenges caused by the pandemic. One of these was multi-month dispensing of ART, which was rolled out or expanded substantially in many countries in response to emergency curfews and severe capacity constraints at health-care facilities.

In Namibia, this approach greatly reduced the frequency of client visits. It was introduced in tandem with intensified messaging on adherence to HIV treatment and the importance and efficacy of COVID-19 vaccines for people living with HIV.

In Somalia, ARVs began to be provided on a quarterly basis (i.e., once every three months) to people living with HIV, including children, to limit exposure to COVID-19 that might have occurred when visiting facilities to collect ARV medicines. Although these types of interventions were introduced to respond to COVID-19, they have proved so valuable in practice that they continued to be supported as the standard of care in 2021.

In Guyana, efforts to improve retention in care and to identify HIV-exposed infants and children were a priority. UNICEF partnered with the Ministry of Health and supported the case navigators programme, which tracks mothers and other women living with HIV who have defaulted from clinic attendance. Through that extended support, over 40 case navigators and other health-care providers also upgraded their technical skills through virtual training on COVID-19 adherence and psychosocial support, and are now offering quality services in targeted regions of the country.

Social protection

COVID-19 has further highlighted the importance of social protection policies and programmes aimed at addressing not only short-term crises and shocks, but also the lifelong consequences of poverty and exclusion. Women, children and adolescents are often far more likely to benefit from such initiatives because they are typically poorer and more socially and economically marginalized in most societies. The value of such programmes is often much greater among those living with and vulnerable to HIV, given the stigma, discrimination and health issues associated with the virus.

UNICEF's support for social protection in the context of HIV focuses on building resilience. One approach has been to help design, implement, monitor and expand cash transfer programmes that reach vulnerable populations, such as adolescent girls and young women. In the wake of COVID-19, the value of cash transfer initiatives in providing timely support was reaffirmed.

In Angola, UNICEF collaborated with the Luanda Provincial Government, the Ministry of Health, and the Ministry of Social Action, Family and Gender Promotion on two emergency cash transfer programmes in Luanda province. These initiatives reached 3,000 malnourished children as well as 900 children with ART.

Resilience can also be built and further strengthened in efforts to boost empowerment through engagement, an approach that is seen as being especially helpful for improving retention in care for adolescents living with HIV.

In Namibia, teen clubs – many of which are supported by UNICEF – are a powerful resource for providing a platform to young people living with and vulnerable to HIV to access information, emotional support and services in a non-judgemental way. The Youth Empowerment Group, created by ‘graduates’ from a successful teen club in Windhoek, is close to being registered as a civil society organization to advocate for their rights and to support others.

In Botswana, the benefits of teen clubs on HIV outcomes for adolescents living with HIV were also seen. There has been slight improvement overall in the rates of viral load suppression and retention in care among adolescents living with HIV enrolled in teen clubs in that country.

Part 3. Scaling up treatment for children and adolescents living with HIV through integrated and differentiated programming

The lack of progress on scaling up treatment for children and adolescents living with HIV has been one of the enduring inequities in the global response. Children depend on their parents and caregivers to access testing and treatment and, as such, face an additional barrier to receiving care. UNICEF’s work in this area has focused on increasing the availability of testing options for children and adolescents through innovation and integration, and enhancing the quality of treatment and care to improve retention and overall treatment outcomes. Much of this work has relied on building and expanding partnerships to ensure that efforts can be amplified and sustained.

Accessible, effective HIV testing services for children and adolescents

Improved access to high-quality, affordable HIV testing options is vital because diagnosis is the first step towards getting all children and adolescents living with HIV enrolled into treatment and care services. Family-based index testing is a strategy for finding children living with HIV that UNICEF has championed in recent years and continued to prioritize in 2021. The 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.

In partnership with WHO and UNAIDS, UNICEF developed operational guidance for national roll-outs of this approach, and has been providing technical assistance and financial support to countries in the WCA region to implement the strategy, including Chad, Côte d’Ivoire and Nigeria.

Apart from family-based index testing, UNICEF also supported other testing approaches to increase access.

In Chad, systematic HIV testing in nutritional therapeutic units in 18 districts made it possible to detect 47 HIV-positive children among 2,724 children admitted to the units, which corresponded to a positivity rate of 1.7 per cent. Separately, according to Spectrum, about 11,000 HIV-positive children were expected to be diagnosed in 2020 and 2021 through efforts to test children of adults living with HIV at the HIV clinics where their parents were enrolled. Of those newly diagnosed children, nearly one third (30.5 per cent) were started on ART in 2021.

In Zimbabwe, UNICEF supported the country’s National AIDS Council and the Ministry of Health and Child Care to incorporate HIV testing services at PHC level as part of an emergency HIV response.

In Zambia, implementation of the ‘Know Your Child’s Status’ campaign has helped to increase case identification among children, and subsequent linkage to treatment. It entails mobilizing HIV testing services for children whose parents test positive or are known to be HIV-positive. The development of standard operating procedures to guide implementation of the campaign and strengthened social and behavioural change communication (SBCC) have been particularly useful.

In the United Republic of Tanzania, UNICEF, in partnership with the International Labour Organization, is supporting the Ministry of Health and Social Welfare on a demonstration project in remote parts of Mufindi district to establish and expand HIV testing and linkage to care and treatment to vulnerable adolescents from informal workplaces. About 6,000 young people aged 15–24 were sensitized on HIV and 3,600 were tested for HIV; of the 47 found to be HIV-positive, 44 were linked to HIV treatment services. The project shows promising results in reaching more adolescent boys and young men, who historically have been harder to engage in facility-based testing programmes.

Introducing and scaling up innovative diagnostic and testing approaches, including point-of-care platforms

Identifying and supporting the use of new and improved ways to diagnose HIV among children and adolescents has been a priority initiative for UNICEF. In several countries, the organization has promoted the integration of HIV self-testing into national protocols and the subsequent rolling out of access to this technology, which could be especially helpful for adolescents who want to know their status but remain concerned about confidentiality and HIV-related stigma and discrimination within facilities.

Case study: An innovative approach to the diagnosis gap in children: Using family-based index case testing in the WCA region

Treating children living with HIV remains one of the biggest weak spots in the global HIV response. ART coverage among children globally in 2020 was just 54 per cent, far below the 73 per cent share among all people living with HIV.¹⁷⁶

At only 36 per cent, ART access among children living with HIV is even lower, and the gap greater, in the WCA region. A major factor in such poor results is that large proportions of children living with HIV in the region are not being diagnosed, even if they have parents who know they are HIV-positive and are on ART.

Family-based index testing is a strategy that has demonstrated notable success in finding children living with HIV who are in such households. It involves the following steps:

- Identifying family members of an HIV index case (a person living with HIV).
- Offering them HIV testing if they do not yet know their HIV status or encouraging caregivers or parents of untested siblings, children and adolescents of the index case to arrange testing for them.
- Sharing the results in an age-appropriate way with the diagnosed family members.
- Linking individuals of any age group who test positive for HIV to care and treatment, and to any other health and social services that they might need.

Family-based index testing has a high yield, including in low-prevalence settings, as it targets testing of the children of those known to be living with HIV. In addition, children who test positive are more likely to be referred for treatment as the parents are themselves likely enrolled in care.

To help expand and scale up family-based index testing in the WCA region, UNICEF, together with WHO and UNAIDS, developed operational guidance for national roll-outs of the strategy and has been providing technical assistance to countries in the WCA region to implement it. Each country's progress is assessed against 12 steps for national roll-outs, starting with 'build national ownership' and ending with 'exchange knowledge'. Quarterly updates on these process indicators are fed into a regularly updated dashboard – a targeted monitoring tool – that allows for tracking and comparisons of the implementation, challenges and scale-up in countries across the region.

UNICEF and partners also collect data on acceptance, testing, diagnoses and treatment status that are compiled on the dashboard. They show that, over a period of 15 months between the first quarter of 2020 and the second quarter of 2021, service coverage increased from 62 to 75 per cent in 503 priority districts or areas in the 17 countries that are implementing family-based index case testing in the region, with almost 67,000 offers of family testing in the 13 countries reporting these data. Overall, in the 15 months through the second quarter of 2021, implementation of the strategy was directly responsible for a total of 3,405 children and adolescents living with HIV being newly diagnosed, of whom 99 per cent were initiated on ART. Results from a fourth round of data collection will be released in mid-2022.



Boris Nguueyeube smiles as he learns he's HIV-negative at his home in Ndjamena, the capital of Chad. A community health mobilizer goes door-to-door to offer HIV testing to families.

In 2021, as in past years, UNICEF focused on supporting the introduction, use, assessment and scale up of point-of-care (POC) diagnostic technologies for timely testing among infants and young children. Although increasing access to early infant diagnosis (EID) was the first objective for POC roll-out in most settings, results from several countries in 2021 showcase how the introduction of POC technology with UNICEF support has also helped to strengthen health and laboratory systems:

- In Burkina Faso, 10 additional POC devices were acquired and deployed, bringing the total number to 13. The increase occurred after sharing evidence showing the potential benefits of decentralizing paediatric HIV diagnostic capacity with policymakers.
- In Cabo Verde, the national capacity for EID of HIV was increased with POC devices installed and operationalized in four laboratories, covering all 22 municipalities in the country.
- In the Congo, the scale up of POC services from 56 to 67 health-care facilities has contributed to an increase in infants born to HIV-positive mothers benefiting from timely testing, from 2 per cent in 2019 to 7 per cent in 2020 and 10.3 per cent at the end of September 2021.
- In two focus states in Nigeria, Kaduna and Anambra, 95 per cent of all public health-care facilities were linked to an EID-POC site through a hub-and-spoke arrangement. Early results have been promising. In Kaduna, the addition of the POC devices reduced turnaround time for EID from 4 weeks to 50 minutes and increased overall EID coverage from 21 per cent in 2020 to 35 per cent by September 2021.
- In the United Republic of Tanzania, an additional 47 new sites for POC testing services for early infant diagnosis of HIV were added in 2021, bringing the total to 99 sites. The increase in access to POC options has reduced turnaround time for EID from 21 to 3 days.

UNICEF has been encouraging and supporting countries to use POC technologies for viral load testing as well as EID. This has the added value of increasing the overall cost-effectiveness of the devices and improving access to a wider range of necessary diagnostic tests for comprehensive HIV treatment for all people living with HIV, including children.

In Gabon, as part of POC implementation activities, UNICEF supported the integration of POC HIV technologies into the country's national laboratory system and scaling up access to EID and viral load testing services. By the end of the second quarter of 2021 in Mozambique, POC viral load testing volumes contributed 35 per cent of the total POC testing for children in UNICEF priority provinces. The average turnaround time of less than 24 hours for POC viral load results will be instrumental in addressing treatment challenges and improving ART outcomes in children.

The success of such 'multiplexing' efforts – using POC devices for more than one diagnostic test – offers great promise in boosting overall health diagnostic access while also reducing costs across health systems and furthering integration agendas. Identifying and exploiting opportunities for leveraging UNICEF's support for POC deployment and use more widely to benefit children's overall health and well-being is a key organizational strategy. Soon after the COVID-19 pandemic arrived, UNICEF began working with partners to explore the use of POC devices to test for SARS-CoV-2, the virus that causes COVID-19.

In 2020 and 2021, UNICEF procured nearly 590,000 COVID-19 test kits for use at decentralized POC machines that had been introduced initially for TB and HIV diagnostic purposes. UNICEF's deliveries accounted for over a quarter of the nearly 2.7 million COVID-19 test kits procured globally by ACT-A partners. By the end of 2021, nearly 75 per cent of the tests (a total of 2.04 million) had been successfully delivered to sites and approximately 450,000 of the delivered tests had been used in 10 UNICEF priority countries for POC scale-up in West and Central Africa.

Improving treatment and care for children and adolescents

In 2021, UNICEF expanded the Breakthrough partnership with the Elizabeth Glaser Pediatric AIDS Foundation, PATA and Aidsfonds to improve access to high-quality HIV treatment services in three countries in sub-Saharan Africa. Breakthrough uses the paediatric service delivery framework developed by UNICEF to ensure better treatment and care for children and adolescents living with HIV across several subnational districts in Mozambique, Nigeria and Uganda. The service delivery framework supports interventions and approaches that promote, build and sustain integration within and across systems to address the overall health and well-being needs of children and adolescents.

With UNICEF and WHO support, the Ministry of Health and Social Welfare of the United Republic of Tanzania introduced a new family-centred model for HIV care and treatment that includes linkages to PHC services for children living with HIV.

With partners in Eritrea, UNICEF supported the Ministry of Health to provide integrated mobile outreach services that reached nearly 64,000 children with an essential PHC package that included HIV screening and treatment along with other services such as immunization, antenatal care, family planning, nutritional screening and referral of children with severe malnutrition, health promotion services, and outpatient consultations. This mobile clinic approach was especially helpful in providing essential services to children and their families in remote communities.

Case study: Multi-country study in Africa offers important lessons for improving viral suppression among children living with HIV

An estimated 1.12 million children in the ESA region are living with HIV. Although about 58 per cent of children aged 0–14 years in that region are on ART, their treatment outcomes (as measured by viral load suppression rates) are poorer when compared with adults.

To better understand the challenges and improve treatment success in children, a UNICEF-commissioned multipronged study, beginning in 2019, was undertaken in Malawi, Uganda and Zimbabwe, all countries with high HIV prevalence and low viral suppression among children. The review included data analysis, review of children's medical records, and interviews with health workers and caregivers. Results from the study were made available when UNICEF's regional director for ESA launched the report at a global webinar in April 2021.

The study revealed that, across the three countries, viral load suppression among children (0–14 years) remained static during the three years reviewed (69 per cent in 2016, 64 per cent in 2017, 65 per cent in 2018). Key top-level findings included that complex and unpalatable drug regimens were challenging for caregivers to administer; that the quality, efficiency and accessibility of health services had significant impacts on ART adherence and viral load suppression; and that children were more likely to achieve suppression when they and their caregivers had psychosocial and material support.

Since releasing the report in 2021, UNICEF has used it as part of its ongoing advocacy for policy, programmatic and financial commitments to improve treatment outcomes for children. UNICEF has also provided technical and financial support for the countries to accelerate implementation of improved health-care services for children.

Important changes already under way were further prioritized during the year, with UNICEF support. In all three countries, they included strengthened efforts to decentralize services and build the capacity of health workers to quickly adapt to restrictions related to the COVID-19 pandemic, such as by accelerating multi-month drug prescribing for ARVs. In a relatively short period of time, the three countries have nearly completed the transition to WHO-recommended, more effective, and better-tolerated child ARV formulations, and moved to boost investments in paediatric viral load testing, including faster communication of results to clinics and caregivers.



Rebecca Auma, a peer mother with Baylor Uganda, talks to adolescent mothers at Buyinja Health IV in Namayingo District as part of the Together for Sexual Reproductive Health and Rights Programme, a UN joint programme funded by the Swedish International Development Cooperation Agency (SIDA).

Quality and acceptable HIV treatment for all children and adolescents

At a basic level in terms of effective treatment, ensuring access to paediatric ARVs is a constant UNICEF priority. Together with WHO, UNICEF in 2021 supported the roll-out of more efficacious ART regimens, including the drug dolutegravir for children in the United Republic of Tanzania, a process that by the end of the year had resulted in about 90 per cent of children on ART receiving high-quality

standard-of-care regimens. Next door in Kenya, a paediatric dolutegravir orientation package was developed with UNICEF support.

Improved knowledge of who is in need and where they are is central to both clients and the programmes that serve them. With UNICEF support, efforts are ongoing in Rwanda to conduct a household survey to better estimate the number of children living with HIV and on treatment. The goal is to better ensure the quality of data and

address gaps, such as the lack of disaggregated data on adolescents aged 10–19 years by gender and appropriate age groups.

The acceptability of services, especially among adolescents, is a key issue for UNICEF's HIV work in all settings. To this end, community dialogue and engagement supported by UNICEF have involved finding ways for adolescents and young people to participate in the treatment and care agenda more actively for themselves and their peers.

In Eswatini, teens' caregivers and men (partners and fathers) have been given information on the importance of disclosure and adherence, which has helped to support adolescents on ART in their lives. This activity and others – such as training teens on leadership skills – were implemented flexibly, with gatherings sometimes conducted in small groups or virtually due to COVID-19 restrictions and civil unrest.

Physical and virtual spaces dedicated to teens' overall health and well-being have integrated HIV services into their offerings.

In Jamaica, the UNICEF-supported Kingston Teen Hub provided critical HIV counselling and testing services to some 800 young people in 2021, while attracting more than 3,000 participants through its online option.

In Malawi, adolescents and young people trained as peer educators and teen club facilitators – the majority of whom are female – have contributed to improved identification of adolescents who want or need a wide range of HIV and broader health services, including HIV testing, PMTCT, SRHR, and sexual and gender-based violence. Linkage to care and support is an inherent part of these activities, with adolescents and young people requiring psychosocial support quickly linked to teen clubs.

In Zimbabwe, UNICEF has also been involved in establishing and strengthening specialized groups for vulnerable young people, including by promoting ART refill clubs and support groups for adolescents and young people living with HIV. Members of these and other similar groups typically receive information, referrals, and other forms of targeted support not only regarding HIV, but also on SRHR, gender-based violence and mental health as part of an integrated service package.

Ensuring that services are provided in an adolescent-friendly manner is a main component of the type of child-centred design, services and policies that UNICEF promotes to help strengthen HIV treatment outcomes.

In Zambia, UNICEF's support for the provision of adolescent-friendly services in 2021 included minor refurbishments to health infrastructure, and training health workers and peer educators in how to meet an acceptable standard from the perspective of adolescents and young people.

In Uganda, UNICEF supported the scale up of the Ministry of Health's Young People and Adolescent Peer Support (YAPS) strategy at subnational level to 26 facilities in 2021, exceeding the target of 24. The YAPS programme aims to improve the quality of HIV services for people in this age group and increase the retention of HIV-positive young people in HIV care. The programme focuses on the provision of comprehensive adolescent HIV care and treatment services, including mental health and psychosocial support. Scaling it up has included activities such as district-level capacity-building on SRHR/HIV/ gender-based violence integration.

Results Area 2: Adolescent HIV prevention

FIGURE 106: Outcome and Output Indicators related to Results Area 2:

	Output Indicators
HIV prevention among adolescents	<p><i>Output statement 1.g: Countries have implemented comprehensive HIV prevention interventions at scale</i></p> <p>1.g.1. Number of countries having initiatives to strengthen [the] availability of gender-responsive evidence for the All-In framework for [the] prevention of HIV</p> <p>1.g.2. Number of countries supporting implementation of at least three high-impact gender-responsive adolescent prevention interventions</p>

Results Area 2 focuses on UNICEF’s work in supporting countries to improve HIV prevention outcomes among adolescents and young people aged 10–24 years. Sexual transmission accounts for nearly all new HIV infections in this age group, with a smaller but significant share attributable to injecting drug use.

Globally, progress in reducing annual new infections among adolescents and young people has lagged behind that of many other leading HIV indicators over the past decade, including the rate of decline of new infections globally among infants and young children that are caused primarily by vertical transmission. But despite the numerous challenges that make these young people so vulnerable, UNICEF has had some success working with partners to deliver supportive services across health, social, cultural, educational and economic fronts that reach the most at risk. This often includes taking a highly targeted approach to understand and respond to the unique ‘whole-of-life’ factors that increase HIV risk faced by adolescents and young people in all their diversity.

Part 1. Integrated, multisectoral approaches for prevention that leaves no one behind

Throughout the four-year Strategic Plan that ended in 2021, UNICEF’s work in countries generally sought to integrate HIV prevention into broader services to promote adolescent health and well-being that also consider their economic, educational and social situations. This approach acknowledges that positioning prevention and support interventions in a multisectoral strategy is the most effective way to reduce overall HIV risk. Given that the vast majority of new infections annually in adolescents and young people are among females, addressing the gender gap has been and must continue to be a priority for the organization.

In 2021, UNICEF’s investments and support towards this integrated prevention programming approach spanned several areas of work, including promoting comprehensive adolescent health and well-being policies to increase access to HIV testing and prevention services; direct support to facilities and front-line workers; data quality improvements; demand generation; and addressing social determinants of risk.

Promoting comprehensive adolescent health and well-being policy development

In 2021, UNICEF has collaborated closely with governments and other partners in the development, implementation and monitoring of policies and protocols focusing on adolescents that include HIV prevention components.

In Cameroon, UNICEF has been working with the government to scale up the Youth 3+1 initiative, which uses innovative approaches for youth programming to deliver integrated HIV, SRHR and other services to adolescents and young people.

In the United Republic of Tanzania, UNICEF provided technical support for the development and launch in April 2021 of the National Accelerated Action and Investment Agenda for Adolescent Health and Well Being – a three-year, cross-sectoral operational plan for adolescents that includes HIV prevention targets. Through UNICEF’s direct support and in partnership with U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), 54 districts (32 per cent of the country’s total) were reached with at least three HIV combination interventions for adolescents and young women, an increase from 33 districts in 2020.

In 2021, UNICEF continued to partner with the Council for the Welfare of Children (CWC), the Government of the Philippines’ inter-agency body for children on promoting

adolescent development. This included strengthening the Government's efforts to advance the health and well-being of adolescents through the development and pilot testing of the Health Promotion Playbook for Adolescent Sexual and Reproductive Health, which provides local government units with ready-to-use tools to help encourage and sustain community support for adolescent SRHR. UNICEF technical guidance to the CWC's Committee on Children HIV and AIDS was instrumental in the pilot implementation in Samar province. Initial results included the development of a costed implementation plan, analysis of fiscal interest and needs, and policy and financial review of SRHR programmes. The pilot intervention directly benefits 5 facilities, 10 providers, and a large number of adolescents in 4 areas of the province.

Direct support to facilities and frontline workers

Beyond the promotion of policies for comprehensive adolescent health and well-being, UNICEF's support for integrated services also included: (1) direct support to programmes and facilities; and (2) training and skills-building for health workers to enable additional services to be offered at a range of service delivery sites, including health clinics and schools.

In Bangladesh, UNICEF supported partners to improve access to HIV and broader SRHR services and create an enabling environment for 1,000 adolescents and youth in four cities. Among those young people reached, 85 per cent accessed HIV testing and counselling while 50 per cent were screened for sexually transmitted infections.

In Eswatini, UNICEF supported 13 health-care facilities (including three Red Cross clinics) to provide comprehensive quality SRHR and HIV prevention services, and to train 88 health staff from four priority regions on the new Adolescent and Youth Sexual and Reproductive Health guidelines. Through this effort, a total of 357 adolescent girls and young women were reached with information on HIV prevention.

Generating demand for services among adolescents and young people

Much of UNICEF's work in generating demand for HIV prevention services among adolescents and young people has included efforts to improve access to targeted information, with special attention often given to reaching populations that are highly marginalized and difficult to reach.

In the Plurinational State of Bolivia, with UNICEF support, more than 58,000 adolescents in six priority health networks accessed information on the availability of services to prevent unintended pregnancy, prevent HIV transmission, and receive care for gender-based violence. Separately, nearly 700 adolescents (nearly two thirds

of them girls) from urban and peri-urban areas, and six Indigenous communities, mobilized and disseminated information to their peers on HIV prevention and pregnancy prevention that helped to increase demand for these health services.

Elsewhere in the LAC region, in Guatemala, UNICEF in 2021 promoted the generation of information regarding methods of HIV prevention potentially available for adolescents and young people, including condoms, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis. Also included in these efforts was information about where to find and how to use HIV test kits (both rapid and self-tests) and on ARVs authorized for adolescents and young people by the Ministry of Public Health and Social Assistance.

In the United Republic of Tanzania, UNICEF has supported multiple interventions on HIV prevention and improving SRHR among both adolescent girls and boys under the Girls Reproductive Health, Rights and Empowerment Accelerated in Tanzania (GRREAT) initiative, which the organization is implementing with UNFPA with financial support from Global Affairs Canada. One achievement of the five-year initiative, which started in April 2019, has been the scale up of the ONGEA radio programme from 4 regions to all 26 regions of the mainland, increasing its reach to 4 million adolescents in 2021.

ONGEA (meaning 'talk' in Swahili) is an edutainment radio drama series targeting adolescents aged 15–19 that depicts the lives of young fictional characters and their caregivers. Episodes of the series are used to provide comprehensive knowledge on SRHR, HIV, nutrition and gender-based violence, and to increase demand for services. Feedback to date points to some positive impact. ONGEA listenership club members have reported increased awareness from 76 per cent to 94 per cent on where to access SRHR and HIV services; increased HIV testing, from 43 per cent to 57 per cent; increased discussions with parents on SRHR from 25 per cent to 34 per cent; and increased knowledge on condom use for HIV prevention from 33 per cent to 61 per cent.

A similarly focused radio programme exists in Botswana. In 2021, UNICEF continued its partnership with the National AIDS and Health Promotion Agency, MTV Staying Alive Foundation and Viamo to produce a third season of the popular 'MTV Shuga' radio show that focuses on HIV, SRHR, sexual violence and gender-based violence, with COVID-19 effectively mainstreamed into the storylines. Season three was launched virtually on Facebook Live in August 2021 and at the end of the year it was airing on two youth-centric radio stations, reaching over 250,000 adolescents and young people across the country.

In 2021, in an effort to deepen the impact of the drama series and reach those in rural and underserved areas, the MTV Shuga radio interpersonal peer education programme under way in four HIV high-burden districts was consolidated and scaled up to additional villages. The

programme has been further augmented by virtual peer education, implemented by a group of six volunteers with a good social media presence. The two kinds of programmes – interpersonal and virtual – have contributed to reaching monthly averages of about 7,500 and 10,000 adolescents and young people, respectively.

In Guatemala, UNICEF continued to scale up the 'Avívate, Infórmate Hoy' ('Get Up, Get Informed Today') HIV prevention campaign, a government initiative launched in 2019. The campaign aims to address substantial gaps in awareness, as only 22 per cent of young people between the ages of 15 and 24 in the country have comprehensive knowledge about HIV.¹⁷⁷ The project, designed and implemented in collaboration with UNAIDS, produces radio spots by, to and for young people. It is also being expanded to various other online and offline platforms, with more content also being made available in different languages. An estimated 2.7 million individuals were reached by the campaign in 2021.

Adolescent girls and young women are among the most vulnerable to HIV in UNICEF priority countries, so the organization prioritizes support for interventions and policies that aim to reach and support them in particular – including with information intended to boost demand for HIV prevention and other relevant health and well-being services. Some examples of such work in 2021 included:

- **Eswatini:** UNICEF conducted a study to provide a comprehensive review of current and planning programming for adolescent girls and young women to ensure that new interventions supported by the Global Fund match with the needs, conditions and lifestyles of adolescents and young people. Among the findings of the survey that had more than 700 respondents, only 13 per cent were aware of HIV testing and only 25 per cent knew about condom distribution. A majority (56 per cent) of participants said that the prevention interventions were relevant to them. The results of this study are expected to improve outreach and more efficient financing for HIV, especially for adolescent girls and young women.
- **Uganda:** UNICEF supported formative assessments to determine the effectiveness and scalability of existing service delivery models for adolescents, particularly for adolescent girls and young women. The findings informed the development and dissemination of the HIV prevention road map for adolescent girls and young women and the national scale up plan for the Ministry of Health's YAPS Programme.

Addressing social determinants of health and HIV risk

Access to and effectiveness of HIV prevention are not just health issues for most adolescents and young people – they are also tied to other issues and challenges they

face that influence their ability to protect themselves and others from HIV. Poverty and education are two of the social determinants of health and well-being that UNICEF sees as entry points in its efforts to improve HIV prevention outcomes among the most vulnerable adolescents and young people in many societies.

In Bangladesh, this approach included skills-mapping for employability among young key populations, including men who have sex with men and transgender individuals. Through this support, several young members of these populations were able to get job interviews and eventual employment in 2021.

In the United Republic of Tanzania, UNICEF continued to collaborate with Irish Aid and Global Affairs Canada to support the United Republic of Tanzania Social Action Fund for its 'cash plus' programme, which was scaled up in 2021 to 11 districts, 2 more than the previous year. The programme is layered onto the national social protection programme and provides a package of services to adolescents (aged 14–19 years) living in households receiving cash transfers from the government. The adolescents receive a productive grant; mentorship; training on SRHR, HIV, violence and livelihoods; and linkages to adolescent-friendly health services.

Part 2. Social mobilization and youth engagement and advocacy

UNICEF encourages and supports adolescents to be more proactive and involved in designing and delivering services that are intended to reduce their vulnerability to HIV. UNICEF's support for their regular, direct and influential engagement covers areas such as communication and social mobilization and leadership to set the HIV and AIDS agendas that affect them.

Communication and social mobilization

Training and support for peer-led communication for prevention is a common UNICEF activity in its HIV work for and among adolescents and young people. The examples below give an indication of the scope of such interventions across the 35 priority countries:

- **Burundi:** UNICEF supported the government in training 60 representatives of local associations of adolescents and young people from five provinces on the implementation of a national HIV/AIDS communication plan adapted to the needs of the population. The training focused on sensitizing their peers on behavior change, HIV testing, optimal adolescent SRHR and HIV prevention. The HIV communication plan was adopted in the context of COVID-19 and had reached more than 60,000 young people by the end of 2021.

- **Haiti:** A large network of peer educators interacted with and supported some 12,000 adolescents and young people in the neighbourhoods in the Ouest Department, a region where young people are especially vulnerable. The educators focused on making them aware of key HIV prevention issues, such as regular and constant use of condoms, the importance of screening, and risks associated with early and unprotected sexual practices.
- **Rwanda:** In the first half of 2021, with support from UNICEF, the government implemented young peer volunteer interventions in five districts, an increase from two during the previous year. Nearly 60,000 adolescents and young people were reached with HIV prevention education messages through peer-led interpersonal communication in 2021, and nearly 23,000 adolescents and young people (58 per cent female) received HIV testing at health care facilities, youth centers and designated community settings in the five focus districts.

UNICEF's well-established U-Report platform serves as a messaging tool in many priority countries to engage with and empower young people in HIV prevention and broader health and well-being.

In Botswana, the use of U-Report to collect data on access to HIV and SRHR services by adolescents and young people has proved to be a key method in understanding barriers to accessing services, while also providing a platform for them to discuss these issues and their needs and expectations. In Botswana and elsewhere, the platform has been shown to be an invaluable support tool during the COVID-19 pandemic, both in terms of facilitating discussions about the pandemic itself, as well as its impacts on access to services and support for HIV and other health issues.

In Eswatini, in the COVID-19 era through 2021, some 6,500 adolescents and young people were engaged on the U-Report platform in discussions regarding child and adolescent participation, HIV prevention, and access to HIV and SRHR services.

In Lesotho, nearly the same number of adolescents and young people (some 5,800) participated in similar discussions through U-Report. Two thirds of them were female, which reflects where the greatest needs and desire for engagement are.

The popularity of U-Report in Cameroon continued to climb in 2021, as the number of U-Reporters increased to more than 300,000, up from about 286,000 in 2019, before COVID-19, and 120,000 two years earlier in 2017. The platform has been a useful delivery tool during the COVID-19 pandemic on HIV prevention among adolescents and youth because outreach activities with large groups of young people were not possible. As a result, U-Report

contributed to the following results in the country over the reporting period: more than 349,800 girls and boys were tested for HIV and received their results, and more than 60,000 adolescents and young people used a toll-free phone line to access information on HIV, adolescent SRHR and other issues such as birth registration, violence against women and children, and concerns about child marriage.

Adolescent and youth networks shaping the AIDS agenda

In addition to mobilizing and empowering adolescents and young people, UNICEF strongly believes in the need to provide opportunities for them to have leadership roles in the HIV programming that affects them.

In Botswana, during 2021, this included technical and financial support in collaboration with UNFPA and other partners, including the National AIDS and Health Promotion Agency, to establish a national youth forum to facilitate the meaningful engagement and participation of adolescents and young people in HIV and SRHR policy and programming. This forum is intended to provide a platform for adolescents and young people to raise issues that are pertinent to them and open access to decision-making spaces.

In Eswatini, to achieve similar objectives, UNICEF supported the deputy prime minister's office to develop a participation framework for children and adolescents to express their views and influence matters that concern them directly and indirectly. The final draft was presented for validation at the end of December 2021 to stakeholders, including government, civil society and youth associations.

More than 30 partners and 80 adolescents and young people were engaged in discussions to develop this national participation framework.

In the Philippines, UNICEF's HIV-related work included support to the Government in mobilizing and empowering adolescents and their communities to innovate and crowdsource local HIV solutions. Nearly 2.2 million young people were involved in this virtual exercise throughout 2021, of whom some 230,000 were adolescents from 91 communities engaged in implementing co-created interventions and campaigns, along with numerous local leaders and staff of various government agencies.

This effort was closely connected to the 'Young Heroes Initiative – High Five', which was set up by the government's Council for the Welfare of Children soon after the COVID-19 pandemic arrived, to provide a platform for young people to engage about their health and well-being, including issues such as mental health. UNICEF and other partners, including UNAIDS, supported the government in designing the roll-out of this initiative, which also provides SRHR and HIV information for adolescents.

Case study: Innovation in Côte d'Ivoire: Using mobile technology and geospatial data to improve access to key HIV prevention services among adolescents and young people

Like many other countries in the WCA region, Côte d'Ivoire has struggled to reduce new HIV infections among adolescents and young people. As part of an ongoing effort to improve results, UNICEF and partners supported the Ministry of Health and Public Hygiene to start piloting U-Test, a community-based HIV prevention programme, in nine districts in 2020.

U-Test uses a combination of technology, artificial intelligence and social media to provide young people aged 15–24 with easy-to-understand information about HIV, while also linking them with support and care. It takes a digital-first programming approach to expand access to novel prevention tools, specifically HIV self-testing and pre-exposure prophylaxis (PrEP), through a digital interface (geo-mapping, risk profiling and online/offline service delivery). The goal is to connect in a highly targeted manner marginalized youth at high risk of acquiring HIV – in particular, key populations and adolescent girls and young women – with testing and services that prevent the spread of HIV. As part of the overall approach, popular social media outlets such as WhatsApp and Facebook are then used in combination with UNICEF's mobile-based software U-Report to deliver HIV prevention messaging tailored to the specific risks among young people in different groups.

However, U-Test is more than just an outlet for information and resources. It also aims to empower young people to act on their own behalf, including through features that allow them to self-assess their level of knowledge and HIV risk. Moreover, through the programmatic mapping enhanced by geo-location, U-Test makes it easier and more convenient for even the most marginalized youth to find effective and welcoming services close to where they live or want to get them.

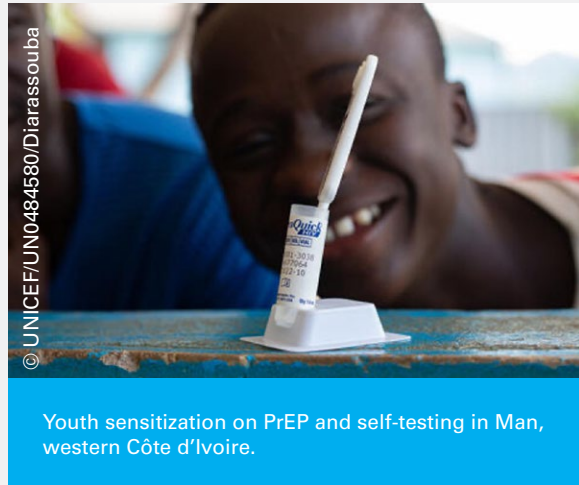
More than 1 million visits to the online learning centres were recorded during the first year of U-Test implementation in the nine districts, from June 2020 to June 2021, and during transition of the programme to the government during the remaining part of 2021. During this period, nearly half a million young people received personalized HIV prevention information and were referred to relevant services; some 900 marginalized youth at high risk of HIV accessed PrEP for the first time; and 37,440 young people were provided with HIV self-testing kits, with more than 10,000 young Ivorians sharing the news of having self-tested for HIV through the U-Test platform. One notable comparison showing the initiative's likely value is that the uptake of PrEP among these highly vulnerable populations represents six times the performance of districts that were not covered by U-Test during the same time (pilot) period.

Feedback from a beneficiary of the initiative gives an indication of its value:

I am 20 years old and I am gay. I was afraid to go to the health centres in the neighbourhood for fear of being judged or having my results disclosed by people with bad intentions. Through a U-Test community worker, I discovered a health centre where I felt comfortable without being judged. The doctor gave me advice and told me about PrEP and self-testing. I then invited my friends to get tested or take an HIV self-test and also told them that if they are negative, they can also do PrEP.

– Kouassi

Based on the demonstrated benefits of U-Test during its pilot phase, in 2021, UNICEF supported the government to scale up the initiative to five new health districts as a model that is integrated into the workplan of the National AIDS Control Programme for 2022. The organization now plans to introduce the U-Test model in Cameroon and Nigeria by the end of 2022.



Youth sensitization on PrEP and self-testing in Man, western Côte d'Ivoire.

Looking ahead: Key priorities for the new Strategic Plan (2022–2025)

Over the past 40 years, the global AIDS community has developed innovative strategies, approaches and tools for HIV prevention and treatment that have been informed by rigorous scientific evidence from a diverse range of contexts. The UNICEF 2022–2025 Strategic Plan will continue to prioritize these efforts. UNICEF will work closely with governments and other partners to consistently reach children, adolescents and pregnant women living with or at risk of HIV. Even greater emphasis will be afforded to the effective employment of disaggregated data and differentiated programming.

UNICEF is further deepening and expanding its support for better progress in the WCA region, where rates of ART access remain far below global targets, and annual new infections among children and adolescents continue to be far above the global average. As part of this effort, the organization is collaborating with local partners to scale up the paediatric service delivery framework to ensure optimal provision of services across the continuum of care.

UNICEF is also working to rapidly introduce dolutegravir as the preferred first-line treatment option for all children and adolescents with HIV. This drug is the first in a class of

new ARVs that possess a high genetic barrier to resistance, are remarkably well tolerated, and are very effective at controlling viral replication.

The events of recent years have revealed that adolescent prevention is a particularly challenging area to achieve sustained progress. UNICEF has led the way in promoting greater investment in programmes that comprehensively address vulnerabilities across all relevant sectors. As the body of evidence on the effectiveness of these programmes has grown, countries are adopting proven approaches that combine structural, behavioural and biomedical interventions.

UNICEF is also meaningfully engaging adolescents in programme development and empowering them to lead their own interventions. This is critical to reaching the most vulnerable and addressing gender inequality. The organization has supported the development of the Adolescent and Young Key Populations toolkit, expanded its U-Report platform, and introduced numerous youth-led programmes across all regions. UNICEF's support to the Global Fund has enabled partners at the country level to identify and address critical prevention gaps for the most vulnerable adolescent girls and young women.

HIV financial report

HIV and AIDS income in 2021

In 2021, partners contributed just over US\$17 million 'other resources – regular' for HIV and AIDS, an amount less than half the US\$38 million from the previous year (see *Figure 107*). Public sector partners contributed the largest share in this category, at 82 per cent. The top five resource partners to UNICEF HIV in 2021 were the Global Fund, UNAIDS, the Government of the United States, the US Fund for UNICEF and the Government of Kazakhstan (see *Figure 109*). The

largest contributions were received from the Government of Germany for supporting the COVID-19 response in India; from UNFPA-managed United Nations Partnership and Joint Programmes for strengthening integrated SRHR in India; and from UNAIDS for Unified Budget, Results and Accountability Framework (UBRAF) country envelopes in 2020–2021. Four separate contributions from the Global Fund were in the top 20, totalling US\$7.75 million (see *Figure 109 and the body of the report for results on these programmes*).

FIGURE 107: HIV and AIDS 'other resources - regular' contributions, 2014-2021

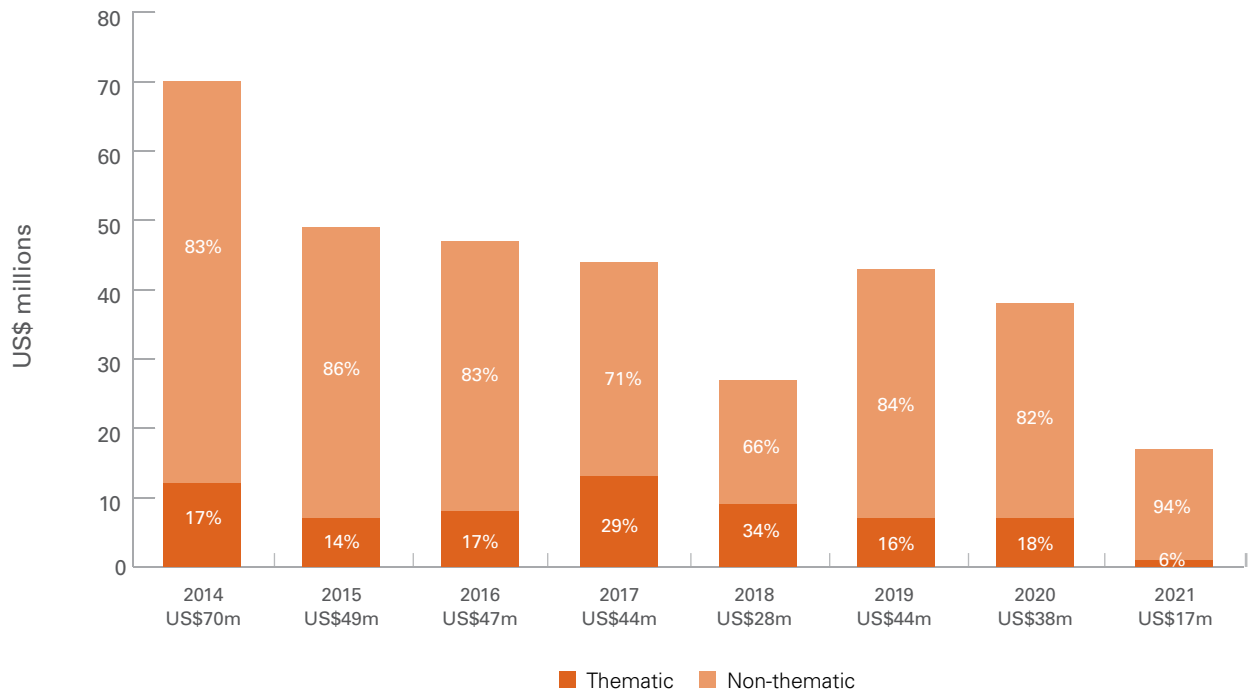


FIGURE 108: Total HIV and AIDS funds received by type of donor, 2021: US\$17 million

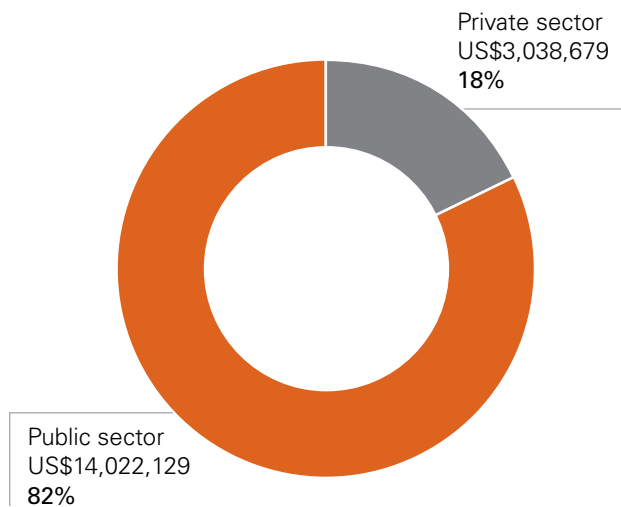


FIGURE 109: Top 20 resource partners to HIV and AIDS by total contributions, 2021

Rank	Resource partner	Total (US\$)
1	Global Fund to Fight AIDS, Tuberculosis and Malaria	7,855,802
2	UNAIDS	6,584,200
3	United States	1,807,018
4	United States Fund for UNICEF	1,017,263
5	Kazakhstan	824,576
6	United Kingdom Committee for UNICEF	778,607
7	Netherlands Committee for UNICEF	450,144
8	Finnish Committee for UNICEF	298,638
9	German Committee for UNICEF	161,990
10	Hungarian Committee for UNICEF	82,517
11	Danish Committee for UNICEF	72,191
12	Japan Committee for UNICEF	36,729
13	UNICEF Botswana	35,320
14	Turkish Committee for UNICEF	27,831
15	UN Women	25,000
16	UNICEF South Africa	16,226
17	Norwegian Committee for UNICEF	15,307
18	Belgian Committee for UNICEF	11,529
19	Luxembourg Committee for UNICEF	10,024
20	Czech Committee for UNICEF	6,405

Note: Figures do not include financial adjustments.

UNICEF thematic funds maintained a four-year funding period that correlated with the period of the Strategic Plan (2018–2021). Over the four years of the plan, thematic funding contributions for HIV and AIDS totalled US\$24.34 million, with US\$1.03 million received in 2021, all of which came from private sector partners. The amount associated with 2021 is extremely low because all contributions from the largest thematic resources partner across the plan's four years – the Korean Committee for UNICEF – were received during the first three years. Of all thematic HIV

and AIDS contributions that UNICEF received from 2018 to 2021, 97 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 111*). Overall, under the 2018–2021 UNICEF Strategic Plan, the Korean Committee for UNICEF contributed 77 per cent of all global HIV and AIDS thematic funding.

FIGURE 110: Top 20 Contributions to HIV and AIDS, 2021

Rank	Total (US\$)	Grant description	Resource partners
1	11,512,779	COVID-19 Crisis Response Programme II, India*	Germany
2	5,490,299	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	4,584,200	UBRAF Country Envelope 2020 - 2021	UNAIDS
4	4,020,844	Accelerating the response to HIV/AIDS through a resilient and sustainable health system, Chad	Global Fund
5	2,048,721	Reducing HIV infections and HIV related mortality among Somalis	Global Fund
6	2,000,000	UBRAF Funding of UNICEF Activities included in the UNAIDS Budget 2020–2021	UNAIDS
7	1,074,466	Component 3 of the Adolescent Girls and Young Women Strategic Initiative	Global Fund
8	824,576	Psychosocial support and services for children, adolescents and parents in the context of HIV epidemic in Kazakhstan	Kazakhstan
9	608,578	Supply chain management assistance for HIV/AIDS, tuberculosis, and Malaria programs, Sierra Leone	Global Fund
10	450,144	Global HIV and AIDS Thematic Funding	Netherlands Committee for UNICEF
11	329,992	Health System Strengthening project, Tanzania	United States
12	308,866	Enhancing the coverage and quality of paediatric HIV services through a data-informed, consensus-based, process of programme implementation	United Kingdom Committee for UNICEF
13	302,735	Closing the HIV treatment gap and improving quality of care for mothers, children and adolescents living with HIV	United States Fund for UNICEF
14	291,138	Global HIV and AIDS Thematic Funding	Finnish Committee for UNICEF
15	269,122	Supporting children with HIV in Ghana and Nigeria	United Kingdom Committee for UNICEF
16	250,480	Closing the HIV treatment gap and improving quality of care for mothers, children and adolescents living with HIV	United States Fund for UNICEF
17	235,170	Strengthening availability, quality and strategic use of data on children in residential care	United States
18	224,996	Closing the HIV treatment gap and improving quality of care for mothers, children and adolescents living with HIV	United States Fund for UNICEF
19	197,537	HIV/AIDS Prevention, Care and Treatment activities for Mothers, Children and Families under PEPFAR Cooperative Agreement	United States
20	194,330	Achieving an AIDS Free Generation, South Africa	United States

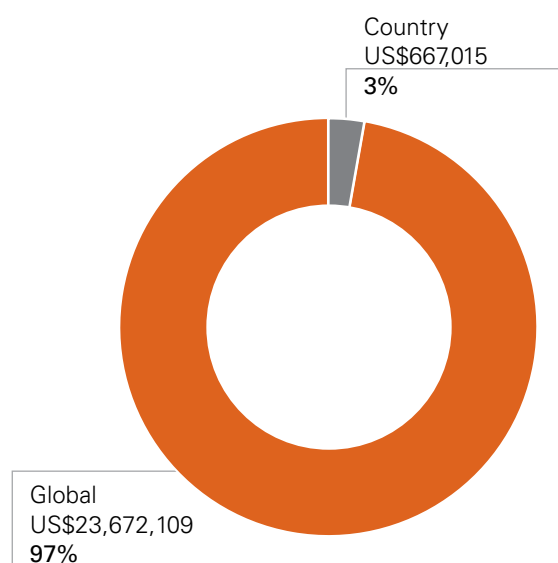
Note: *Cross-sectoral grants SC200683 (Health, HIV and AIDS, WASH, Gender Equality), SC180128 (HIV and AIDS, Gender Equality)

FIGURE 111: Thematic contributions by resource partner to HIV and AIDS, 2021

Resource partner type	Resource partner	Total (US\$)	Percentage of total
Private sector	Netherlands Committee for UNICEF	450,144	43.76%
	Finnish Committee for UNICEF	291,138	28.31%
	German Committee for UNICEF	162,383	15.79%
	Danish Committee for UNICEF	72,191	7.02%
	Japan Committee for UNICEF	24,229	2.36%
	Norwegian Committee for UNICEF	15,307	1.49%
	United Kingdom Committee for UNICEF	13,172	1.28%
Grand total		1,028,565	100%

Note: Grant numbers are provided for IATI compliance: SC1899020001, SC1899020004, SC1899020005, SC1899020006, SC1899020010, SC1899020016, SC1899020018

FIGURE 112: HIV and AIDS thematic funding contributions at country, regional and global levels, 2018-2021



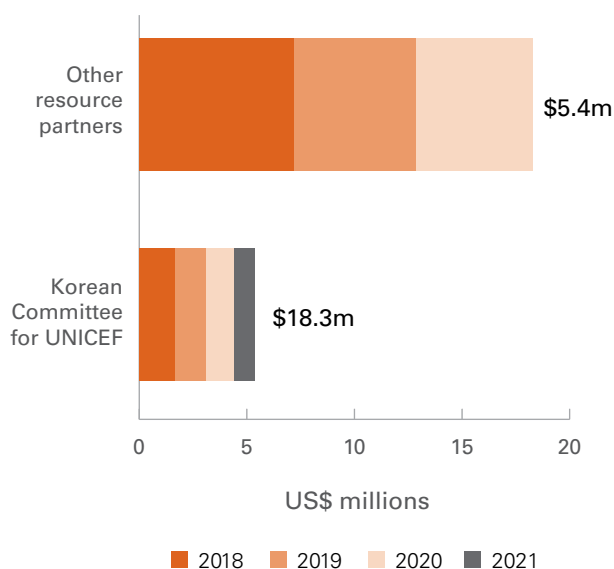
UNICEF is seeking to broaden and diversify its funding base (including thematic contributions). Flexible contributions allow the HIV programme to be nimble and ensure persistent gaps are filled in the last mile towards prevention, treatment and care for mothers, children and adolescents. In 2021, seven partners contributed thematic funding to HIV and AIDS, compared with eight partners contributing in 2020. Sizeable thematic contributions were received from the Netherlands Committee for UNICEF and the Finnish Committee for UNICEF for global HIV and AIDS thematic funding.

In 2021, UNICEF spent US\$5.14 million for HIV and AIDS from thematic funds. As in 2020, the WCA region received the most funds – US\$1.63 million – followed by the ESA region with US\$1.59 million. 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.

In 2021, as in 2020, the COVID-19 pandemic highlighted the importance of flexible funding, which is vital for the ongoing pandemic response and to enable UNICEF to better support countries to regain momentum towards national and global development goals. With increased global thematic resources for HIV, UNICEF would have more capacity to address gaps and ensure integrated programming in support of Goal Area 1 results. The organization requires increased flexible funding to meet its strategic targets, to promote advancement of the SDGs, and to help children realize their rights to health and well-being.

With this priority in mind, 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 accountability towards achieving HIV-specific results, while also maintaining a broader shared commitment towards multiple UNICEF Strategic Plan outcomes in 2022–2025 and across multiple SDG targets.

FIGURE 113: Spotlight on global HIV and AIDS thematic funding, 2018-2021



Under the 2018-2021 UNICEF Strategic Plan, the Korean Committee for UNICEF has contributed 77% of all global HIV and AIDS thematic funding

Expenses vs. Expenditures

‘Expenses’ are recorded according to the International Public Sector Accounting 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, as they are aligned with cash disbursements and goods receipts (the way budgets are consumed).

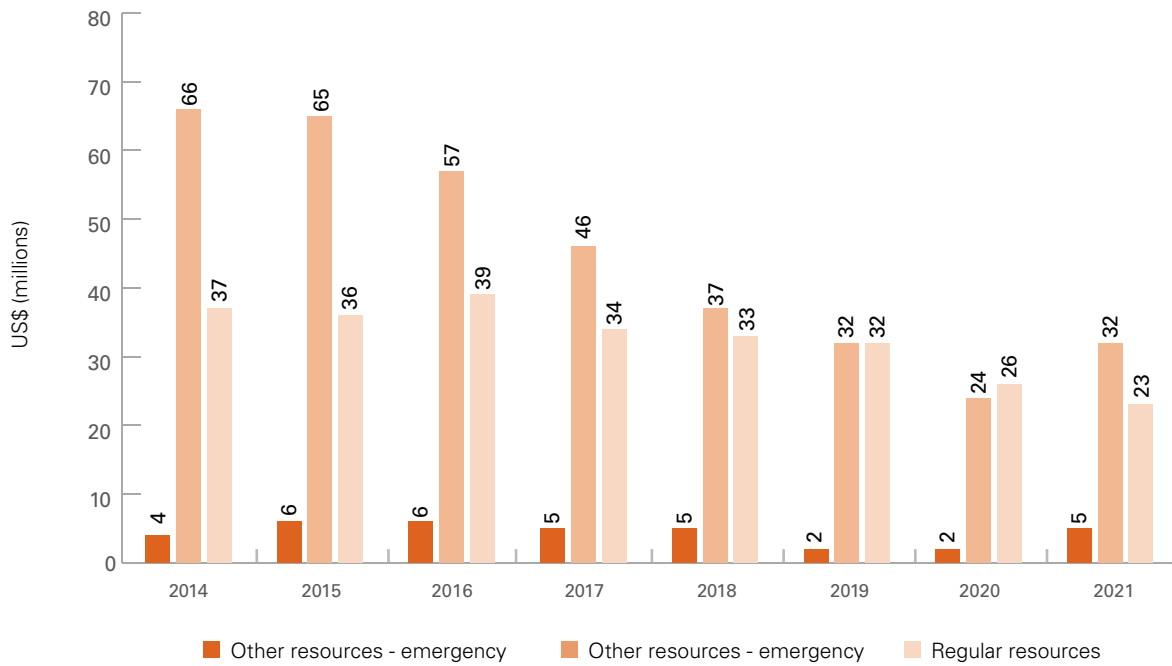
HIV and AIDS expenses in 2021

UNICEF HIV spending in 2021 totalled US\$59.37 million – an increase of more than US\$7 million from the previous year. This marked the end of a long period of declining spending since 2014, when the total was US\$107 million. HIV spending in 2021 was slightly less than 1 per cent of the total UNICEF programme expenditures – about the same share as in the previous year.

The reversal of the negative expenditure trend over the past several years is mainly due to an increase from US\$24.04 million in 2020 to US\$31.74 million in the ‘other resources – regular’ (ORR) category. This marked the first increase after annual declines from about US\$66 million seven years ago. A much smaller but notable contribution to the reversal was in the smallest category, ‘other resources – emergency’ (ORE), where spending nearly doubled to US\$4.53 million in 2021 from US\$2.28 million in the previous year. These gains more than offset continued decline in the third and historically largest category, ‘regular resources’ (RR). The US\$23.1 million spent in that category in 2021 was less than the US\$26.02 million in 2020 and significantly below the recent high of about US\$39 million in 2016. In general, it should be noted that with HIV interventions increasingly becoming more integrated in country programmes, actual UNICEF HIV expenditures may be underestimated in the current calculations.

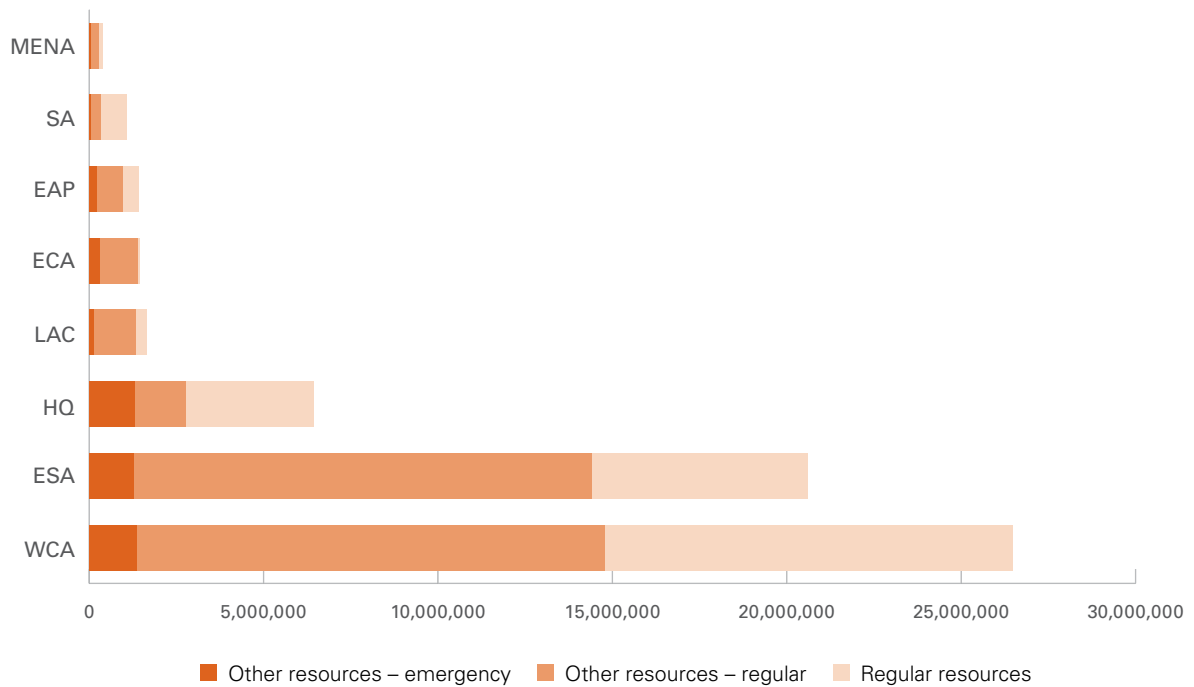
The slight rebound in overall spending in 2021 likely played a role in UNICEF’s ability to support many countries’ successful efforts to limit disruptions in HIV service delivery for pregnant women, children and adolescents during the second year of COVID-19 challenges. However, far more resources are needed to move from maintaining current levels to accelerating progress to narrow gaps in HIV treatment and prevention coverage. Important targets in the SDGs relevant to the health and well-being of children and adolescents, especially girls and young women, cannot be met without rapid and consistent improvements.

FIGURE 114: Expense trend for HIV and AIDS by year and fund type, 2014–2021



Notes: ORE, other resources – emergency; ORR, other resources – regular; RR, regular resources.

FIGURE 115: Allocation of global HIV and AIDS thematic funding to country offices, 2021



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 2021, 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\$26.55 million – was in the WCA region, followed by US\$20.55 million in the ESA region. Together, the two regions accounted for 79 per cent of all spending – a share that roughly represents their combined share of the global HIV burden. The regional spending breakdown reflects UNICEF’s approach over recent years, in collaboration with other UNAIDS co- sponsors, of considering the WCA region to be a priority region for HIV and AIDS work. With the world’s second greatest overall HIV burden, this region has lagged considerably behind global averages and most other regions in terms of progress towards meeting key targets for HIV responses in general, and for pregnant women, children and adolescents more specifically.

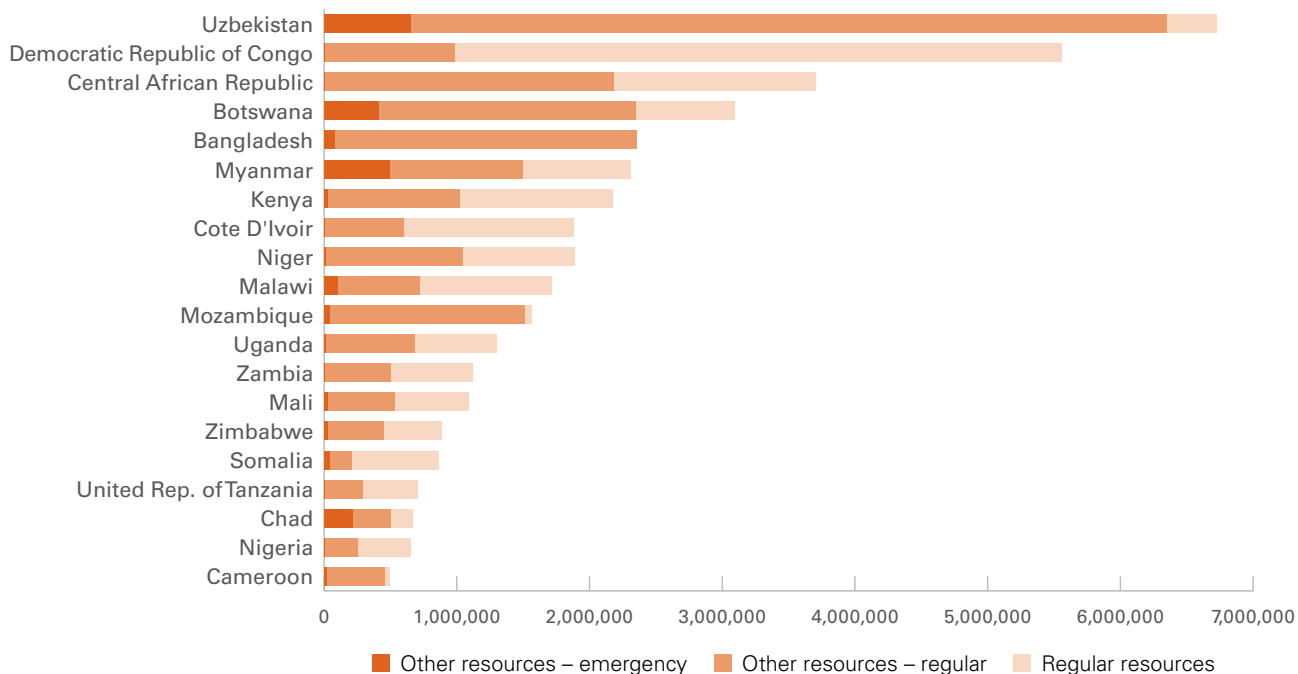
Amounts allocated and spent in individual countries were determined by epidemic burden and programme needs. More than 70 per cent of all spending in the HIV and AIDS programme in 2021 went to 20 countries; of them, all but 3 are from the WCA and the ESA regions. The seven countries from those two regions that received more than US\$2 million each accounted for more than 45 per cent of

total spending. Four were in the WCA region (Cameroon, Chad, Mali and Nigeria), and the remaining three in the ESA region (Somalia, the United Republic of Tanzania and Zimbabwe).

In terms of results area, spending for treatment and care of children living with HIV in 2021 was US\$36.37 million, or about 61 per cent of the total spending, with the remaining 39 per cent for HIV prevention. This represents a shift towards treatment from 2019, reflecting a focus on strengthening the paediatric treatment response, which is lagging in many countries.

As shown in Figure 114, 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 63 per cent of all HIV and AIDS expenses: ‘transfers and grants to counterparts’ (US\$21.49 million), and ‘staff and other personnel costs’ (US\$15.92 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.

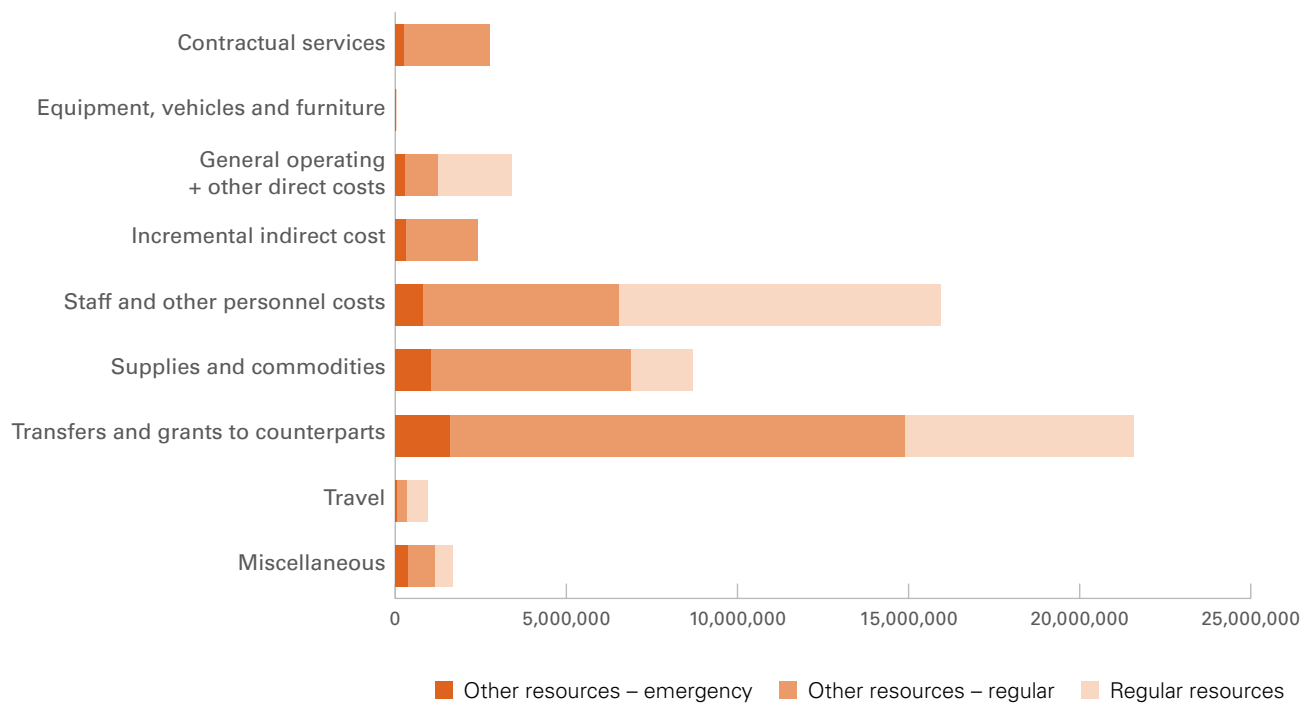
FIGURE 116: Expenses for HIV and AIDS by top 20 countries and fund type, 2020



Even taking into account the slight increase in HIV expenditures in 2021, the long-term declining trend remains a concern because it negatively affects UNICEF's ability to respond to remaining gaps and programme quality issues in priority countries. However, it remains important moving forward, including throughout the new 2022–2025 Strategic Plan, to ensure that many of the unique, specific challenges and priorities related to HIV are emphasized and engaged with, in particular, by the HIV team. For example,

they include the global EMTCT push; the persistent and debilitating effects of stigma; and highlighting and responding to inequities such as low rates of ART access among children living with HIV and prevention gaps among adolescent girls and young women. Further integration of HIV within health responses and sectors will help to ensure that some of the key issues regarding HIV-related care and vulnerability among children will be addressed more holistically and, ideally, more effectively.

FIGURE 117: Expenses for HIV and AIDS by cost category and year, 2020 (US\$)





Results: Early childhood development

Lukas Phiri with the younger of his two daughters, aged 4 months, at play in Kholowa village, Katete District, in the Eastern Province of Zambia.

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Early childhood is the most crucial period for children's holistic development, given the profound, lifelong impact of early experiences on children's future learning, health and earning potential. To have the greatest benefit on children and families, diverse sectors must interact in mutually supportive ways to effectively and equitably improve early childhood development (ECD). It is therefore essential to integrate programmes across sectors, including health, nutrition, education, child protection, social policy and more.

UNICEF's global work on early childhood development – through continued advocacy, influencing of key champions and stakeholders, and system strengthening in all contexts – contributes to its “survive and thrive” agenda for young children, and UNICEF's strategic focus on ECD continued to drive strong results in 2021. By integrating responsive caregiving and parental support into existing health and nutrition programmes, UNICEF has contributed to strengthening systems in these sectors and enhancing the delivery of integrated services in a holistic way. Significant progress was made in the three result areas designed to enhance system maturity – enabling policy environments, scaling up multisectoral ECD programme packages and

integrating ECD interventions in humanitarian responses – during the Strategic Plan 2018–2021 period.

Yet, ECD will need a strong push if SDG target 4.2 is to be met, ensuring all children are developmentally ready for primary education, as well as SDG targets on nutrition (SDG 2) and health (SDG 3). Indeed, available data indicate that progress at impact and outcome levels remains constrained, translating to millions of children not developing to their full potential. More specifically, in 73 countries covering 30 per cent of the world's children aged 3 to 4 years, only 71 per cent of children in this age group were developmentally on track in 2021; and in 79 UNICEF-assisted countries, only 58 per cent of children received the early stimulation and responsive care from their parents or primary caregivers that is critical to children's healthy development.¹⁷⁸

UNICEF therefore continues to focus efforts on increasing the proportion of children aged 24 to 59 months who are developmentally on track, in terms of their health, learning and psychosocial well-being, and equipping parents and caregivers with the tools and support they need to give their children the best start in life.

Result area/output statement for ECD

Output statement 1.h: Countries have institutionalized the delivery of quality ECD services as part of the health platform

Throughout the Strategic Plan period, UNICEF's actions and assistance have contributed to important results in ECD policies and programmes. Global political commitment to ECD is greater than it was four years ago, and enabling environments are stronger. Today, many countries are better positioned to promote integrated ECD services through health, nutrition, education, social protection and other sectors and provide holistic support to young children and their parents.

The Strategic Plan target of 80 countries that have adopted ECD packages for children at scale was unmet in 2021. Yet, countries in all regions have made steady progress towards

the institutionalization of multisectoral ECD packages that integrate responsive caregiving, early stimulation and other essential services across sectors. Ninety-nine countries had established ECD national policy and action plans in 2021 – up from 65 in 2017 – and the number of countries reporting having two or more family-friendly policies (FFPs) has more than doubled: from 6 countries in 2020 to 13 in 2021.¹⁷⁹

Although more countries are incorporating ECD into their humanitarian responses, the demand for such interventions has rapidly outpaced available resources and capacities. The number of countries reporting on ECD interventions has more than tripled: from 23 in 2017 to 76 in 2021, with a total of 1.6 million children under 5 years in humanitarian settings reached with ECD and early learning interventions, including those in response to the COVID-19 pandemic.

This section highlights UNICEF's ECD results in 2021 as they contribute to the three output indicators (*see Figure 118*).

FIGURE 118: Strategic Plan ECD output indicator results

Output indicators	Disaggregation	2017	2018	2019	2020	2021	Target (2021)
1.h.1. Number of countries that have adopted ECD packages for children at scale	UNICEF programme countries with data	28	33	45	53	61	80
	EAP	1	1	5	8	12	
	ECA	4	4	8	8	9	
	ESA	6	7	9	9	9	
	LAC	13	14	14	16	16	
	MENA	1	2	3	3	3	
	SA	1	2	2	3	5	
	WCA	2	3	4	6	7	
1.h.2. Number of countries with a national ECD policy or implementation plans for scale-up	UNICEF programme countries with data	65	67	83	87	99	116
	EAP	9	10	12	12	15	
	ECA	2	2	4	4	6	
	ESA	9	9	11	12	16	
	LAC	28	29	31	31	32	
	MENA	6	5	6	8	10	
	SA	3	3	4	4	5	
	WCA	8	9	15	16	15	
1.h.3. Percentage of UNICEF- targeted girls and boys under 5 years (0–59 months) in humanitarian situations who participate in organized ECD and/or early learning interventions (humanitarian)	UNICEF programme countries with data			76% ¹⁸⁰	64%	57% ¹⁸¹	80%
	Female			237,167	781,694	554,629	
	Male			245,943	780,171	559,930	
	Disability			2,608	10,714	15,164	
	EAP			101%	105%	101%	
	ECA			76%	77%	105%	
	ESA			64%	103%	81%	
	LAC			85%	53%	45%	
	MENA			44%	55%	69%	
	SA			100%	91%	31%	
WCA			75%	64%	55%		

Notes: Abbreviations refer to regions as follows: EAP – East Asia and Pacific; ECA – Europe and Central Asia; ESA – Eastern and Southern Africa; LAC – Latin America and Caribbean; MENA – Middle East and North Africa; SA – South Asia; and WCA – West and Central Africa

Generating demand for services and improving service delivery at scale through integrated multisectoral packages with enhanced support to parents

Evidence shows that integrated ECD interventions have the potential for a greater cumulative impact on child development outcomes compared to single-sector interventions. Working in a coordinated manner across sectors rather than vertically has been shown to improve ECD programme effectiveness, efficiency and sustainability.

Over the past four years, countries have increasingly adopted, implemented and institutionalized multisectoral ECD packages with at least two interventions to enhance programme impact. ECD intervention packages include the Nurturing Care Framework (NCF), Care for Child

Development (CCD), Caring for the Caregiver (CFC) and parenting support interventions, or a combination of these packages.

In 2021, a total of 128 countries had government-owned multisectoral ECD packages (with 'emerging', 'established' and 'advanced' categories on the four-level rating scale). (See Figures 119 and 120.) Among these 128 countries, 61 have established costed action plans ('established' and 'advanced' categories), paving the way for a sustainable scale-up of packages (Figure 121).

FIGURE 119: Status of multisectoral ECD packages at scale, 2018–2021: progress review

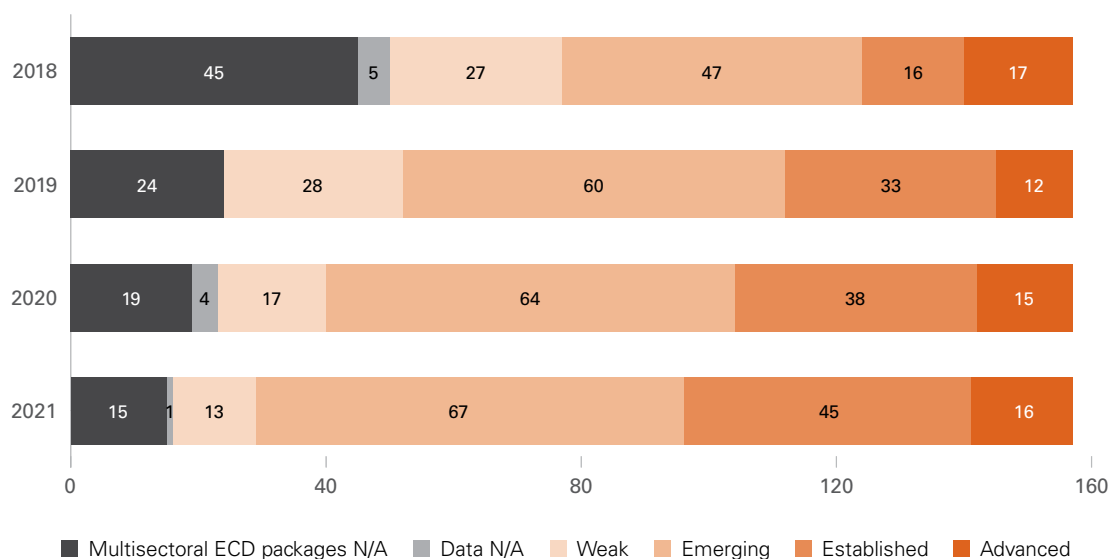
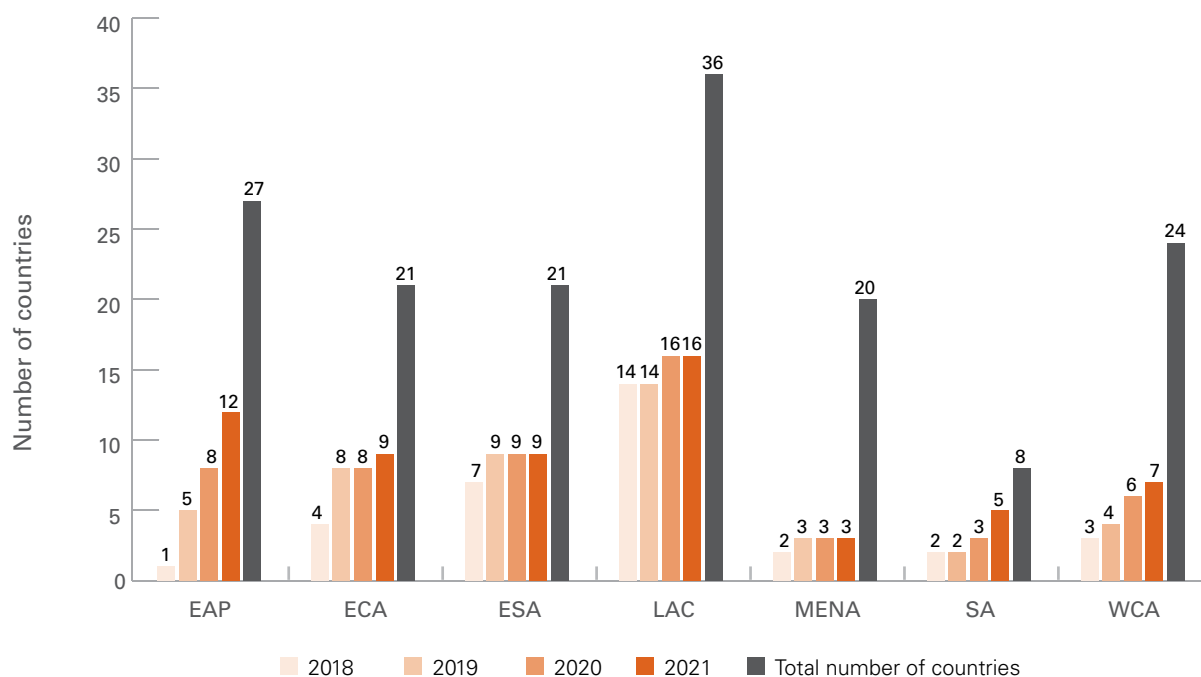


FIGURE 120: Four-level rating scale for the institutionalization of multisectoral ECD packages

1. WEAK	2. EMERGING	3. ESTABLISHED	4. ADVANCED
Funded, implemented and monitored by only UNICEF/local partners (NGOs, CSOs, 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 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

FIGURE 121: Multisectoral ECD packages at scale (established and advanced), 2018–2021: progress overview by region

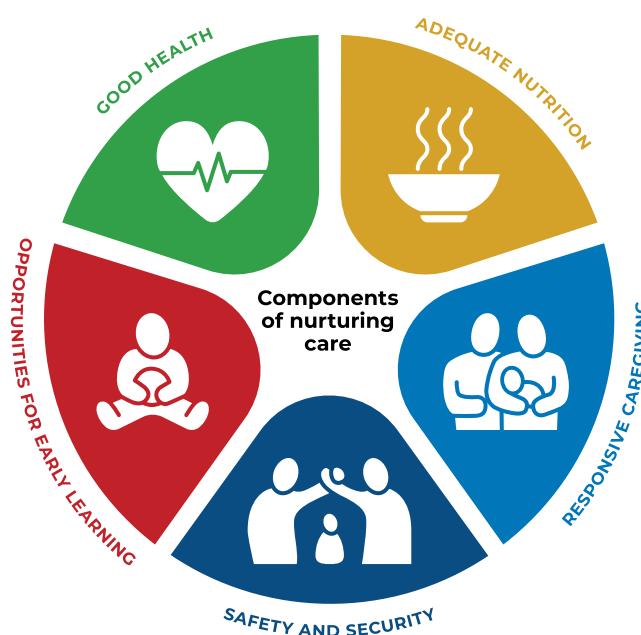


Notes: Abbreviations refer to regions as follows: EAP – East Asia and Pacific; ECA – Europe and Central Asia; ESA – Eastern and Southern Africa; LAC – Latin America and Caribbean; MENA – Middle East and North Africa; SA – South Asia; and WCA – West and Central Africa

Nurturing care

Nurturing care that encompasses good health and nutrition, opportunities for early learning, a safe and secure environment, and responsive caregiving is essential for children to achieve their full development potential (Figure 122). It is a key element of UNICEF’s strategy promoting multisectoral programme packages that reflect the holistic nature of ECD. As co-lead of the NCF coordination core group, UNICEF leveraged technical and financial support to advance operationalization of NCF in countries, strengthening cross-sectoral coordination to reach young children and parents with holistic ECD services. UNICEF co-leads the group with the World Bank Group, the World Health Organization and the ECD Action Network.

FIGURE 122: Components of nurturing care



Care for Child Development: Empowering families through evidence-based programmes

Parents and families have a responsibility to provide safe and protective environments conducive to their children's optimal development but often lack the tools to do so. UNICEF's CCD is a holistic, cross-sectoral and evidence-based tool (see *Case Study 'Care for Child Development'*). It provides essential information and resources that can

help parents improve their skills in such areas as child health, nutrition, education and protection. To date, CCD has been implemented in 54 countries globally. Ten countries (Belize, Bhutan, the Dominican Republic, Egypt, El Salvador, Islamic Republic of Iran, Mali, Pakistan, Peru and Uganda) have embedded CCD in national ECD policies and strategies, and 26 countries have embedded it in health or other sector programmes.

Case study: Care for Child Development

Latin America and the Caribbean: Since 2012 when it was first piloted in the region, Care for Child Development (CCD) has expanded to more than 10 countries. Informed by best practices among community-based ECD models, the approach has been adapted through diverse and contextualized strategies responding to each country's challenges, including emergencies and humanitarian crises. For example, El Salvador adopted the CCD approach as an integral part of its national ECD policy *Crecer Juntos* (Growing Together), launched in 2020 and implemented in 95 prioritized municipalities. The approach successfully facilitated coordination among various programmes and services and addressed the needs of children with developmental delays.

Middle East and North Africa: In this region, CCD has focused on building caregivers' sensitivity and responsiveness to children's behavioural cues. Three pilot countries – Egypt, Islamic Republic of Iran and Tunisia – began implementation in 2019–2020 by integrating CCD into existing services. In 2021, UNICEF supported the development of a regional CCD training package, designed for use by front-line ECD service providers. Tunisia's CCD pilot, initiated in 2019, entailed integrating the CCD approach to nurturing care within education, health and child protection services. It is now part of the country's Positive Parenting Programme model, or 'P+'.



A baby during a routine check-up with her paediatrician, in the town of Ocú, in Panama's Herrera Province. UNICEF's Care for Child Development has been expanded to 10 countries in Latin America and the Caribbean.

Caring for the Caregiver: Promoting the mental health and well-being of parents and caregivers

Parents and caregivers are the primary providers of nurturing care, and their mental health and emotional well-being are critical to their children's optimal development. The issue became even more evident in the coronavirus pandemic, in which many parents experienced high levels of stress and burnout. UNICEF's new CFC tool is designed to help parents and caregivers cope with daily stress and connect with needed support and services to be able to address the ECD needs of their children (see *Case Study 'Caring for the Caregiver'*).

CFC can be used with front-line workers offering parenting skills-building, counselling and other supports to parents and caregivers. It contains a training package and skills-building activities on such topics as parent/caregiver self-care, partner and family engagement, and problem-solving; addresses discriminatory gender norms; and includes specific considerations for adolescent caregivers.

CFC is adaptable to local contexts and can be delivered through various sectoral platforms in combination with other ECD training and counselling packages. It was tested and validated by eight countries – Bhutan, Brazil, Malawi, Mali, Rwanda, Serbia, Sierra Leone and Zambia – which have expressed interest in scaling it up. UNICEF began rolling out the package globally in 2022.

Case study: Caring for the Caregiver

Bhutan identified support for caregiver mental health as a key need and piloted Caring for the Caregiver (CFC) in three districts as part of its national early childhood care and development (ECCD) strategy. To date, 8,915 children have been reached. Parenting sessions used a holistic approach covering all aspects of child development and were delivered across 432 ECCD centres throughout the country. An evaluation found significant decrease in depression and anxiety among participants and increase in their ability to cope with emotions and stress. Bhutan is refining the package based on evaluation findings and will roll it out nationwide. UNICEF and the LEGO Foundation supported the pilot.

In Serbia, CFC was delivered at six pilot sites by preschool teachers, visiting nurses and social workers helping parents engage in self-care and manage stress. Parents who participated in the programme indicated they were better able to connect with their children and support them through nurturing and playful interactions. CFC also addressed the burden of COVID-19 on parents and families in a gender-balanced parenting approach. The package was implemented as part of the Scaling Up Playful Parenting programme, developed by UNICEF with the support from the LEGO Foundation.



Nikola and Magdalena Govorcin with their seven-month-old daughter, Helena, in Novi Sad, Serbia. They benefited from ECD parenting support as part of UNICEF's Caring for the Caregiver approach.

Multisectoral packages of interventions: Illustrative examples

The adoption by 61 countries of multisectoral ECD packages with costed action plans in 2021 is an important milestone towards the scaling up of ECD programmes to reach every child. A few examples are shared below.

The Plurinational State of Bolivia's focus in 2021 was on increasing access to quality services among vulnerable populations, including children from indigenous and migrant families and those with disabilities. This involved strengthening its institutional capacity to deliver an Integrated early childhood development (IECD) programme model, consisting of nurturing care, early learning, health, nutrition, water and sanitation, and child protection services. Efforts reached 75,080 children under 5 years attending 'bilingual nests' or early learning spaces in their communities.

Bulgaria reached Roma and other marginalized communities in two provinces with ECD outreach and COVID-19 preventive services delivered by trained mobile teams. A total of 976 parents and 1,277 children

were reached by seven mobile teams, in addition to the 1,125 families and 1,680 children reached by the Family Consultative Centre for Community Support. Some 4,529 parents of young children benefited from home visiting services, and 8,065 parents received support through community-based programmes and digital platforms.

The Philippines rolled out 'First 1,000 Days' integrated packages in 19 municipalities. As a result, 156,955 people accessed basic services; 334,636 parents and caregivers were reached with nutrition, health and water, sanitation and hygiene (WASH) messages; and health workers and day-care workers were trained on early identification to effectively assess 4,468 young children at risk of developmental delays.

Uganda continued to improve the quality of ECD services, by training 1,201 caregivers and licensing 53 per cent of targeted ECD centres. Home- and community-based ECD services delivered in partnership with civil society organizations resulted in 15,124 children better prepared to transition to primary education. ECD-related messages and support for family care practices reached pregnant women and mothers of young children through the FamilyConnect digital tool.



A father with his youngest daughter in the city of Faizabad, in northern Afghanistan. UNICEF finalized a new parenting strategy in 2021.

Parenting Support

UNICEF responded to the crisis of care and learning that emerged during the COVID-19 pandemic by developing a new parenting strategy in collaboration with regions and countries. Finalized in 2021, the global strategy promotes a multi-level, multisectoral, life-course approach across ECD, gender, Communication for Development (C4D), adolescents and child protection platforms that addresses the needs of three age groups: early childhood, middle childhood and adolescence.

UNICEF supported several countries in launching national programmes under the new strategy.

Angola expanded the Todos Unidos pela Primeira Infancia (TUPPI) (All United for Early Childhood) programme following UNICEF-supported advocacy for its scale-up. TUPPI is a low-cost, community-based ECD initiative to strengthen parenting practices and promote nurturing care; it benefited 6,741 children under 5 in 2021. Two municipalities integrated TUPPI interventions into planning cycles, while five municipalities committed to allocate funding to support programme activities in 2022.

Uganda rolled out a national parenting programme in nine districts in 2021, reaching 15,091 parents and caregivers, building their knowledge, skills and competencies on positive parenting. Meanwhile, in the United Republic of Tanzania, the National Agenda for Responsible Parenting and Family Care branded as Familia Bora, Taifa Imara (Better Families, Strong Nation) – addresses key ECD and nutrition priorities in young children and adolescents under three pillars: Care, Protect and Communicate.

Zambia launched a national campaign called Playful Parenting, which reached an audience of 812,672 with messages on the importance of child play and early stimulation and learning; 72 programme episodes on early learning were produced and broadcast in five local languages. Trained community volunteers reached 13,354 parents and caregivers during home visits and counselling sessions as part of the Insaka programme of ECD parenting hubs for nurturing care at community level.

In Georgia, webinars featuring prominent child psychologists and educators reached parents with messages and advice on supporting their children during the COVID-19 pandemic. Television programmes on ECD topics were aired on Georgian Public Broadcasting.

In Asia, Lao People's Democratic Republic piloted a cross-sectoral parenting education programme called 'Love and Care for Every Child', which envisages nurturing care as going beyond early learning and provides information, education and communication tools on holistic ECD.

Viet Nam secured financing to expand its Integrated ECD Holistic Parenting project to 15 additional provinces/cities, following the successful completion of the pilot phase in three provinces. Actions benefited 6,700 children and 3,350 parents.

In Latin America and the Caribbean, the confinement of families to their homes during COVID-19 exacerbated pre-existing conditions for violence against children and highlighted the need to help families cope. UNICEF supported the development of a complete set of operational tools for front-line workers with objectives of preventing violence against children, promoting nurturing care and encouraging caregivers to practice self-care. The tools are intended for use in phone calls with parents and caregivers of young children through the services and programmes offered by the health, nutrition, education, and child and social protection sectors.

Disability-Inclusive ECD

Children with disabilities and their families face significant barriers to the full realization of their rights, including inaccessible infrastructure; insufficient information; lack of disability-rights laws, policies and institutions; and discriminatory attitudes, stereotypes and practices. Children with disabilities are 23 per cent less likely than other children to engage in early stimulation activities and 57 per cent less likely to have children's books in the home.¹⁸²

UNICEF stepped up its advocacy for an inclusive ECD agenda and a twin-track approach to programming for children with disabilities: one track mainstreams disabilities into existing interventions and the other introduces disabilities programming in targeted ways. With support from the Government of Norway, UNICEF incorporated these approaches into global guidance on nurturing care, parenting support and family-friendly policies, and redesigned its ECD in Emergencies kits to be more inclusive.

In Lebanon, UNICEF supported the development of an inclusive curriculum for parents of children with disabilities. Parents and caregivers were consulted in the design and co-construction of the eight-module Parental Engagement Curriculum (PEC).

Many children and their families cannot be reached just by traditional approaches, so UNICEF supports the use of a range of tools and innovative technologies that will expand access to ECD programmes for every child (*see Case Study 'Innovative tools to support parents in Europe and Central Asia'*).

Innovative tools to support parents in Europe and Central Asia

The 'Bebbo' mobile app provides parents with expert advice on all aspects of their young children's health and well-being (nutrition and breastfeeding, early learning and the value of play, responsive parenting, child protection and safety) and parent's own well-being. The app is interactive and has special features that allow parents to record and track developmental milestones, health visits, vaccinations and other key events in the child's life. Bebbo was launched in Kyrgyzstan and Uzbekistan in November 2021 and will be rolled out to nine other countries and territories in 2022 – Albania, Belarus, Bulgaria, Greece, Kosovo, Montenegro, North Macedonia, Serbia and Tajikistan – with availability in 12 languages. It is customizable for different countries and contexts and allows for localization at low cost. Other regions are considering its deployment.

In Croatia, Montenegro and Serbia, young children with speech and language impairments and their families are benefiting from a free app called the C-Board Communicator, an assistive technology that facilitates communication using symbols and text-to-speech in the languages spoken at home. UNICEF's Innovation Fund supported the development of C-Board using open-source technology and piloted the project in the three countries in 2019. Contents were localized and professionals trained to support children and families in the use of the app. To date, more than 120 children received help to overcome their impairments through C-Board, but the benefits extend well beyond improved communication. Parents report their children are also engaging better with their families, playing more with siblings and other children, and feeling less frustrated. The pilot was expanded to Bulgaria and North Macedonia in 2021, with UNICEF supporting further expansion in the Europe and Central Asia region and to countries of other regions in 2022.



A child uses C-Board, at the Zvezdara preschool in Belgrade, Serbia.

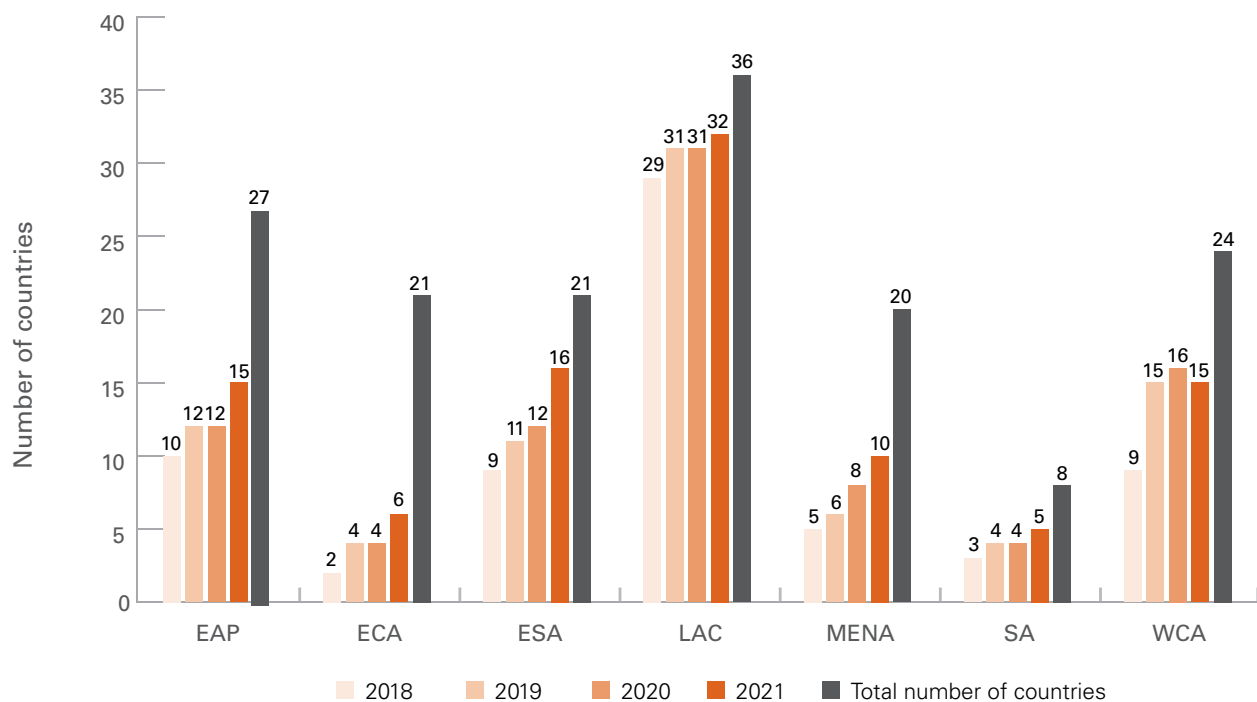
Enhancing enabling policy environments for implementation at scale

Throughout the Strategic Plan period, UNICEF and partners continued to work with countries to strengthen policy environments in several countries that approved national ECD and family-friendly policies, laws and plans.

The number of countries with national ECD policies and/or actions plans continued to increase, to 99 countries in 2021 (up from 67 in 2018 and 87 in 2020) (Figure 123). In

some countries, momentum towards ECD policy uptake slowed due to COVID-19 and has started picking up, but not quickly enough for UNICEF to reach its 2021 target of 116 countries with national ECD policies or implementation plans for scale-up. Even as upward trends are expected to continue, policy gains must be protected amid potential loss of political will and investment in the ECD agenda.

FIGURE 123: Number of countries with an ECD policy or action plan, by region, 2018–2021



Notes: Abbreviations refer to regions as follows: EAP – East Asia and Pacific; ECA – Europe and Central Asia; ESA – Eastern and Southern Africa; LAC – Latin America and Caribbean; MENA – Middle East and North Africa; SA – South Asia; and WCA – West and Central Africa.

In Africa, Uganda’s Ministry of Education and Sports approved a national ECD and education policy, and Burundi approved its first multisectoral ECD action strategy, emphasizing a holistic approach. In Angola, UNICEF supported the development of a national ECD policy and worked with the African Early Childhood Network and Angolan civil society organizations to establish a national network of ECD partners.

In Latin America, the Plurinational State of Bolivia updated its Integrated ECD policy and institutional framework in 2021, deepening cooperation among sectors and subnational levels to provide quality services to children aged under 5 years, while an ECD law is pending approval. The country incorporated responsive caregiving and the CCD approach into its national ECD surveillance strategy, issued new normative guidelines, and began implementing

the strategy in all departmental health services. In Honduras, UNICEF supported the *Criando con Amor* (Raising Children with Love) system operationalizing the national policy on early childhood comprehensive care. It has been implemented in 132 rural municipalities in the western part of the country, mainly inhabited by indigenous populations experiencing high marginalization. In 2021, 90,297 children and 35,762 families benefited from ECD programmes, including vaccination services for children under 5 and antenatal care for pregnant women.

In South and East Asia, UNICEF supported municipalities in Nepal to increase their capacity on planning, budgeting, monitoring and implementation, including for COVID-19 response activities. As a result, 14 of 753 municipalities

developed integrated ECD plans, 21 developed education sector plans and 62 developed equity strategy implementation plans. In the Philippines, UNICEF supported the implementation of a national strategic plan for ECCD with the establishment of a monitoring, evaluation and accountability system. This resulted in better implementation of an early identification system for children with disabilities and developmental delays in early childhood in 11 priority municipalities. UNICEF worked with local governments to integrate interventions for the first 1,000 days within community-based livelihood and food-security activities and supported 19 municipalities in three provinces to model an integrated nutrition and ECD approach to planning.



Naomi Bikila, aged 18 years, plays with her daughter, Chansela, aged 2 1/2 years, in Mbandaka, Equatorial Province, Democratic Republic of the Congo. Naomi is training to become a seamstress, as a way of supporting her family.

Family Friendly Policies

Family-friendly policies (FFPs) benefit working parents and caregivers of young children by increasing access to time, resources and services, thereby helping them balance work and family life. FFPs can advance gender equality by promoting gender-responsible parenting and an equitable division of responsibilities for childcare. In 2020 and 2021, UNICEF increased its advocacy and assistance towards the adoption of FFPs; uptake has advanced in all four FFP domains, but most notably in support for breastfeeding and access to affordable, quality childcare and early education. Today, 32 countries (up from 18 in 2020) have at least one of four FFPs in support of working parents and caregivers; and 13 of them have two or more FFPs (up from 6 in 2020) (see Figure 124).

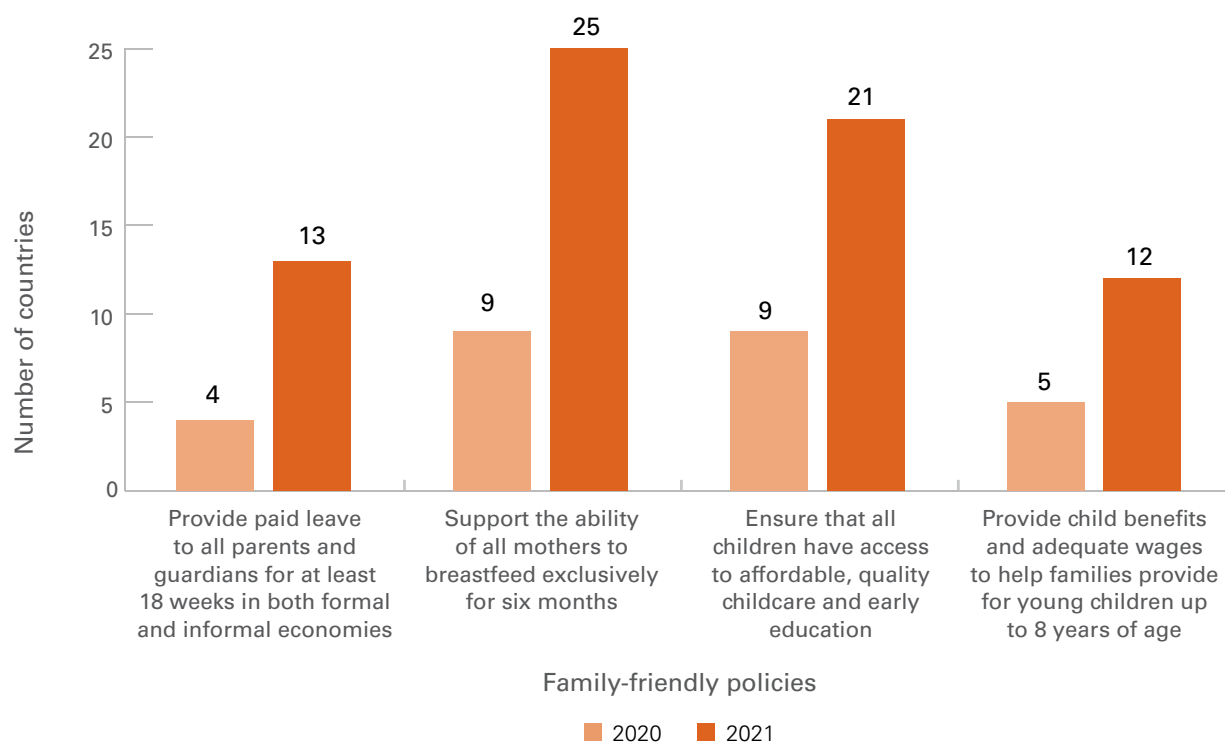
In India, a partnership with the International Chamber of Commerce was formed to create a Centre of Excellence focused on integrating FFPs in workplaces. Advocacy activities within the partnership emphasized child rights and responsible business practices. UNICEF worked with tea estate managers to co-create training content on FFPs in the workplace. Nearly 80 per cent of the 205 tea estates

that carried out the training have agreed to work towards implementing such policies. UNICEF supported similar actions within the garment sector.

In China, UNICEF supported child rights advocacy within business organizations like the China Association of Communication Enterprises (CACE), the National Textile and Apparel Council and the China International Chamber of Commerce, which incorporated FFPs in corporate social responsibility guidelines and communications with their members. UNICEF also engaged with the International Council of Toy Industries on a pilot programme to improve factory conditions for working parents and caregivers. China's 2021–2025 Five-Year Plan has set targets on enabling policies for affordable, quality early childhood care services for all children under 3 years old.

In Mexico, UNICEF partnered with the Ministries of Labour and Health, the Iberoamerican University, and Liomont and Novo Nordisk (health care/pharmaceutical companies) in coordination of initiatives to improve workplace FFPs related to breastfeeding, childcare, paid parental leave, family grants, flexible working hours and adequate labour practices in the context of the COVID-19 pandemic and beyond.

FIGURE 124: Number of countries that amended policies, laws and/or regulations to address each family-friendly policy, 2018–2021



Public Financing for ECD

Despite evidence of high returns on ECD investments, national budgets for ECD programmes remain insufficient. This is even more so in the current economic climate, where many governments have introduced fiscal austerity measures and/or diverted public finances to combating the COVID-19 pandemic. UNICEF continues to support governments in adopting public financing approaches that will help translate ECD policy commitments into budgets for programmes at scale.

UNICEF collaborated with the ECD Action Network and economists to develop a Cost of Inaction tool to demonstrate the prospective economic burden of not investing in ECD services, as well as the economic gains generated by such investment. The tool can be used by

countries in support of evidence-based advocacy efforts and adapted to specific contextual needs. In 2021, it was piloted in Bulgaria to estimate the costs of not providing antenatal care services to uninsured women and Madagascar to estimate the costs of not investing in three ECD-related interventions: nutrition programmes for children aged under 3 years of age, early learning for children 3–5 years old, and home visits.

In Burundi, UNICEF conducted a cost–benefit analysis on ECD that makes an evidence-based case for investment. Every \$1 spent on ECD would return \$23 by 2050; the investment would prevent 377,423 additional child deaths and 13,325,854 stunting cases by 2050. The analysis is being used with the Government to make recommendations on policies and financing options.



A mother and her child in Lobesa, a town in the Punakha district of Bhutan.

Action in humanitarian settings: Renewed focus on ECD in emergencies

Armed and violent conflict, natural disasters and chronic emergencies have acute impact on young children's development, and the effects of prolonged exposure to violence and insecurity in early childhood can last a lifetime. UNICEF's priorities for children under 5 in humanitarian action are to ensure they have safe and equitable access to ECD and early learning interventions and support their parents and caregivers in providing nurturing care. The Core Commitments for Children (CCC), UNICEF's main policy and framework for humanitarian action, establish three ECD priorities: (1) expansion of key services; (2) support for parents and caregivers; and (3) capacity development of frontline workers.

UNICEF reached 1.6 million children under 5 years in 76 countries affected by humanitarian situations with early stimulation, care, play and learning interventions in 2021. The number is a drop from 2020, when 2.8 million children were reached due to the large-scale rapid response to the COVID-19 crisis. Yet, it represents nearly three times the 615,000 children under 5 years reached in 2019, prior to the pandemic onset in most countries.

Disaggregated data are critical to the design and planning of gender-responsive and disability-inclusive programming. Yet, collection of disaggregated data have been challenging in the ECD field in general and even more so in humanitarian settings. Efforts by UNICEF has led to consistent improvement in the availability of disaggregated data (girls/boys, children with disabilities). Among 76 countries reporting the number of children in humanitarian settings reached by ECD or early learning interventions in 2021, 46 countries disaggregated their data by gender and 26 countries disaggregated their data by children with disabilities. It is an encouraging trend that should be further supported towards strengthened equity-focused programming.

UNICEF and partners have been working together to advance nurturing care as a way of building resilience and mitigating the impact of emergencies on the lives of young children and their families.

Burundi is highly affected by food insecurity with chronic malnutrition among children. Over 300,000 children in households receiving cash transfers as part of a national programme benefited from complementary ECD-focused interventions. This integrated package has shown results in increased food diversity, reduced stunting and anaemia, and improved infant and young child feeding practices. UNICEF-supported ECD interventions in 2021 reached approximately 108,806 children under 5 with early stimulation and response in 20 of 48 health districts.

In Mali, which is experiencing both food insecurity and displacement, 214,212 caregivers were reached by a parenting programme that brings together ECD, the integrated management of acute malnutrition and nutrition support groups.

Ethiopia hosts one of the largest refugee populations in Africa, including displacements of people affected by drought, floods and regional armed conflict within its borders. Amid the humanitarian situation, UNICEF supported 42,552 children with early learning/pre-primary education interventions and provided play and learning materials, including ECD kits, in conflict-affected regions.

An innovative strategy in Colombia called Puntos de Información y Orientación (Information and Orientation Points, or PIO) focused on *caminante* (walker) populations travelling on foot from the neighbouring Bolivarian Republic of Venezuela; ECD services are delivered at fixed and itinerant spaces in settlements near the route travelled by the refugees. PIO is intersectoral, encompassing health and nutrition, child protection, education, C4D (also referred to as social and behaviour change communication, SBCC) and WASH actions. UNICEF supported the design of a mobile ECD facility that reached over 14,200 children with early stimulation through arts, play and stories; 9,000 parents and caregivers with nutritional and breastfeeding counselling; and 7,000 children, parents and caregivers with psychosocial support.



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A child participates in an art activity at the Care and Reception Centre in Villa del Rosario, Norte de Santander, Colombia. The centre serves migrant children and their families.

Ongoing COVID-19 affected the delivery of ECD and early learning interventions, by shutting down ECD centres and preschools throughout 2021. To mitigate the impact of ECD centre disruptions in Thailand, UNICEF engaged 43,716 parents and caregivers through the Early Moments Matter on Mobile campaign and 10,655 children under 5 years with a 'magic box' of play-based learning materials.

In the Middle East and North Africa region, representatives of the Arab Network for ECD, the International Rescue Committee, Save the Children, UNICEF and the World Health Organization formed a global working group, produced and disseminated a thematic brief titled Nurturing Care for Children Living in Humanitarian Settings, and supported country teams in conducting workshops with stakeholders representing ECD and the various sectors.

Globally, UNICEF is revising its global kit for ECD in Emergencies to meet the emerging needs of young children in conflict and crisis situations.

Disability-inclusive ECD in emergencies

In humanitarian settings, young children with disabilities may not be able to access health and WASH services or attend preschool. They may also experience violence, exploitation and abuse with detrimental impact on their development. These risks underscore the need for disability-inclusive ECD programming as part of emergency preparedness planning and the humanitarian response. UNICEF delivered ECD interventions to 15,164 children with disabilities in humanitarian settings in 2021.

In Nicaragua, 600 children with disabilities benefited from CCD activities and their parents received support based on an inclusive, community-based development approach. Meanwhile in the Philippines, the parents of 4,468 children aged 3–4 years assessed with risks of developmental delays were oriented on what they could do to promote these children's development and learning.

Case study: Integrated ECD interventions promote holistic care for Rohingya communities in Cox's Bazar, Bangladesh

In refugee camps and communities of Cox's Bazar, Bangladesh, UNICEF supported a holistic approach to ECD that includes the promotion of nurturing care practices and improved health and nutrition of young children. The package of integrated ECD interventions focuses on responsive caregiving, early stimulation and early childhood education targeting 6,000 Rohingya children under 5 and their parents and caregivers. Nurturing care is delivered through a continuum of care services including counselling on infant and young child feeding, parenting support, child immunization, malnutrition screening and referral of severe cases, and early detection of disabilities and referral to specialized services – through health-care facilities and home visits by community health workers and volunteers.

Responsive caregiving and early stimulation are integrated in ongoing nutrition interventions. Nutrition workers at 27 Integrated Nutrition Facilities provided nutrition services and counselled parents and caregivers on the importance of age-specific early childhood activities.

UNICEF distributed ECD kits to support early stimulation and play with developmentally appropriate toys; activities were designed to be gender-responsive, reflecting on gender roles and promoting equal and fair participation between boys and girls, and to promote gender equality. UNICEF also supported the development of a contextualized, integrated ECD package to build capacity of staff and partners, who will train front-line workers in the use of the package to provide counselling to parents and caregivers.

Separately, UNICEF and partners supported community-based early learning interventions called Shishu Bikash Kendra (SBK), targeting Rohingya refugee children aged 3–5 years. SBK promotes early learning through play-based activities, led by a facilitator in the home of a Rohingya family, and gender-responsive and inclusive approaches.



Mohammad Sharif, aged 3 1/2 years, plays with LEGO building-block toys in the "ECD corner" of an integrated nutrition facility. The facility serves Rohingya refugees living in camps in Cox's Bazar, Bangladesh.

Leveraging collective action

Global measurement of child development outcomes

The early childhood development Index 2030 (ECDI2030) captures the achievement of key developmental milestones by children aged 24–59 months; it is the validated measure used in reporting on SDG indicator 4.2.1. ECDI2030 consists of 20 questions about young children’s learning, psychosocial well-being and health, the three domains included in the SDG indicator. For example, questions on psychosocial well-being focus on children’s emotional and social skills and whether they internalize or externalize their emotions. The questions were intentionally kept short and simple in keeping with the format of national household surveys, which cover multiple topics.

Since launching ECDI2030 in March 2020, UNICEF has been advocating for its inclusion in national data collection efforts and assisting countries with its implementation as part of national household surveys. ECDI2030 data have been collected in the sixth round of Multiple Indicator Cluster Surveys (MICS6) in Eswatini, Nigeria and Viet Nam, and in a few Demographic and Health Surveys (DHS) and other data collection efforts planned for 2022 in Indonesia,

Mexico and Sri Lanka. A pilot study in Nepal in 2021 demonstrated the viability of administering the module by phone. Efforts to further accelerate the adoption of ECDI2030 will continue in 2022.

Advocacy for parenting

UNICEF’s Parenting Hub provides practical, evidence-based resources, including COVID-19 parenting resources, for parents and families caring for their children. During Parenting Month in June 2021, parenting and COVID-19 resources received over 1 million unique page views from all over the world. Global advocacy and communications effort reached audiences with messages and contents on positive parenting practices and the importance of caregiver mental health and well-being. The ‘ask’ to governments was to support the development, funding and roll-out of quality parenting programmes and FFPs. Some 132 UNICEF country offices participated in the activation.

Online content had 1.9 billion impressions, 23 million engagements and 19 million video views, plus 2,630 mentions in print and online media.

Lessons learned and challenges

In 2021, UNICEF conducted a formative global evaluation of ECD programming with the goal of identifying UNICEF’s core strengths and gaps in this area and informing the direction of the new Strategic Plan (2022–2025). The evaluation, titled *Early childhood development, Stimulation, and Responsive Care (2014–2021)*, underlined UNICEF’s comparative advantage as a leader in the field of ECD and recommended elevating integrated parenting support as a strategic focus area.

In alignment with the evaluation’s recommendations, UNICEF has reframed multisectoral ECD programming to explicitly recognize parents/caregivers’ catalytic role in young children’s development and to clearly articulate shared results and accountabilities among sectors. This is reflected in the new Strategic Plan in terms of sectoral accountability for promoting and institutionalizing ECD policies, coordination mechanisms and service delivery platforms across sectors. UNICEF has also launched a strategy to elevate integrated parenting support in existing programmes.

ECD services in humanitarian and fragile settings are increasingly recognized as essential to end preventable deaths of newborns and children under 5, as well as to

support children’s healthy brain development and promote economic recovery and peacebuilding. Yet, current humanitarian responses need to go much further in addressing the needs of young children and their parents/caregivers. Clearly, available capacities and resources will have to be elevated to meet the need and achieve the benchmarks set out in the Core Commitments for Children. ECD in humanitarian and peacebuilding programmes remains a key pillar of UNICEF’s new Strategic Plan.

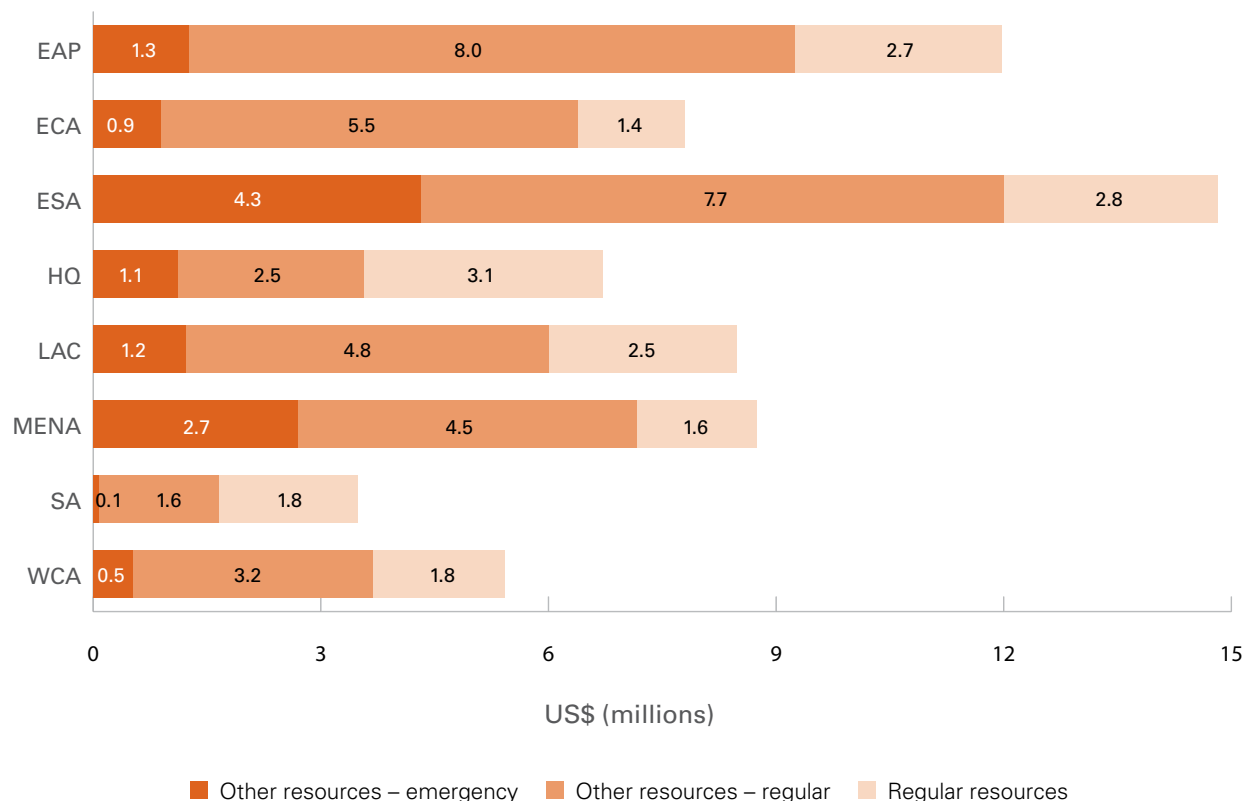
The evaluation identified gaps in capacities, both nationally and within UNICEF, for scaling up ECD programmes and services. UNICEF has made efforts to strengthen staff capacity and developed guidance resources on public financing for children and equitable investment in ECD programming. UNICEF will continue to invest in the collection of data on children’s physical, cognitive and social-emotional development through the uptake of the ECD2030, while promoting its analysis and utilization to inform policies. At the same time, UNICEF will generate robust evidence on programming’s effectiveness through rigorous evaluations.

ECD financial report

In 2021, UNICEF spent nearly US\$67.5 million on ECD globally, comprising US\$17.7 in Regular Resources (RR), US\$37.6 million in Other Resources–Regular (ORR) and US\$12.0 million in Other Resources–Emergency (ORE). In terms of both the total amount and the breakdown amounts among the three funding types, the global picture is about the same in 2021 as in 2020. The total amount remains disproportionately small, especially considering the growing recognition of the importance of ECD, the global crisis of care and learning, and recent momentum on the part of governments and others to prioritize investment in ECD. In many regions, ECD programmes continue to be dependent on ORR (*Figure 125*), which tend to be earmarked for specific activities in limited geographical areas and time frames.

Securing flexible and stable funds is critical if UNICEF is to achieve its ambition to accelerate child development outcomes in the Strategic Plan 2022–2025. As the recent evaluation of UNICEF’s ECD programming indicated, the key to scaling up multisectoral ECD and parenting support programming lies in creating a mechanism to secure financial commitment within programme sectors (health, nutrition, education, child protection, WASH and social policy). Earmarking a certain proportion of thematic funds allocations to ECD can also catalyse system-level changes in countries.

FIGURE 125: Expenses for ECD by region and fund type, 2021



Notes: Abbreviations refer to regions as follows: EAP – East Asia and Pacific; ECA – Europe and Central Asia; ESA – Eastern and Southern Africa; LAC – Latin America and Caribbean; MENA – Middle East and North Africa; SA – South Asia; and WCA – West and Central Africa.

Conclusion

In 2021 and throughout the 2018–2021 Strategic Plan period, UNICEF’s work in strengthening ECD systems has advanced significantly, particularly in enhancing ECD policy environments, implementing multisectoral packages and integrating ECD into humanitarian action. Now progress must be accelerated towards the SDG target on ECD by 2030 as a way to safeguard the right to development for every child.

Continued progress towards building strong systems that explicitly address ECD is imperative to the achievement of the SDGs. The crisis of care and learning that emerged during COVID-19 has led to increased demand for parenting support. Parents must be empowered to promote their children’s early development through responsive caregiving and given the resources and support to do so. In humanitarian contexts too, it is crucial to prioritize the integration of ECD in ongoing sectoral programming and support parents in providing stable and nurturing environments for young children.

UNICEF strategic engagement with governments in the next Strategic Plan period, 2022–2025, will be based on a rigorous analysis of the political economy and the availability of public financing for ECD. Evidence from the field also points to the explicit need for innovative, gender-transformative and disability-inclusive approaches that will enhance holistic ECD.

The need for quality data on children’s development and well-being as a policy and programmatic tool cannot be overstated. Quality data – disaggregated by age, gender, disability and other demographics – can inform ECD policies and address gaps and inequities in programmes and services, ultimately towards enhancing the home environments and providing the supports that will enable young children to realize their full developmental potential.



Strengthening systems for child survival, growth and development results

In Juba, South Sudan, a young child and his mother wait for malaria testing at a local clinic.

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Primary health care: A cornerstone of universal health coverage

Children need strong, resilient and inclusive health systems to survive and thrive. Towards this goal, UNICEF is renewing its focus on the centrality of primary health care (PHC) as the key to universal health care and the delivery of integrated prevention-focused services and support.

UNICEF has played a central role in shaping the discourse on PHC, including at high-level events, such as the G20 summit, World Health Summit and United Nations General Assembly. In December 2021, UNICEF co-hosted the Global Forum for Children and Youth to drive action to address children and young people's needs and to advance child rights. As part of the Global Action Plan for Healthy Lives and Wellbeing for all, UNICEF co-led the alignment of global efforts on PHC strengthening among key partners. At both global and country levels, UNICEF strengthened strategic partnerships on PHC, especially through the Sustainable Development Goal (SDG) 3 GAP PHC-Accelerator and the Primary Health Care Performance Initiative (PHCPI).¹⁸³

UNICEF and WHO finalized and rolled out the Operational Framework for Primary Health Care: Transforming Vision into Action and worked with other Primary Health Care Performance Initiative (PHCPI) partners to finalize a monitoring and evaluation framework for PHC. UNICEF continued to advocate for increased financing for PHC and for the provision of greater attention to human resources for health. Thanks to global health thematic funding from Norway, UNICEF was able to accelerate PHC efforts in 40 countries.



Uwambajimana Violette, a mother of two, is grateful for the local health post in her town in Rwanda, which makes it possible for women to receive maternity services in reach of their homes.

In Goal Area 1, of the eight UNICEF indicators tracking progress on integration, six have met or exceeded the 2021 Strategic Plan target. All three indicators for health-systems-strengthening were met or exceeded their 2021 Strategic Plan targets.

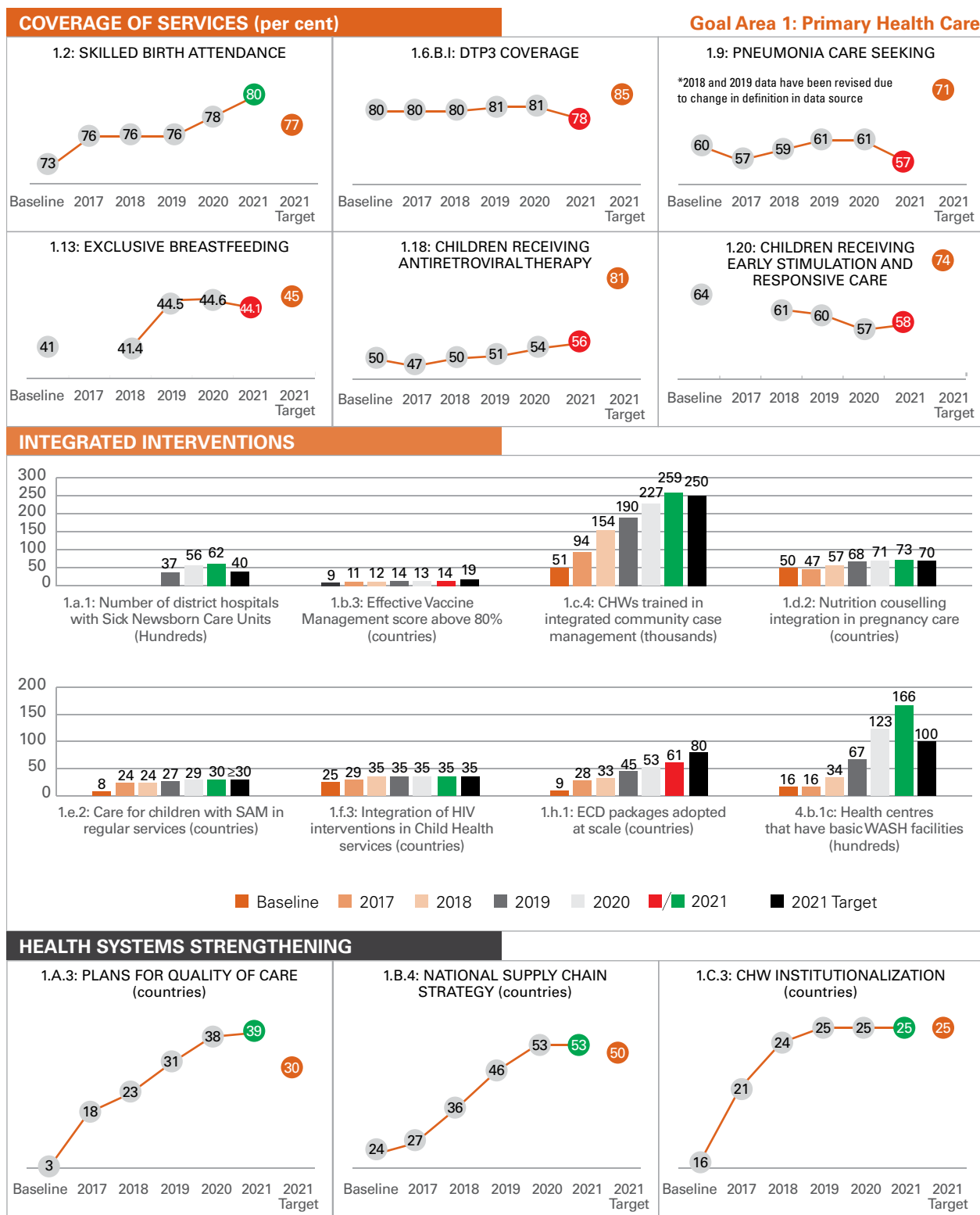
Case study: Reaching the last mile in Rwanda by establishing second-generation health posts

Global health thematic funds enabled UNICEF to support the Government of Rwanda in establishing second-generation health posts (SGHPs) to bring essential health services to communities in remote areas. In Mishungero, a densely populated community that lacked good coverage of essential health services, an SGHP was partially opened in October 2021, with nurses seconded from the Nyarunguru District Health Unit, while SGHP staff participated in intensive training.

As of January 2022, 1,678 health consultations and 30 family planning consultations had taken place. When fully functional, the Mishungero SGHP will provide upgraded health services including laboratory testing, maternity, dental and ophthalmology consultations, and pharmacy.

Increased investments will support the Government's plans to establish 700 SGHPs by the end of 2021 and will help accelerate access to quality maternal, newborn, child and adolescent health care services among the most vulnerable communities in Rwanda.¹⁸⁴

FIGURE 126: Results on addressing inequities, promoting integrated health policies and programmes, and health systems strengthening, 2021



Data source: UNICEF New York, 2021 Data source: UNICEF New York, 2021

Applying the health systems strengthening approach across UNICEF programmes

The COVID-19 pandemic has, for a second year, underscored the importance of health systems strengthening as a foundation for strengthening PHC.

Quality of care

Steady progress was made over the course of the 2018–2021 Strategic Plan to improve maternal and newborn PHC: 39 of the 52 high-burden countries had a national quality improvement programme with guidelines, standards, and implementation plan in place, exceeding the 2021 target (30). In these high-burden countries, UNICEF also improved access to water, sanitation and hygiene (WASH) in 3,618 health care facilities to strengthen the quality of care (see *'Health: Results Area 1'* for more details).

Institutionalizing community health workers

Central to bringing health care to the last mile, the institutionalization of community health workers into the formal health system remains an imperative. By the end of 2021, the 2021 target (25) had been met: all 25 high-burden countries had policies in place. UNICEF also supported governments in establishing a package of care, incentive and compensation structures, supervision and supply chain models (see *'Health: Results Area 3'* for more details).

Supply chain management

Although the number of countries that were implementing a national health sector supply chain strategy remained at 53 for a second year, the 2021 target (50) was exceeded: 27 UNICEF country offices reported that there was a national health sector supply chain strategy/plan in place (see *'Health: Results Area 2'* for details).

UNICEF worked with partners to scale-up efforts to support countries in identifying and addressing their supply chain bottlenecks with a view to deploying improvement plans and fit-for-purpose technical cooperation support. The UNICEF Supply Chain Maturity Model (SCMM)¹⁸⁵ has been central to these efforts. A government-led and capacity-based supply chain assessment, the tool has been key to reviewing the performance of countries' supply chains and informing planning, coordination, and targeted investment allocation.

Since 2019, UNICEF and partners, including WHO, Gavi, The Vaccine Alliance, the Global Fund and other members of the Inter-agency Supply Chain Group, have supported the implementation of SCMM in 35 countries, including 11 in 2021, across various public programmes (nutrition, education and WASH). The results were instrumental in building evidence-driven national systems strengthening

strategies and plans and deploying UNICEF's and other partners' technical assistance in a complementary and holistic fashion. This coordinated approach yielded greater collective impact as half of the countries reported an increase in the maturity of their supply chains.

The pandemic curbed the deployment of SCMM and subsequently UNICEF's technical cooperation. To address this issue, UNICEF and WHO collaborated to develop a new module to assess the resiliency and health emergency preparedness capacity of national supply chains against sudden shocks. The tool will help identify supply chain investments to accelerate countries' transition from emergency response towards resiliency building. National supply chain strengthening investments will set the foundations for countries to enhance the efficiency of their contingency planning and emergency preparedness capacity, by bridging the gap between humanitarian and development planning and response approaches, as part of global humanitarian–development continuum efforts.

Building decentralized management capacity through district-level health systems strengthening

Strong local capacities are essential for healthy outcomes for children. UNICEF's approach to strengthen district health systems aims to improve the capacity of local teams to drive equitable results for children, adolescents and mothers. Bringing children closer to quality, affordable care and services, UNICEF's efforts help local health-care professionals to better use evidence to develop solutions that improve national policy implementation and the quality of care.

In 25 countries in Africa, Asia and the Middle East, 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 communities.

Strengthening systems to improve access to health services for children on the move

UNICEF worked with partners to support efforts to increase coverage of vaccination programmes for children on the move. To improve access to health services for children on the move, the EU-funded RM Child Health initiative was implemented in Bosnia and Herzegovina, Bulgaria, Greece, Italy and Serbia. In Brazil, for example, UNICEF strengthened health surveillance mechanisms and reached more than 11,700 migrant children and adolescents from the Bolivarian Republic of Venezuela with routine immunization, and in the north of the country, worked closely with the Government to provide direct support to community health-care facilities to expand outreach of health and nutrition services for migrants living in shelters in Boa Vista and Pacaraima.

Enhancing the quality and use of data: Strengthening administrative data systems and digital health

Digital health and information systems

Accurate data and strong information systems are critical to drive action for improved public health outcomes for children. Evidence-based programming is used to strengthen systems for national health management and information, civil registration and vital statistics. To increase demand for health services, UNICEF uses chatbots, SMS, interactive voice response and other technologies through multiple channels, including U-report, RapidPro, Infolines and HealthBuddy to reach communities with life-saving information.

RapidPro, an open-source software developed by UNICEF, helps to support efforts to connect women and children with the health system. In Zambia, for example, the RapidPro based mVaccination links Zambia's national health system with communities to increase demand for vaccination.¹⁸⁶

The pandemic and recovery efforts led to an increased demand for, and use of data, GIS and digital solutions. UNICEF supports in-country District Health Information Software 2, which aims to address the fragmentation of community data systems and became a critical tool in the COVID-19 response. UNICEF also co-led the Digital Public Goods Alliance Health Community of Practice and released a report on 13 Digital Global Goods for Immunization Delivery Management.

In 2021, UNICEF and WHO launched and co-led the multi-agency Digital Health Center of Excellence (DICE) to provide coordinated technical assistance to more than 40 national governments and partners on COVID-19 vaccine delivery. In Jamaica, for example, DICE managed to bring the digital COVID-19 vaccine platform (CommCare) to national scale within two months, demonstrating that the digitalizing of public health administration is feasible in a short time frame.¹⁸⁷

UNICEF supported the development of a digital health strategy for community health in Mali, for telemedicine services for children with disabilities in Kyrgyzstan, and for the Child Friendly Communities project in Togo, Chad and the Democratic Republic of the Congo. In 2021, UNICEF also led digital health system landscaping in 19 countries and launched and piloted guidance for community health workers on strategic information and service monitoring.

Implementation research

UNICEF is engaged systematically in implementation research (IR) to help identify and overcome implementation bottlenecks, improve health programmes and achieve results for children. In collaboration with partners, UNICEF

supported 84 embedded IR projects in 25 countries, of which 40 projects in 19 countries were completed by 2020. Some countries, such as Ethiopia and Pakistan, have started to use embedded IR as part of their routine reproductive maternal, newborn, child and adolescent health (RMNCAH) programming, and have begun to institutionalize IR.

Birth registration and civil registration and vital statistics

As a key indicator for the SDGs, birth registration is a critical indicator for the health sector, and civil registration and vital statistics (CRVS) are core data for health planning. UNICEF works to support governments in strengthening civil registration systems by bringing health and CRVS stakeholders together in support of people's rights to civil registration. In Senegal, for example, UNICEF supports the Government's Le Premier Cadeau initiative which has seen increases in registration when midwives assist parents with the civil registration process.

In 2021, UNICEF–WHO published Health Sector Contributions towards Improving the Civil Registration of Births and Deaths in Low-income Countries: Guidance for health sector managers, civil registrars, and development partners, to support countries in including birth registration as part of immunization delivery and birth notification routines in community health programmes.

Equitable impact sensitive tool

EQUIST, the equitable impact sensitive tool, focuses on proposing cost-effective interventions and prioritizes key bottlenecks that constrain their coverage. EQUIST has supported countries in their health and nutrition planning processes; local country programmes; development of investment cases; and global, national, and subnational impact and cost analyses. EQUIST is now used in 140 countries with more than 4,500 registered users, including UNICEF staff.

In 2021, UNICEF supported the use of EQUIST in six countries to generate scenarios for cost-effective interventions to strengthen the capacity on data for decision-making, bottleneck analysis and development of investment cases. The new EQUIST maternal and neonatal tetanus elimination module was introduced for online risk analysis and categorization of districts, and UNICEF maternal, newborn and child health staff in headquarters, regional offices and in 12 focus countries¹⁸⁸ were trained.

Public health emergencies

The Democratic Republic of the Congo faced two Ebola outbreaks in 2021, the fourth and the fifth in three years.¹⁸⁹ Learning from previous outbreaks, UNICEF implemented a multisectoral and holistic approach across

FIGURE 127: Types of UNICEF digital health interventions

Major Bottlenecks	Digital Health Interventions	Examples of technologies
<p>AVAILABILITY Insufficient supply of commodities</p>	 <p>Supply Chain Management</p> <ul style="list-style-type: none"> • Notify stock levels of commodities 	<p>Provider Mobile Reporting CommCare OpenSRP OpenLMIS OpenBoxes</p>
<p>QUALITY Poor adherence to guidelines</p>	 <p>Healthcare Provider Decisions</p> <ul style="list-style-type: none"> • Provide prompts and alerts based according to protocols • Provide checklist according to protocol • Screen clients by risk or other health status 	<p>Provider Mobile/Tablet Application CommCare OpenSRP Community Health Toolkit</p>
<p>QUALITY Inadequate supportive supervision</p>	 <p>Healthcare Provider Communication</p> <ul style="list-style-type: none"> • Communication and performance feedback to healthcare providers(s) • Communication from healthcare provider(s) to supervisor • Peer group for healthcare providers 	<p>Provider Mobile Phone Communication and Supervision Application CommCare RapidPro Community Health Toolkit</p>
<p>UTILIZATION Low demand for services; Low adherence to treatments</p>	 <p>Targeted Client Communication</p> <ul style="list-style-type: none"> • Transmit targeted health information to client(s) based on health status or demographics • Transmit targeted alerts and reminders to client(s) 	<p>Client Mobile Phone Communication RapidPro</p>
<p>ACCOUNTABILITY Absence of community feedback mechanisms</p>	 <p>Citizens Based Reporting</p> <ul style="list-style-type: none"> • Reporting of health system feedback by clients • Reporting of public health events by clients 	<p>Client Mobile Phone Communication U-Report</p>
<p>INFORMATION Lack of access to information; Insufficient utilization of data</p>	 <p>Data Collection Management and Use</p> <ul style="list-style-type: none"> • Data storage and Aggregation • Data synthesis and visualization 	<p>Integrated Health Management and Community Information Systems DHIS2 The Global Healthsites Mapping project</p>

the humanitarian, development and peace nexus. A comprehensive public health emergency programmatic strategy combined immediate outbreak prevention and response with the critical need to build community resilience, to strengthen health systems and to promote quality access to basic services. This approach translated, for example, in strengthened infection prevention and control in 83 priority health care facilities, and sustained risk communication and community engagement (RCCE), with more than 200,000 households visited by the community action cells and more than 4,100 community alerts received and addressed. Nutritional and psychological support and counselling was also provided to patients and accompanying persons. A specific action plan to critically prioritize the prevention of sexual exploitation and abuse was developed and implemented, with a focus on community engagement and community complaint mechanisms. This holistic approach has also been developed through UNICEF's response in the Democratic Republic of the Congo to the COVID-19 pandemic, and to measles, malaria, cholera, polio, meningitis and plague outbreaks.

UNICEF's response to public health emergencies is increasingly supported by innovative expertise and leadership in integrated outbreak analytics (IOA), which uses transdisciplinary integrated data to better understand outbreak dynamics and impacts, and to make evidence-informed recommendations that are transparently tracked. UNICEF IOA support to public health emergency preparedness and response was initially developed during Ebola outbreaks and then expanded within the Democratic Republic of the Congo and beyond. UNICEF IOA expertise was deployed to Guinea to support the set-up of the in-country IOA Ebola Cell and provided technical guidance to UNICEF response to the COVID-19 pandemic, as well as to specific requests at regional (Western Africa) and country (Democratic Republic of the Congo) levels. UNICEF actively led the global IOA working group under the Global Outbreak Alert Network (GOARN) and delivered training on IOA approaches to key public health themes.

Epidemics often happen simultaneously in the same place. In 2021, Guinea faced this 'multidemics' situation, with four major public health emergencies (COVID-19, Ebola, Lassa Fever and the first West Africa outbreak of Marburg fever), in addition to recurrent outbreaks of yellow

fever, measles and polio. In such contexts, UNICEF aimed at simultaneously responding to the outbreaks while developing an approach that would ultimately achieve efficiencies in the response and contribute to stronger systems to prevent outbreaks, detect their occurrence and respond to them from the identification of the very first cases. Lessons learned are being identified with key stakeholders to inform the development and replication of a 'multidemics' approach in other similar contexts.

UNICEF continuously advocates for a child-centred and whole-of-society PHE response and preparedness: strengthened collaboration with WHO increasingly reflects this comprehensive approach. UNICEF complements the WHO-led health response through the mobilization of expertise in preventive activities (WASH, RCCE) and in mitigating impacts in other rights and sectors (education, nutrition, social protection, child protection). UNICEF also directly engages with WHO, through, for example, UNICEF staff embedded in the WHO COVID-19 incident management system and UNICEF's active support and sustained contribution to GOARN. This collaborative and complementary approach with WHO and other stakeholders is also reflected in UNICEF's contribution to the preparatory work towards a pandemic treaty and to the future of pandemic preparedness.

Enhancing UNICEF technical capacity for health systems strengthening

UNICEF continued to strengthen its own health systems strengthening (HSS) capacity through the blended HSS course offered in collaboration with the University of Melbourne. In 2021, 76 UNICEF staff completed the course online, bringing the total number of graduates over the course of the Strategic Plan 2018–2021 to 419. In 2021, some 1,456 public health-care professionals from over 165 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.



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Three-year-old Nurayim holds a plate of nutritious food at her home in Kurshab village, Uzgen district, Osh Oblast, Kyrgyzstan.

Shaping food systems for child survival, growth and development

Systems-strengthening interventions must include efforts to transform food systems in ways that put children's right to nutrition at the centre. Food systems have tremendous influence on the nutritional quality, safety, availability and affordability of foods for children – yet today, most food systems are threatening children's rights and failing to meet their needs.¹⁹⁰

UNICEF engagement with food systems

As UNICEF programming has expanded to cover the triple burden of malnutrition, it has evolved to focus on improving the capacities and accountabilities of the food system to deliver diets, services and practices that prevent all forms of malnutrition in children, adolescents and women.

UNICEF work to transform food systems is organized around three priority areas: (1) improving the quality of children's foods and diets through public policy and actions in food supply chains; (2) improving the quality of children's food environments, wherever children live, learn, eat and meet; and (3) improving the quality of children's food and feeding practices throughout childhood and adolescence.

Global results in 2021

UNICEF provided strategic direction and mobilized commitment to food systems transformation for children through its leadership in the United Nations Food Systems Summit in 2021, which was convened by the United Nations Secretary-General as part of the Decade of Action on Nutrition to (see case study, page 207). The Summit achieved its objectives, including elevating public discussion about reforming food systems; identifying food

system solutions and issuing a call for action to national and local governments, companies and citizens; developing principles to guide governments and other stakeholders looking to leverage their food systems to support the SDGs; and creating a system of follow-up to ensure that the Summit's outcomes continue to drive new actions and progress.

In 2021, UNICEF continued its leadership in building the evidence base for better food systems for children. The UNICEF approach to food systems was integrated within the various programming guidance documents issued

throughout the Strategic Plan period, including new Programming Guidance on Nutrition in Middle Childhood and Adolescence, released in 2021.¹⁹¹

In 2021, UNICEF Executive Director Henrietta Fore was invited to deliver the memorial Martin J Foreman lecture, an annual event that aims to elevate nutrition policy to the international agenda. Executive Director Fore used the opportunity to advocate for listening to children and young people's ideas for making food systems fit for children, and she shared concrete steps for policymakers and programmes on how to put children and young people at the centre of actions to transform food systems.

Case study: High-level leadership and advocacy to put children at the heart of food systems transformation

2021 marked the Nutrition for Growth Year of Action – a year-long effort to mobilize global momentum for tackling malnutrition in all its forms. The year was characterized by key high-level events – the Nutrition for Growth (N4G) Summit and the United Nations Food Systems Summit – which aimed to advance global solutions to malnutrition across the food, health and social protection systems.

The N4G Summit is a pledging moment, at which governments, businesses, multilaterals, donors and other development partners unite to make data-driven financial, policy and programmatic commitments. In 2021, UNICEF provided technical assistance to the Summit host, the Government of Japan, in its role as chair of the outreach working group established to support the commitment-making process in programme countries. This involved direct engagement with 74 country teams and hosting regional webinars on the commitment process, which resulted in the largest number of domestic commitments to nutrition ever made – 396 new commitments from 66 low-resource countries, 51 civil society organizations and 26 businesses, and more than US\$27 billion in financial commitments from governments, civil society organizations and businesses. In preparation for the N4G Summit, UNICEF and WHO hosted a week-long series of events on [improving nutrition through actions in food and health systems](#), with 8 events, speakers from 29 countries and more than 2,800 participants registered.

The United Nations Food Systems Summit, convened in 2021 by the United Nations Secretary-General, was a critical opportunity to mobilize global efforts to improve food systems for children in support of healthy and sustainable diets. UNICEF aimed to ensure that the Summit prioritized children's unique nutritional needs and that children were meaningfully engaged in the event process.

To facilitate children's engagement in the Food Systems Summit, UNICEF and the University of Western Sydney convened a series of food systems dialogues with more than 700 children and young people across 18 countries to hear their views on the food they eat, the food systems they live in and how those systems could change for the better. UNICEF also facilitated a poll on the same topic to solicit the inputs of 23,000 adolescents and young people from 23 countries. Together, these culminated in a final report – 'Fix my Food: Children's views on transforming food systems'¹⁹² – and a high-level advocacy event to raise children's voices during the Summit.

UNICEF served as global vice-chair of the United Nations Task Force for the Food Systems Summit, collaborating with key partners such as WHO, FAO, WFP, GAIN and EAT. To coincide with the Summit, UNICEF released a food systems vision paper¹⁹³ and launched its flagship Child Nutrition Report, *Fed to Fail? The crisis of children's diets in early life (see Nutrition Results Area 1)*. UNICEF also used its voice and influence to highlight priority food systems solutions for children through the convening of a high-profile Global Conversation on Food Systems for Children's Nutrition with the participation of UNICEF Executive Director Fore, the WHO Director-General and the United Nations Secretary-General's Special Envoy on Food Systems.

Country level results 2021

As described above, UNICEF's first priority action to transform food systems is to improve the quality of children's diets through public policy and actions in food supply chains. As part of this work, UNICEF advocates for and supports the implementation of national guidelines and standards on children's foods. In Myanmar, UNICEF advocated with the Government and provided technical assistance to develop national food-based dietary guidelines for children aged 2–5 years between 2019 and 2021, despite political instabilities in the country and the constraints of the COVID-19 pandemic. UNICEF established an interim Technical Task Force to support the process, with the UN-Nutrition Secretariat and WHO supporting coordination. An evidence review report was produced in 2021 to inform the process, and UNICEF supported pilot testing in four states. Five million children and 3 million pregnant and breastfeeding women will benefit from these guidelines once they are rolled out nationwide.

UNICEF's second priority action is to improve the quality of children's food environments, wherever children live, learn, eat and meet. As part of this work, UNICEF advocates for and supports policies that protect children from harmful food marketing practices. In Pakistan, UNICEF provided technical support to revise the federal and provincial breastmilk substitutes acts and develop 'rules of business' to curb unethical marketing practices of the baby food industry in the country. The draft acts were submitted to the federal and provincial law departments for validation prior to parliamentary enactment.

To improve the school food environment in Paraguay, UNICEF provided support to the Ministry of Education to update the student booklet and teacher's guide on healthy living; the handbook on management of child and adolescent obesity; the active recreation guide for school children; and strengthened the capacities of teachers to promote healthy lifestyles in schools. In Albania, UNICEF partnered with the Ministries of Health and Social Protection, Education and Agriculture to develop two legislative orders on food standards in pre-university school settings and the marketing of unhealthy foods in these institutions.

UNICEF's third priority action is improving the quality of children's food and feeding practices throughout childhood and adolescence. This includes supporting the design and implementation of information, communication and counselling programmes that support optimal infant and young child feeding practices. In West and

Central Africa, UNICEF and partners are implementing a multi-year advocacy and social and behavioural change campaign called Stronger with Breastmilk Only, which aims to protect, promote and support breastfeeding and discourage the practice of giving water to infants younger than 6 months of age. In 2021, an innovative e-learning platform was developed to strengthen country capacity in social and behavioural change to improve the adoption of recommended breastfeeding practices among countries in the region.

UNICEF strengthens national capacities to collect and analyse nutrition data and use it to inform national nutrition policies and programmes. From 2018 to 2021, UNICEF worked with the Bangladesh Ministry of Health and Family Welfare to standardize priority nutrition results, integrate them within the District Health Information System and develop a comprehensive monitoring and evaluation framework. As part of this work, UNICEF developed an information system for bringing together nutrition data from two Directorates of the Ministry of Health and Family Welfare – a critical step to improve reporting and assure the quality of nutrition services. UNICEF deployed district-level nutrition coordinators across the country, who were pivotal in building the capacities of government counterparts and providing supportive supervision and monitoring at health-care facilities. These investments in systems-strengthening were pivotal to improving the coverage of nutrition services in Bangladesh (which surpassed 2021 targets) and improving the use of data for decision-making.



Children stay active outside at a school in the city of Caazapá, Paraguay.



High-level priorities

Marianne Kankundiye and her 2-year-old adopted son, Igisubizo, in Rwanda.

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As UNICEF closes the 2018–2021 Strategic Plan and moves into the first of two consecutive Plans leading up to the SDG 2030 deadline, it is focused on ways to accelerate progress in numerous areas that are currently off track to meet the SDG targets. Toward that end, the programmes within Goal Area 1 are making a shift to build on the centrality of primary health care (PHC), nutritious diets and nurturing practices as the key to attaining universal health coverage and delivering integrated, prevention-focused services and support across the life course, enabling children not only to survive, but also to thrive. Strengthening national systems – specifically in the areas of health, food, WASH, education, child protection and social protection – as well as supporting the families and communities that access those systems will be the central strategy.

The Goal Area 1 work will be guided by the UNICEF Strategy for Health 2016–2030 and its Nutrition Strategy 2020–2030 and aligned with the Core Commitments for Children in Humanitarian Action. All the programmes that make up the Goal Area 1 approach have specific priorities moving into the new Strategic Plan.

Health priorities

To safeguard access to health services and care for the most marginalized and vulnerable children, UNICEF's response to the COVID-19 pandemic will continue its focus on supporting the health response to reduce coronavirus transmission and mortality and on strengthening capacities and existing systems in a way that builds resilience and minimizes risks in communities.

Through a comprehensive, multisectoral life-course approach, UNICEF will continue to focus on the 'survive' agenda while expanding its thrive portfolio based on national and local context. UNICEF will renew its focus on ending preventable maternal, newborn and child deaths and still births in high-burden countries. Under the new Strategic Plan, UNICEF is placing special emphasis on the centrality of PHC to accelerate results, by expanding immunization services, the quality of maternal and newborn care, and the prevention, diagnosis, care and treatment of childhood illnesses. To ensure that no child is left behind, UNICEF prioritizes 'zero-dose children', the most vulnerable and disadvantaged children, who face the highest burdens of disease, malnutrition and mortality. These children and their communities typically face multiple deprivations, and they are often found in remote rural, urban poor, conflict or fragile areas, and humanitarian settings.

In response to the evolving burden of disease, UNICEF will expand programmes to ensure that PHC addresses key priorities for children, including adolescents. This includes non-communicable diseases, mental health, child development and disability, environmental health and injuries.

Primary health care has long been recognized as the key to advance progress towards universal health coverage. PHC will help curtail the impact of COVID-19 and support

countries to better prepare for future pandemics and climate change. UNICEF will continue to advocate for and support countries in expanding the availability and allocation of domestic and international resources for further investment in health systems, infrastructure and human resources for PHC. Additionally, UNICEF will prioritize capacity-building of front-line workers, supply chains, the quality of care, engagement and regulation of the private sector and digital health information and data.

HIV and AIDS priorities

In line with the commitments and recommendations of the Global AIDS Strategy (2021–2026) and the political declaration of the United Nations High Level Meeting, UNICEF will continue to play the global thought leadership role in advocating for and galvanizing the global community, political will and resources for urgent action to address inequities to end AIDS in children, adolescents and pregnant mothers by 2030. UNICEF will prioritize removal of societal and legal barriers to service delivery to children and adolescents living with HIV to realize the right to health and other goals within the 2030 Agenda for Sustainable Development.

Moving forward, effective integration of HIV interventions in PHC services will be a key strategy to attain the global target to eliminate new child infection by 2025. UNICEF will therefore support countries to move towards 'triple elimination' of HIV, syphilis and hepatitis B, leveraging progress made to align management of the three diseases in pregnant women and their newborns. UNICEF will continue to support countries, especially low-HIV prevalence settings, with data-driven differentiated approaches to programming to enhance the quality of programmes and help move towards WHO elimination of mother-to-child transmission (EMTCT) validation and certification.

In the new Strategic Plan (2022–2025), the paediatric service delivery framework will continue to be rolled out to identify gaps and implement best practice solutions and differentiated service delivery models to improve outcomes for adolescents living with HIV, with a special focus on provision of mental health and psychosocial support that will be expanded from lessons learned in the last programme cycle. Multiplex testing at point-of-care for HIV, COVID-19, cervical cancer and hepatitis B. Digital engagement will be rolled out to promote adolescent retention in care.

Looking ahead, UNICEF, in partnership with youth networks and partners, will focus on supporting 21 priority countries to scale up gender transformative and person-centred combination HIV prevention for adolescents and young people 15–24 years old in all high-burden localities. Building on the success of digital platforms, UNICEF will shape the future of the adolescent HIV responses enhancing digital engagement to promote the agenda for prevention and treatment in adolescents, including geo-localized and data-driven prioritization to improve identification and targeting of adolescent and young at-risk/key populations, and linking them to services.

In the new Strategic Plan (2022–2025) UNICEF will continue to support the crucial and ongoing component of work across the UNIADS Joint Programme, in partnership with governments and other stakeholders, including strengthening data systems to address the gaps in data on young key populations, adolescents living with HIV and young women, and advancing new data and knowledge management partnerships. UNICEF will also continue to facilitate exchange and amplify learning through various South–South modalities.

UNICEF will continue to co-lead the high-level advocacy initiative, Education Plus, for adolescent girls and young women in sub-Saharan Africa, launched by UNAIDS, UNESCO, UNICEF, UNFPA, and UN Women in 2021. This five-year initiative aims to advance accelerated investments in HIV prevention for this population, with secondary education as the entry-point.

Nutrition priorities

The Nutrition Strategy 2020–2030 sets out UNICEF’s priorities for upholding children’s right to nutrition in the lead up to the SDGs. The 2022–2025 Strategic Plan is closely aligned with these priorities and provides a framework for driving faster progress towards the goal of ending hunger and all forms of malnutrition by 2030.

During the current Strategic Plan period, UNICEF worked to catalyse action on the crisis of young children’s diets, including by generating new evidence and leveraging the food, health and social protection systems to test new strategies for improving dietary diversity and quality. The foundations for these approaches have been set over the past four years and will continue to expand, with lessons used to inform future scale-up. UNICEF also made significant strides in supporting countries to introduce and scale-up programmes for the prevention of overweight. In the 2022–2025 Strategic Plan, a new impact indicator will track the impact of these policies and programmes on the proportion of children with overweight globally, in line with SDG 2 targets.

A greater focus on nutrition in middle childhood and adolescence continues in the new Strategic Plan, recognizing that this area has historically been underprioritized and that services were further derailed by pandemic-related school closures. Accelerated action and greater investments will be critical to counteract slow progress and promote the sustainable recovery of iron and folic acid supplementation and other key interventions in time to achieve the SDG target on anaemia.

UNICEF continues to recognize the importance of systems-strengthening to improve access to care for children with wasting, including strengthening the integration of treatment into routine services for children with the health system. Building on the lessons learned during the COVID-19 pandemic, including how simplified approaches can expedite the identification and treatment of children

with wasting, UNICEF will support governments to maintain these changes longer-term, even after the pandemic.

To drive sustainable results, UNICEF will continue strengthening the capacities and accountabilities of national systems – particularly the food, health, water and sanitation, education and social protection systems – to deliver nutritious diets, essential nutrition services and positive nutrition practices for children, adolescents and women. This systems approach will be critical to responding to the changing realities of children, food and nutrition globally, including the increasing triple burden of malnutrition, and to ensuring that no child is left behind.

Early childhood development priorities

Early childhood development (ECD) remains a strategic programming priority of UNICEF in the Strategic Plan, 2022–2025. UNICEF is committed to accelerating ECD programming and advocacy in both development and humanitarian settings, strengthening enabling policy environments, and providing gender-responsive and disability-inclusive ECD services at scale.

As an accelerator to achieve the SDG on early childhood and related goals, parenting support will remain a key priority. Parents’ and caregivers’ own mental health and well-being are essential to their ability to provide early stimulation and nurturing care for young children. Integrated parenting support programmes also contribute to better community engagement and can promote social and behavioural change.

In humanitarian settings, UNICEF will support ECD approaches that promote the creation of nurturing home environments emphasizing holistic development; focus on increasing programme coverage and outreach to marginalized populations; and build social cohesion and peace through the creation of positive self and group identities.

As ECD cuts across sectors, successful programming in the next four years will require an intentional whole-of-UNICEF effort that brings together all sectoral work, including health, nutrition, WASH, education, child protection and social policy. To reach the SDG target, UNICEF will leverage its expertise across all sectors in which results relating to ECD, parenting programmes and family- friendly policies are embedded.

For over 75 years of its history, UNICEF has been known as the world’s biggest advocate for children and defender of child rights. The new Strategic Plan provides an opportunity to consolidate that role vis-à-vis young children, by establishing a renewed vision of early childhood programming that spans the work of the organization – across the sectors, at all levels, and throughout the development–humanitarian nexus – and builds on UNICEF’s trusted name and brand.

Abbreviations and acronyms

AA-HA!	Accelerated Action for the Health of Adolescents	EMTCT	elimination of mother-to-child transmission of HIV
ACT-A	Access to COVID-19 Tools Accelerator	ENAP	Early Newborn Action Plan
AEFI	adverse events following immunization	ENAP-E	Early Newborn Action Plan in Emergencies
AIDS	acquired immunodeficiency syndrome	EPI	Expanded Programme on Immunization
ANC	antenatal care	EPMM	Ending Preventable Maternal Mortality
ART	antiretroviral therapy	ERG	Equity Reference Group
ARV	antiretroviral medicine	ESA	Eastern and Southern Africa
BFHI	Baby-friendly Hospital Initiative	EVM	effective vaccine management
C19VFM	COVID-19 Vaccine Financial Monitoring	EWEC	Every Woman, Every Child
C4D	Communication for Development	FAO	Food and Agriculture Organization of the United Nations
CCC	Core Commitments for Children in Humanitarian Action	FFP	family-friendly policies
CDC	United States Centers for Disease Control and Prevention	Gavi	Gavi, the Vaccine Alliance
CHMC	community health management committee (Ghana)	GFF	Global Financing Facility
CHW	community health worker	GPEI	Global Polio Eradication Initiative
COVAX	COVID-19 Vaccines Global Access	GVAP	Global Vaccine Action Plan
COVID-19	coronavirus disease 2019	HAC	Humanitarian Action for Children
CVDPV(2)	circulating vaccine-derived poliovirus (type 2)	HCD	human-centred design
CWC	Council for the Welfare of Children (the Philippines)	HIV	human immunodeficiency virus
DPT3	third dose of the diphtheria, tetanus, and pertussis vaccine	HPV	human papillomavirus
EAP	East Asia and Pacific	iCCM	integrated community case management
ECA	Europe and Central Asia	ICG	International Coordinating Group on Vaccine Provision
ECD	early childhood development	IFA	Iron and folic acid supplementation
EID	early infant diagnosis	IMAM	Integrated management of acute malnutrition
EIR	electronic immunization registry	IMCI	integrated management of childhood illness
		iSC	immunization supply chain

IYCF	Infant and young child feeding	PSBI	possible severe bacterial infection
KMC	kangaroo mother care	PSS	psychosocial support services
LAC	Latin America and the Caribbean	QoC	quality of care
LLIN	long-lasting insecticidal net	RCCE	risk communication and community engagement
MCV1/2	measles vaccine dose 1/2	RUTF	Ready-to-use therapeutic food
MENA	Middle East and North Africa	RV	rotavirus vaccine
MMS	Multiple micronutrient supplementation	SA	South Asia
MNCAH	Maternal, newborn, child and adolescent health	SAGE	Strategic Advisory Group of Experts on Immunization
MNH	maternal and newborn health	SBC/C	social and behavioural change/communications
MNPs	Micronutrient powders	SIA	supplementary immunization activity
MNTE	Maternal and Neonatal Tetanus Elimination	SDG	Sustainable Development Goal
MPDSR	maternal and perinatal death surveillance and response	SDG 3 GAP	Global Action Plan for Healthy Lives and Well-being for All SPRINT Scaling Pneumonia Response Innovations
MTCT	mother-to-child transmission	SRH	sexual and reproductive health
MUAC	Mid-upper arm circumference	SRHR	sexual and reproductive health and rights
NACO	National AIDS Control Organization	TT/Td	tetanus toxoid/tetanus diphtheria
NASG	non-pneumatic anti-shock garment	UCC	ultra-cold chain
NCD	non-communicable disease	UNAIDS	Joint United Nations Programme on HIV/AIDS
NEST	Newborn Essential Solutions and Technologies	UNESCO	United Nations Educational, Scientific and Cultural Organization UNFPA United Nations Population Fund
NGO	non-governmental organization	UNHCR	United Nations High Commissioner for Refugees
NOPV2	novel oral polio vaccine type 2	USAID	United States Agency for International Development
OPHID	Organization for Public Health Interventions and Development (Zimbabwe)	VAS	Vitamin A supplementation
ORE	Other resources – emergency	VCMs	Volunteer community mobilizers
ORR	Other resources – regular	VDO	Vaccine Demand Observatory
ORS	oral rehydration salts	WASH	water, sanitation and hygiene
PCR	polymerase chain reaction	WCA	West and Central Africa
PCV	pneumococcal conjugate vaccine	WFP	World Food Programme
PEPFAR	U.S. President's Emergency Plan for AIDS Relief	WHO	World Health Organization
PHC	primary health care	YAPS	Young People and Adolescent Peer Support (Uganda)
PMTCT	prevention of mother-to-child transmission		
POC	point of care		
PrEP	pre-exposure prophylactic		

Annex 1: Financial report*

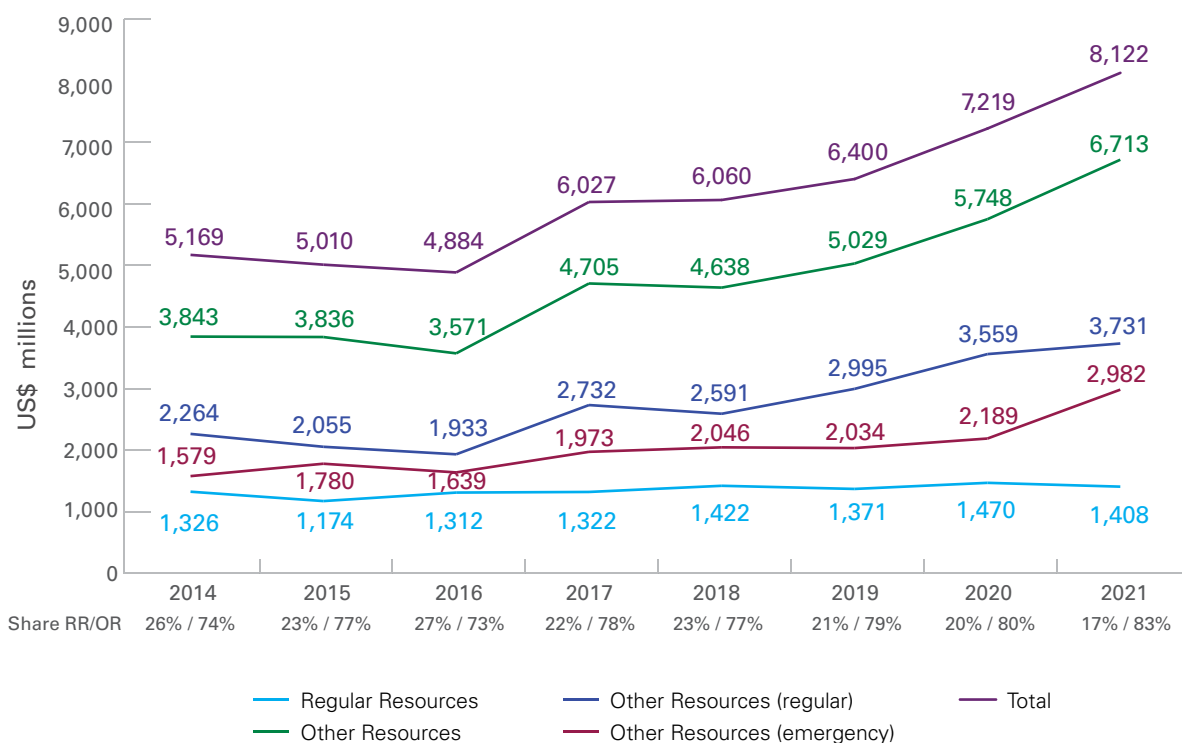
*All funding data is provisional as of 1 April 2022, pending audit and certification.

UNICEF income in 2021

In 2021, UNICEF income reached over \$8 billion for the first time. This was achieved within the context of economic uncertainty created by COVID-19, cuts to UNICEF's income by some key donors and new realities in almost all of UNICEF's programme as well as donor countries resulting from the pandemic. This is a testament to the faith and trust that UNICEF's public and private resource

partners have in the organization and its ability to effectively undertake its mandate, even in the most challenging of circumstances. Unfortunately, UNICEF's record-breaking income in 2021 also aligns with record-breaking needs of children. The impact of COVID-19 continued to exacerbate children's vulnerabilities in 2021 and widened the gaps in reaching the SDGs.

FIGURE A1-1: Income by funding type, 2014-2021*



* Figures are based on 'income', which here represents contributions received from public sector, revenue from private sector and other income.

The growth in total income was driven by an increase in earmarked funds to specific programmes (other resources) income, which grew by 17 per cent, up from US\$5,748 million in 2020 to US\$6,713 million in 2021. Despite the organization's call for increased flexibility in light of the unprecedented demands of the pandemic, un-earmarked core resources (regular resources) income decreased, to US\$1,408 million in 2021, compared with US\$1,470 million in 2020. As such, RR as a proportion of overall income has

steadily decreased, from 23 per cent in 2018 to only 17 per cent in 2021. This is almost entirely due to increased earmarking of public sector resources. (see Figure A1- 1).

'Other resources' contributions increased by 17 per cent compared to 2020, and contributions to UNICEF's thematic funding pools increased by 73 per cent, from US\$438 million in 2020 to US\$756 million in 2021. Thematic funding also increased as a percentage of all 'other resources', from

'Income' includes contributions received in a given year from public sector partners (governments, European Commission, inter-organizational arrangements, global programme partnerships and international financial institutions) and revenue from private sector partners. UNICEF uses income for the preparation of the financial framework, which forms a part of the UNICEF Strategic Plan. Income is not part of the audited UNICEF financial statements.

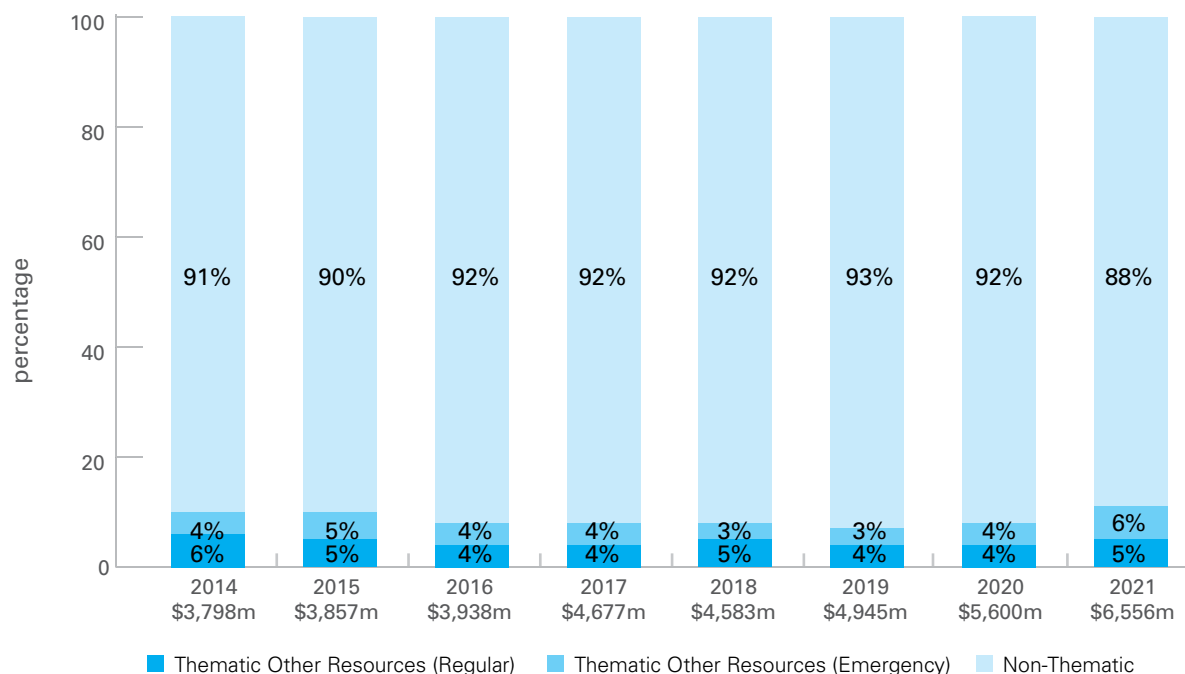
Regular resources (RR) are unearmarked funds that are foundational to deliver results across the Strategic Plan.

Other resources (OR) are earmarked contributions for programmes; these are supplementary to the contributions in unearmarked RR and are made for a specific purpose such as an emergency response or a specific programme in a country/region.

Other resources – regular (ORR) are funds for specific, non-emergency programme purpose and strategic priorities.

Other resources – emergency (ORE) are earmarked funds for specific humanitarian action and post- crisis recovery activities.

FIGURE A1-2: Other resources contributions 2014–2021: Share of thematic funding*



*2014–2016 contributions restated to reflect change in accounting policy for comparison with 2017–2021

8 per cent in 2020 to 12 per cent in 2021. This is 3 per cent below the milestone target set out in the UNICEF Strategic Plan, 2018–2021, of thematic funding being 15 per cent of all ‘other resources’ in 2021. 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’s Strategic Plan 2022-2025 aims to double thematic funding as a share of all ‘other resources’ by 2025. To reach this goal, UNICEF encourages partners to channel more contributions through these softly earmarked funds.

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 those 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

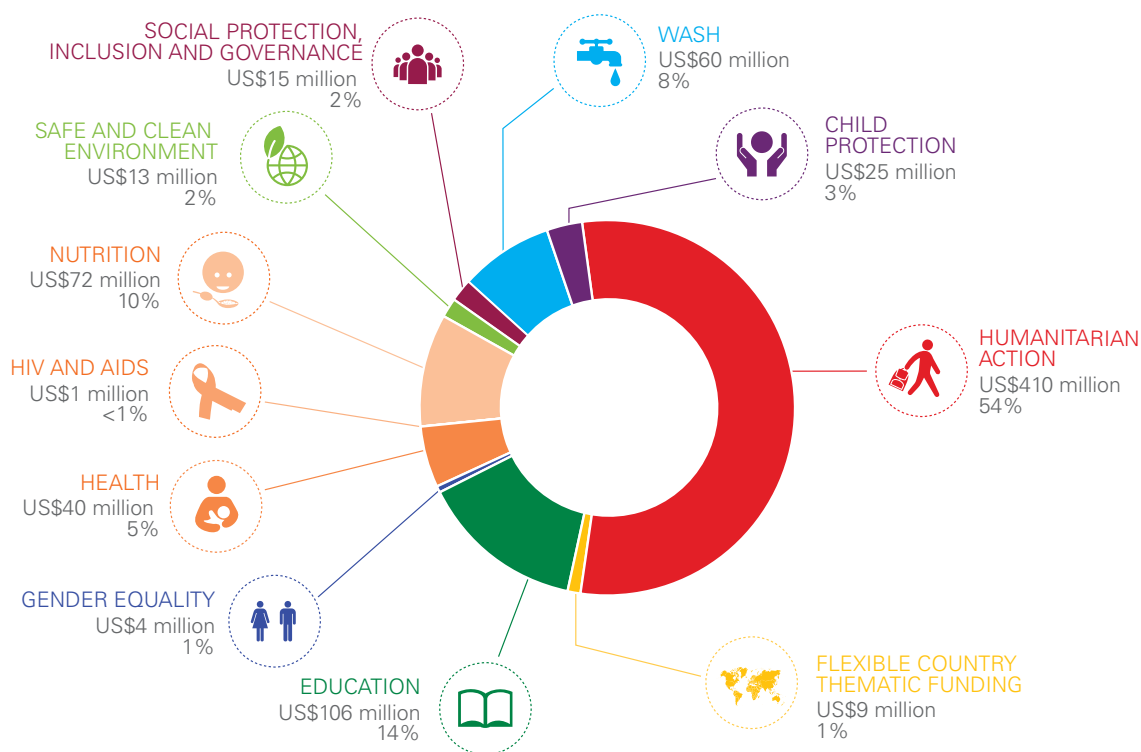
more effectively. It facilitates longer-term planning, sustainability and savings in transaction costs, leaving more resources for UNICEF programmes.

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\$438 million in 2020 to US\$756 million in 2021. The largest public sector contributors to the thematic funding pools in 2021 were the governments of Germany, Sweden and Norway, while the largest private sector contributions were facilitated by the U.S. Fund for UNICEF, the Danish Committee for UNICEF, and the German Committee for UNICEF.*

* For more information on thematic funding and how it works, please visit: <https://www.unicef.org/partnerships/funding/thematic-funding>

FIGURE A1-3: Thematic contributions by thematic pool, 2021: \$US756 million

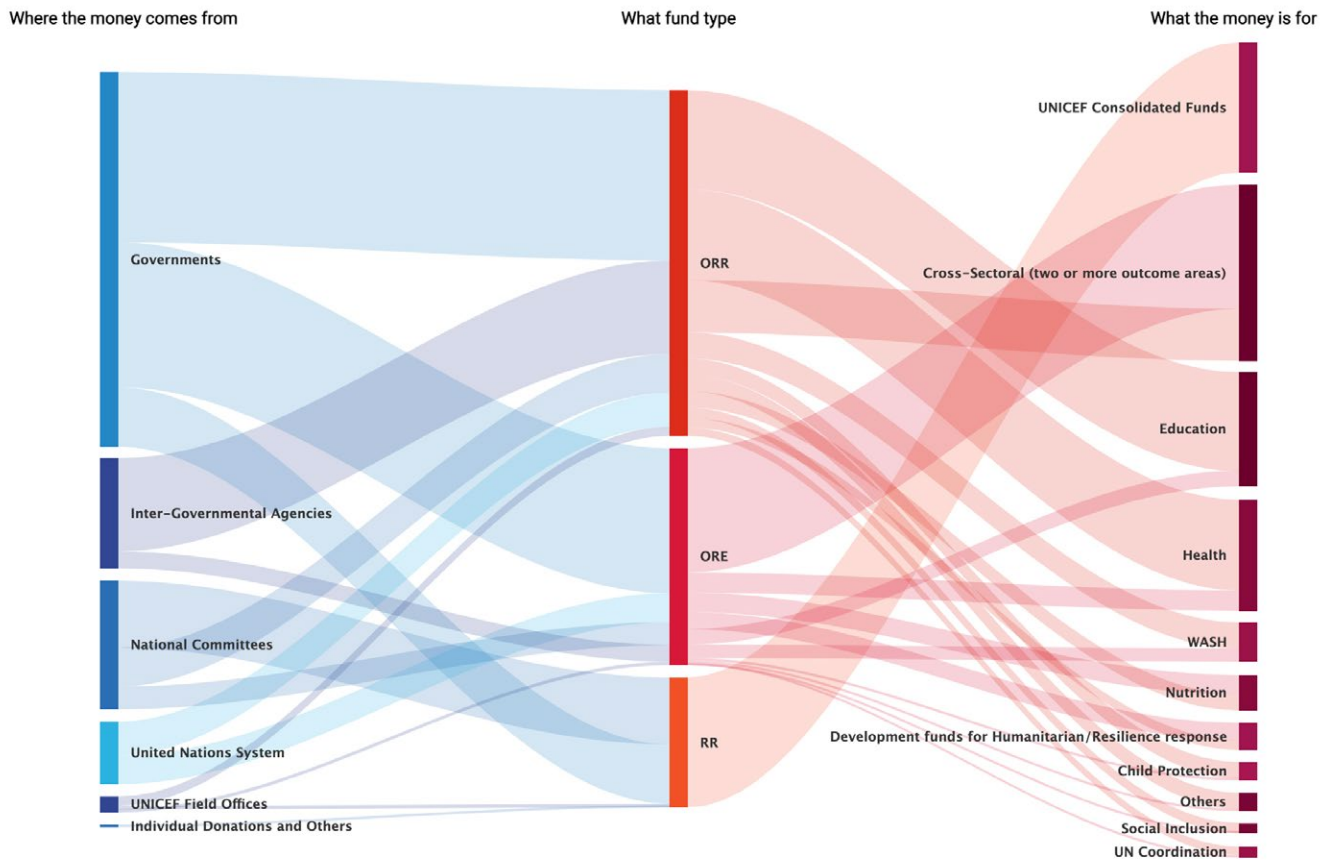


The allocation and expenditure of all thematic funding contributions can be monitored on the UNICEF transparency portal (open.unicef.org) and the results achieved with the funds, assessed against Executive Board-approved targets and indicators at country, regional and global levels, are consolidated 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 2021

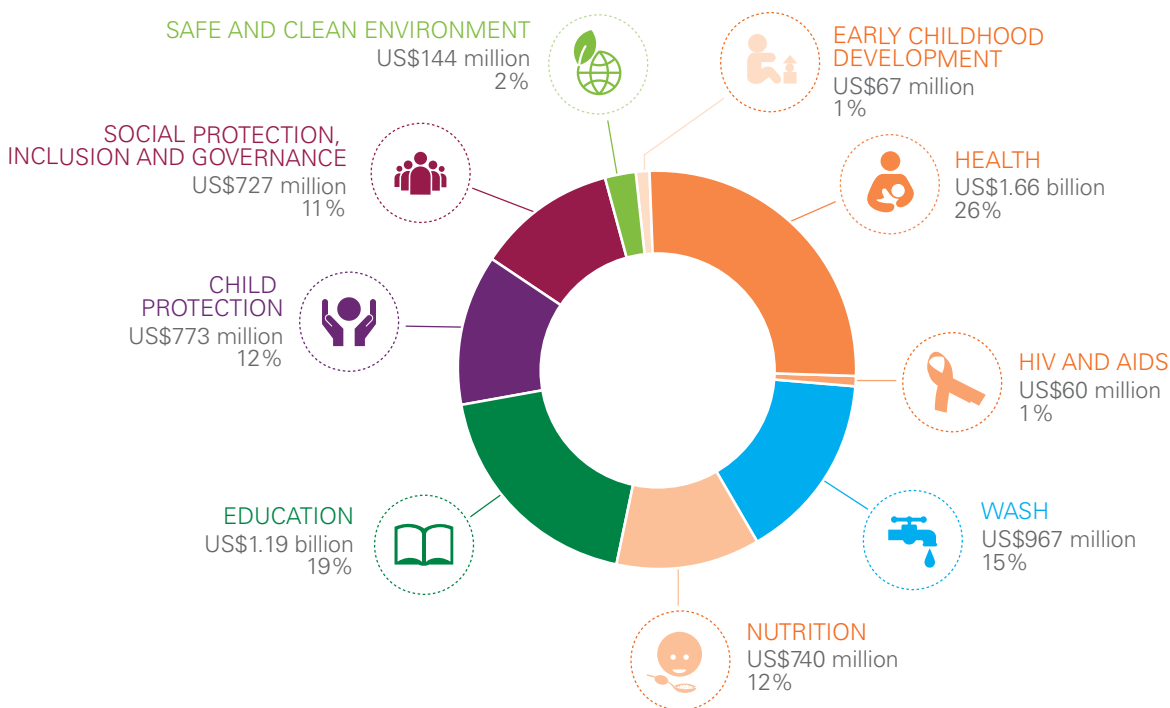
Note: Expenses are higher than the income received because expenses are comprised of total allotments from regular resources and other resources (including balances carried over from previous years), whereas income reflects

only earmarked contributions to Goal Area 1 in 2021. In 2021, total expenses for UNICEF programmes amounted to US\$6.33 billion.

Expenses vs. Expenditures

'Expenses' are recorded according to International Public Sector Accounting 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, 2021



Endnotes

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- ^{150.} 2019 admissions capture a full year from October 2018 to September 2019.
- ^{151.} 2018 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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