



GOAL AREA 1

Every child survives and thrives

Global Annual
Results Report 2022

unicef 
for every child

Cover image: © UNICEF/UN0411648/Fazel
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

The year 2022 marks the first year of implementation for the UNICEF Strategic Plan, 2022–2025. Reflecting renewed ambition towards meeting the 2030 Sustainable Development Goals, the Strategic Plan charts a course towards inclusive recovery from the coronavirus disease 2019 (COVID-19) pandemic, the attainment of the Sustainable Development Goals (SDGs) and the realization of a world in which every child is included in society without discrimination, has agency, opportunities and his or her rights are protected.

UNICEF's work is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society and the private sector. These contributions allow UNICEF to deliver on its mandate to protect children's rights, to help meet children's basic needs and to expand their opportunities, to allow them to reach their full potential. Those who fund our work make it possible for us to reach children who are the most deprived, disadvantaged and discriminated against.

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

The UNICEF Strategic Plan, 2022–2025 is anchored in the Convention on the Rights of the Child. It sets out measurable results for children, especially those who are the most disadvantaged – including those in humanitarian settings – and defines the change strategies and enablers that support their achievement.

Working together with governments, United Nations partners, the private sector and 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 2022 and reviews the impact of these activities on children and their communities. This is one

of seven reports, in which the results of work undertaken during the past year are presented. These results encompass 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 2022 Executive Director's Annual Report, which is UNICEF's official accountability document for the past year.



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Students enjoy a nutritious home-prepared meal during their midday break at school in Nepal. At the school's encouragement, more families have been sending their children to school with homemade meals instead of processed and packaged foods.

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Executive summary

Sarobidy Lovasoa, age 31, holds her son in the village of Ampasimpotsy, in the Analanjiro region of Madagascar, where UNICEF is supporting a nutrition and early childhood development programme.

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Strategic context: Children survive and thrive

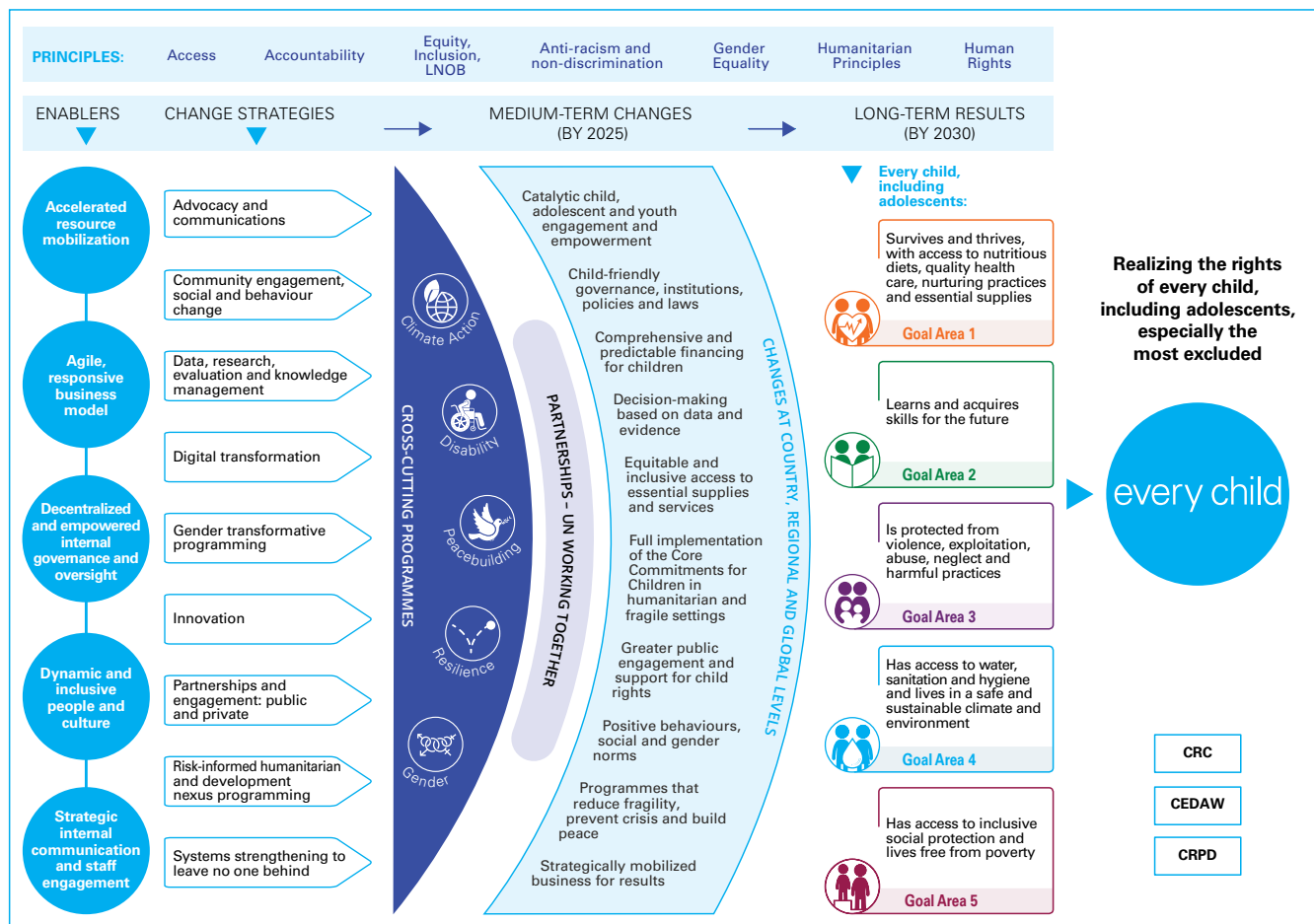
The UNICEF Strategic Plan, 2022–2025 is being embarked upon at a time when children’s rights are under greater threat than they have been in more than a generation. Children’s health, nutrition and well-being continue to be endangered by a myriad of factors that most impact the poorest and most marginalized children in the world. Poverty, climate change, malnutrition, inaccessible or inadequate health and social care, exposure to HIV infection, poor maternal health and deficient nurturing practices prevent millions of children from surviving and thriving in early childhood and becoming healthy adults. While in previous decades significant progress has been made in many areas of children’s rights, these advances have been made unevenly. Some are now under threat of stagnation and even reversal.

The UNICEF Strategic Plan, 2022–2025 (see Figure 1) reflects UNICEF’s unreserved commitment to promoting the rights of all children, everywhere, as stated in the Convention on the Rights of the Child and guided by the Core Commitments for Children in Humanitarian Action. UNICEF’s human rights-based approach means that UNICEF’s programming is consciously and systematically guided by human rights standards and principles. As such, UNICEF seeks to support the realization of human rights as laid down in the Convention on the Rights of the Child and other international human rights instruments and seeks to focus on those children who are the most deprived, disadvantaged or discriminated against.

FIGURE 1. The UNICEF Strategic Plan, 2022–2025

UNICEF Strategic Plan 2022–2025: Renewed ambition towards 2030

This infographic visualizes the high-level Theory of Change that underpins the Strategic Plan



Source: UNICEF Strategic Plan 2022-2025.¹

This report details the progress made during 2022 in UNICEF’s Goal Area 1. This brings together four interconnected programmes: health; HIV/AIDS; early childhood development (ECD); and nutrition. The overall goal of the work in this area is that “every child, including adolescents, survives and thrives with access to nutritious diets, quality primary health care, nurturing practices and essential supplies.” This outcome supports the achievement of Sustainable Development Goals (SDGs) 2, 3, 4 and 5.

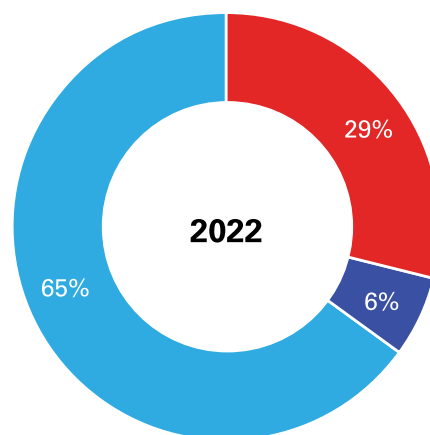
Goal Area 1 seeks to ensure that all children – including those affected by humanitarian crises and living in fragile settings – have an equitable chance to survive, and to be healthy, well-nourished and stimulated as they grow. It also aims to ensure to safeguard children’s rights to benefit, throughout childhood and adolescence, from affordable and nutritious diets; and to access the services, practices and environments they need to thrive.

To achieve this, Goal Area 1 focuses on strengthening systems across the four interconnected programmes (i.e., health, HIV/AIDS, ECD and nutrition). This includes improving linkages between health; food; water, sanitation and hygiene; education; childcare and protection systems at the household and community levels. This will empower parents and caregivers, and bring families and communities closer to the systems they rely on. The related theory of change suggests that children, especially 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, rather than individually.

Programmes in Goal Area 1 include the following eight results areas: (1) strengthening primary health care and high-impact health interventions; (2) immunization services as part of primary health care; (3) fast-tracking the end of HIV/AIDS; (4) health in early childhood and adolescence; (5) mental health and psychosocial well-being; (6) nutrition in early childhood; (7) nutrition of adolescents and women; and (8) early detection and treatment of malnutrition.

Progress towards many of the 2030 SDGs (see Figure 2) is likely to have been knocked further off track by the convergence of challenging factors. These include the effects of climate change and climate-related disasters, an increase in the number of children living in conflict zones, and a dramatic increase in multidimensional poverty. The global economic crisis has deepened the deprivations facing the most vulnerable children. An estimated 1 billion children live in multidimensional poverty, without access to health; nutrition; water, sanitation and hygiene; housing or education services. There are currently 356 million children living in extreme poverty.² Today, nearly 1.2 billion children live in countries with complex emergencies driven by inequality and fragility,³ and approximately 1 billion children are at very high risk of being impacted by environmental degradation and climate change.⁴

FIGURE 2. Progress assessment for Sustainable Development Goal child survival targets, 2022



- Target met: percentage of countries that already achieved the global SDG targets
- On track: based on current trends, the global targets will be met by 2030
- Acceleration needed: based on current trends, the global targets will not be met by 2030

Source: Data companion & scorecard to the annual report for 2022 of the Executive Director of UNICEF.

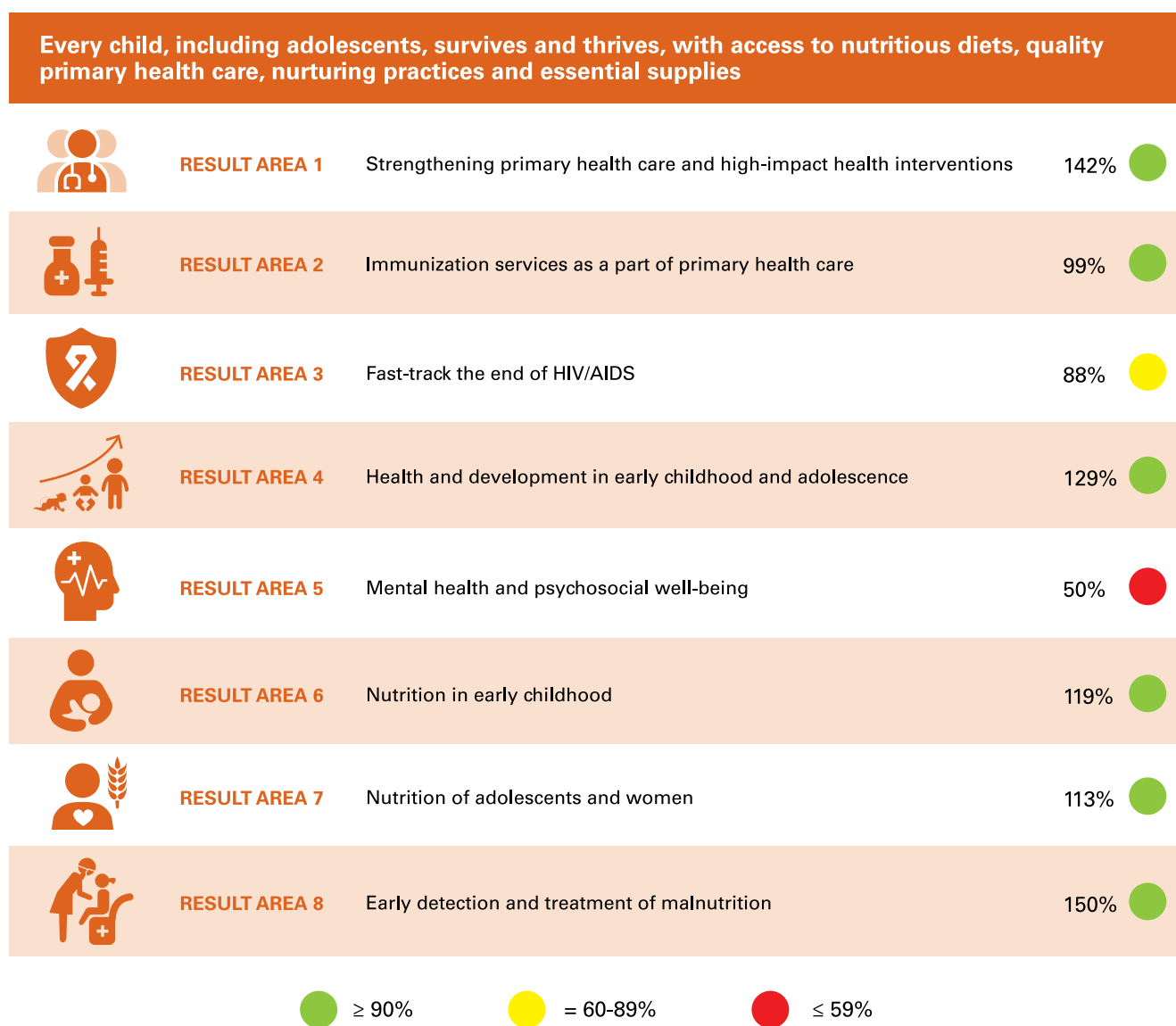
These factors have created a multifaceted crisis in children’s health, nutrition and well-being, as children are deprived of access to health care, adequate nutrition, and other factors that are essential to their growth and development. Despite progress being made initially, for some SDGs it has now stalled because of long-standing patterns of exclusion and inequality, as well as challenges in changing norms and behaviours.

Despite the complexity of the current global environment, and the multiple shocks it has faced, UNICEF and its broad range of national and international partners strive to deliver results at scale through integrated and multisectoral programming and the use of primary health care and food systems as a foundation to secure for every child the right to survive and thrive.

Goal Area 1: Progress in 2022

In the first year of its Strategic Plan, 2022–2025, UNICEF achieved the following progress in the eight Result Areas of Goal Area 1 (see Figure 3).

FIGURE 3. Goal Area 1: progress in result areas, 2022



Source: Data companion & scorecard to the annual report for 2022 of the Executive Director of UNICEF.

Notes: Presentation of progress rates:⁵ the progress rate of a given result area is calculated as a non-weighted average of the progress rates for all output indicators in that specific result area.⁶

In 2022, UNICEF worked on Goal Area 1 in 155 countries. Expenses in Goal Area 1 totalled US\$3.3 billion. Of this, US\$2.1 billion was spent on humanitarian action. On average, six out of eight Results Areas under Goal Area 1 achieved 90 per cent or more in terms of progress, against the 2022 output-level milestones.

This significant progress was made possible by the continued financial support of UNICEF's steadfast and committed donors and partners. Of the total Goal Area 1 expenses, US\$1.5 billion was for emergency funding. This constituted 41 per cent of UNICEF's total annual expenses in 2022 (US\$7.99 billion). About 81 per cent of Goal Area 1 expenses were from earmarked funds, excluding US\$329 million core resources and US\$285 million thematic resources spent on Goal Area 1 programmes.



Sunita Rai (left) and husband Rajan (right) gaze at their newborn son at the Paropakar Maternity and Women's Hospital in Kathmandu, Nepal. Sunita came to the hospital to seek treatment after her son was born prematurely. Seeing that Sunita was unable to breastfeed her child, health workers quickly referred her to the hospital's newly-launched 'Amrit Kosh', the first human milk bank to be established in the country, which provided Sunita's baby with breastmilk donated by other mothers.



Results: Health

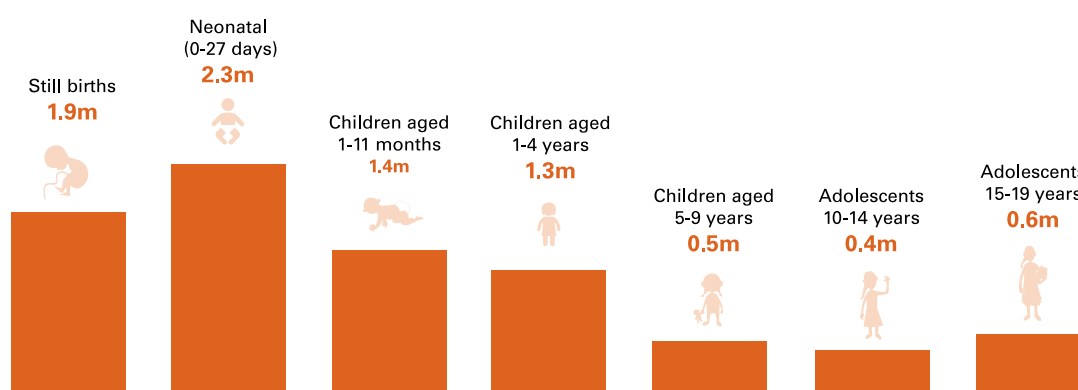
Six-month-old Anei Mariak is photographed in the arms of his mother, Nyaweer, at their home, following Anei's discharge from the UNICEF-supported Al Sabbah Stabilization Centre in Juba, South Sudan. Anei arrived at Al Sabbah with severe acute malnutrition, pneumonia and diarrhoea. After a week at the centre, where he received medicines and therapeutic milk, he was discharged.

Health context and strategy

Notable progress has been made in recent decades to improve children's chances of reaching their fifth birthday. However, more than 5 million children under the age of 5 died in 2021 (see Figure 4), and most of these deaths were preventable. Children born in sub-Saharan Africa or Southern Asia continue to be at the highest risk of death compared with other regions. More than 80 per cent of all under-five deaths in 2021 occurred in these two regions.

Children born in poorer countries have significantly less chance of reaching their fifth birthday than those born in wealthier countries, as do those living in the 37 countries classified as fragile and conflict affected.⁷ A total of 2.3 million newborns globally died during their first month of life in 2021, comprising 47 per cent of under-five deaths that year. In addition, 1.9 million babies were stillborn in 2021. The coronavirus disease 2019 (COVID-19) pandemic

FIGURE 4. Child deaths, from birth to 19 years of age, in 2021 and challenges to progress in child survival



287,000 women die annually during and following pregnancy and childbirth. Over 10 million unintended adolescent pregnancies, with only 56% adolescent girls receiving four antenatal care visits

Progress on child survival, health and well-being faces multiple challenges:

	<p>67 million children missing out entirely or partially on routine immunization between 2019 and 2021</p>		<p>62 UNICEF programme countries had simultaneous disease outbreaks, in addition to COVID-19</p>
	<p>149 million children are stunted, 45 million children wasted, 39 million children overweight</p>		<p>Nearly 37 million children worldwide are displaced due to conflict and violence</p>
	<p>54% of children with HIV with access to lifesaving antiretroviral treatment</p>		<p>Non-communicable diseases (NCDs), mental health conditions and injuries, account for 13% of deaths</p>
	<p>More than 50 million children have a developmental disability such as an intellectual disability</p>		<p>Over 1 million child deaths due to environmental risks; increase in climate-related disasters and risks</p>

Source: UNICEF.

and the subsequent disruption it caused to essential health services have seriously impeded progress in reducing child mortality rates. If these rates continue their current trajectory, 54 countries will not meet the under-five mortality target for 2030 set by the SDGs.⁸

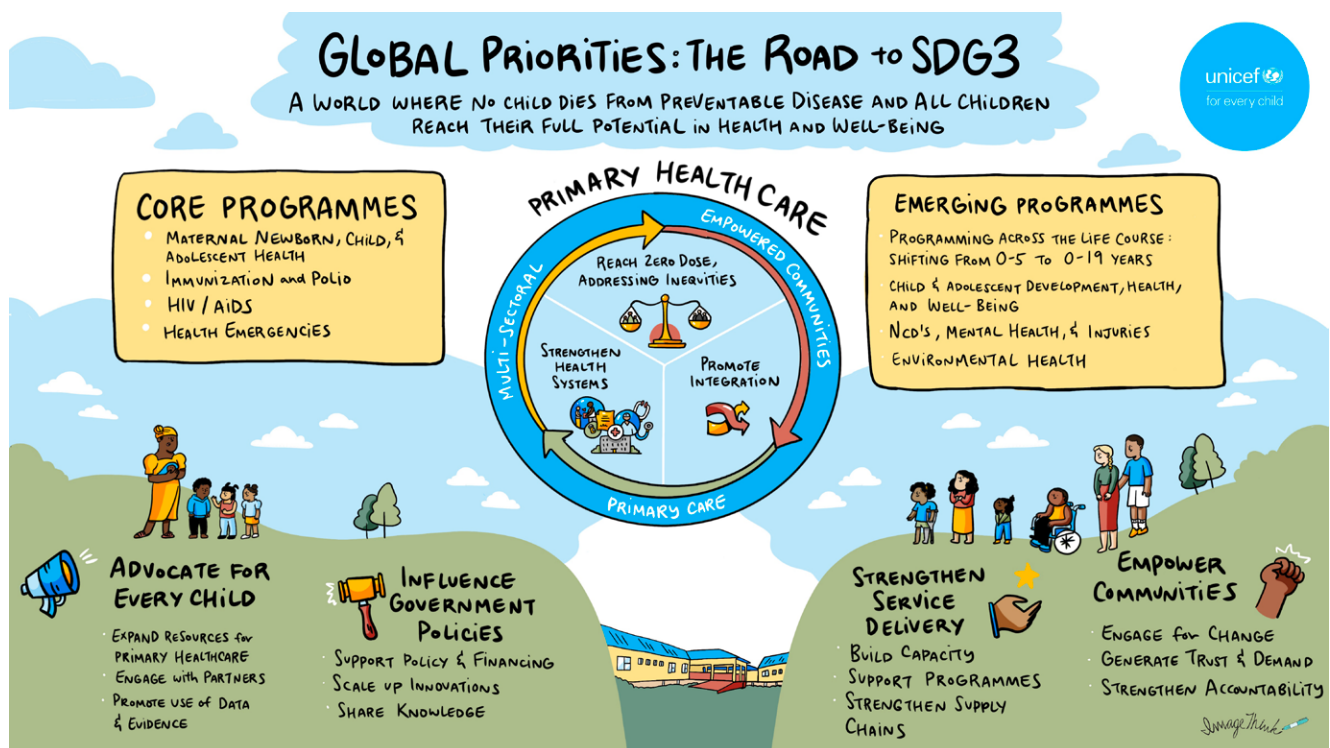
Efforts to end preventable child deaths have been hindered by numerous threats to children’s health and survival. The effects of the COVID-19 pandemic also continued to impact progress throughout 2022, causing disruptions to health-care systems and economic uncertainty, which negatively impacted on children, their families and their communities.

UNICEF envisions a world in which no child dies from a preventable disease, and all children grow up healthy, to reach their full potential (see Figure 5). The UNICEF Strategy for Health 2016–2030⁹ focuses on halting

preventable maternal, neonatal and child deaths. UNICEF’s core health programmes centre on the 46 high-burden countries that present the greatest challenge to reaching this goal. The 2030 SDGs will not be achieved without accelerated action in these high-burden countries.

Building on the core programmes aiming to end preventable deaths, UNICEF’s health programmes are increasingly responding, at national and local levels, to the burden of disease for children aged 0–19 years. To ensure that every child and adolescent can achieve his or her full potential in health and well-being, UNICEF’s programmes address issues that concern all children. These include: child development and disabilities; non-communicable diseases (NCDs); mental health; sexual and reproductive health; and environmental health.

FIGURE 5. Global priorities: the road to Sustainable Development Goal 3



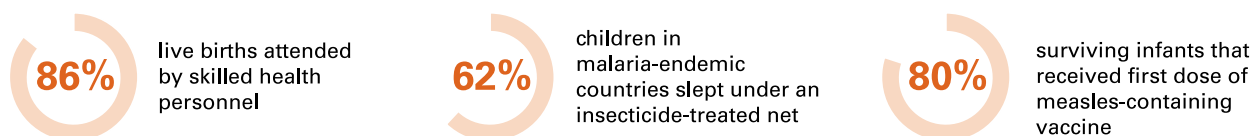
Key to delivering on the SDG agenda is prioritizing primary health care (PHC) services that: are responsive to the high levels of mortality and morbidity in children aged 0–19 years; focus on prevention; and are fit for purpose. UNICEF believes that sustainable results in child survival, health and well-being, and preparedness for emergencies are

contingent on a strong PHC platform. To meet the goal of improving the health and well-being of children globally, it is evident that urgent investment in PHC and essential public health services is needed. This can be achieved by empowering individuals and communities, and through multisectoral action.

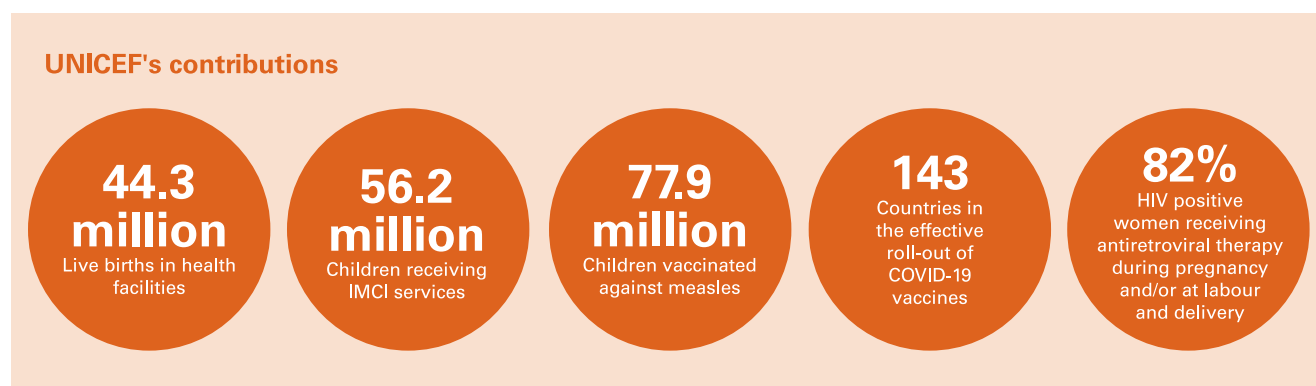
UNICEF's contribution to progress during 2022

FIGURE 6. UNICEF's contribution towards ending preventable child deaths (core health programmes), 2022

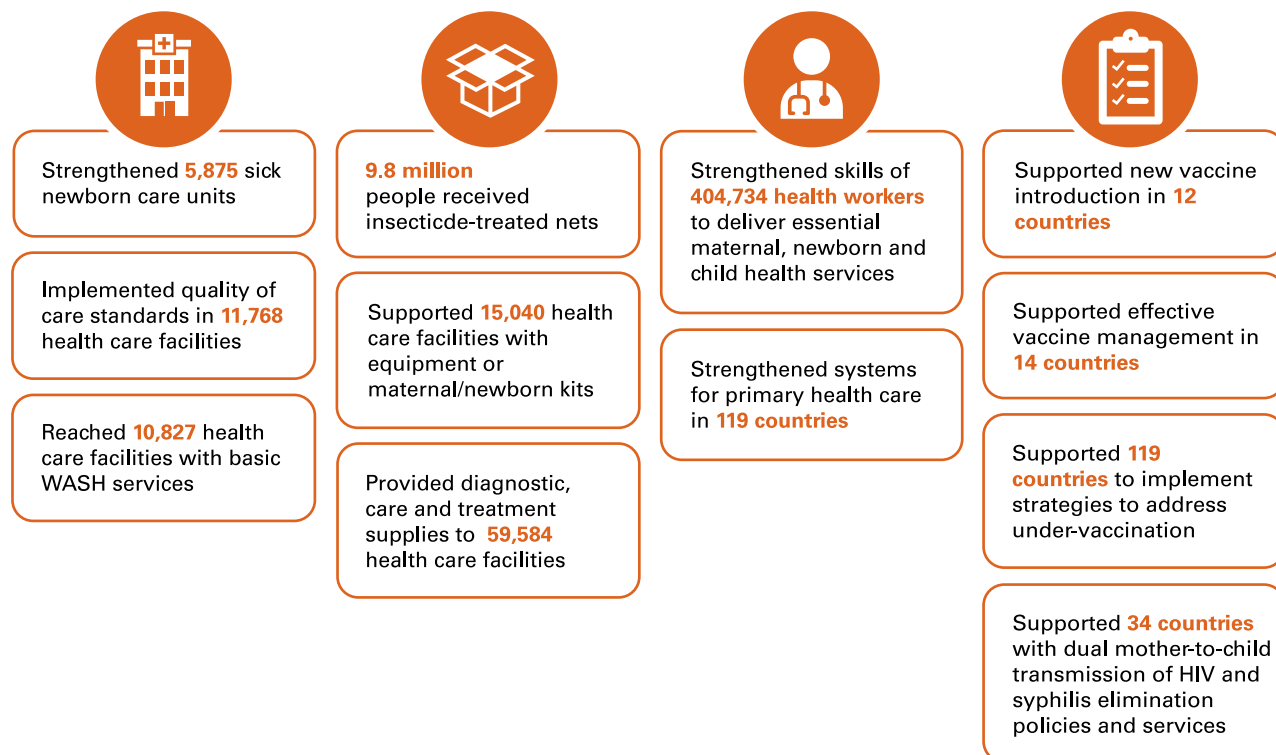
Outcome results



UNICEF's contributions



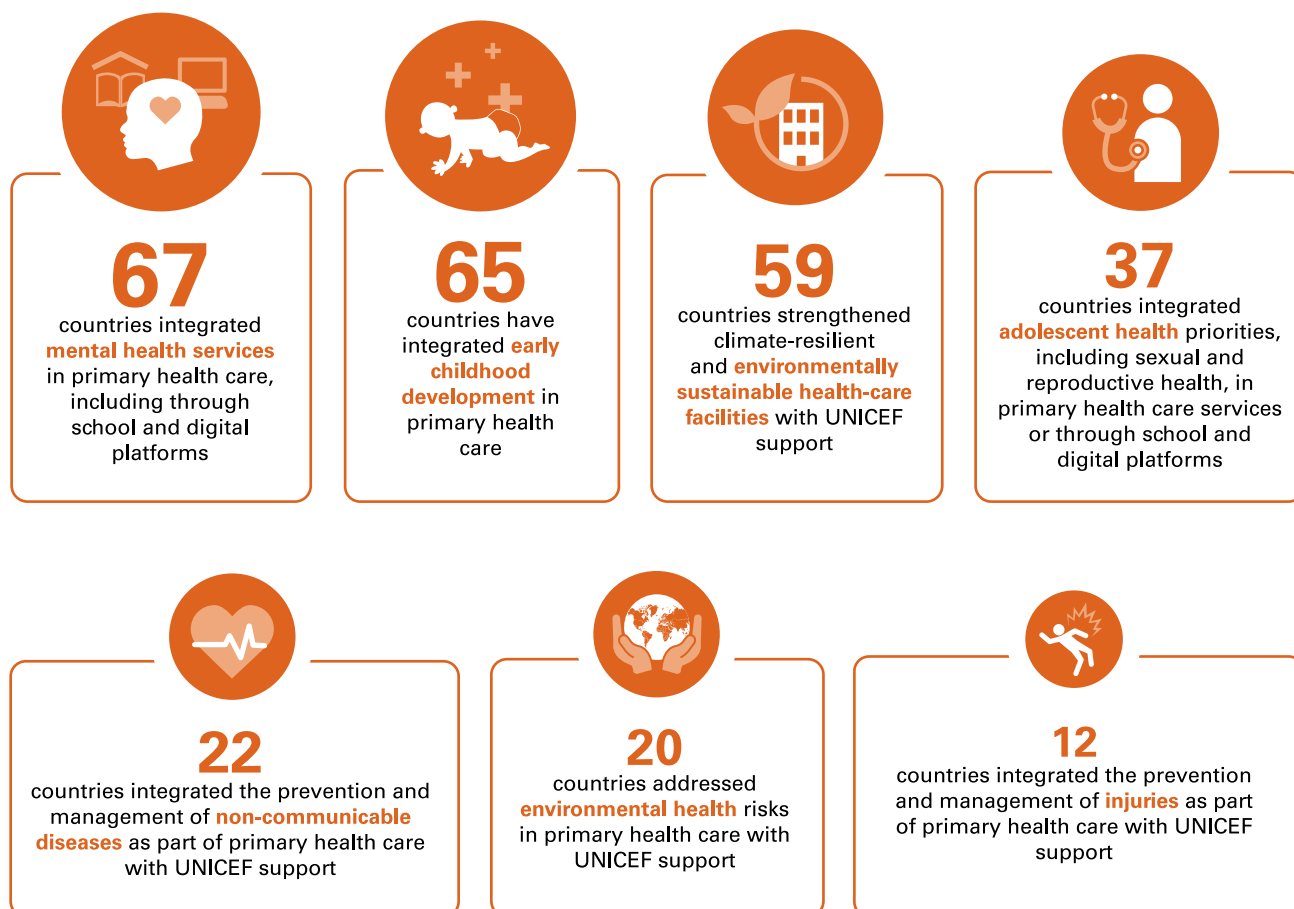
UNICEF activities



Source: UNICEF

Notes: IMCI integrated management of childhood illness

FIGURE 7. UNICEF’s contribution towards ensuring that all children improve their health and development (emerging health programmes), 2022



Source: UNICEF.

Results Area 1: Strengthening primary health care and high-impact health interventions

UNICEF works to ensure that all children and women can access strengthened PHC and high-impact interventions, to accelerate the end of preventable maternal, neonatal and child deaths, and stillbirths, in development and humanitarian contexts.

To address inequities in health outcomes and to realize every child’s right to grow up healthy and reach their full potential, UNICEF prioritizes the most disadvantaged and



In Gwalior District, Madhya Pradesh, India, Pooja sits with her six-month-old son, Harman.

marginalized children in population groups that have the highest burden of morbidity and mortality. UNICEF's core health programmes centre on the 46 high-burden countries that present the greatest challenge to reaching the goal of ending preventable maternal, neonatal and child deaths. These countries account for 87 per cent of global under-five deaths; 92 per cent of maternal deaths; and 87 per cent of UNICEF's spending in health.

During 2021, a total of 2.3 million newborns died during their first month of life, comprising 47 per cent of the 5 million under-five deaths that year. In addition, 1.9 million babies were stillborn in 2021.

A total of 287,000 women died from preventable causes related to pregnancy and childbirth in 2020. Almost 95 per cent of these deaths occurred in low- and middle-income countries (LMICs).¹⁰ Stagnation in reducing maternal mortality rates was seen before COVID-19 and further slowed progress. A new United Nations report, *Trends in Maternal Mortality: 2000 to 2017*,¹¹ reveals that maternal deaths have either increased or stagnated in nearly all regions of the world.

To end preventable maternal and newborn deaths, UNICEF focuses on high-impact survival programmes to help countries accelerate the scale-up of essential packages of maternal and newborn care services. UNICEF works towards improving the quality of the care received during birth, accelerating global efforts to transform care for small and sick newborns, and linking facility-based care with follow-up care in the community.

Pneumonia is the biggest killer of children under 5 years, and it accounts for 14 per cent of all under-five deaths.¹² It is easily treatable with medication such as amoxicillin, but only one third of children with pneumonia receive the antibiotics they need.¹³ Diarrhoea, the second leading cause of under-five deaths, kills around 525,000 each year. Although there has been a decline in the percentage of under-five deaths caused by malaria over the past 20 years – from 87.3 per cent in 2000 to 76.8 per cent in 2015 – this figure has since remained unchanged.¹⁴

By supporting countries to strengthen their PHC systems, especially at the community level, UNICEF plays a key role in reducing common infectious diseases. UNICEF supports services that aim to prevent, treat and raise awareness of a range of conditions that affect children, such as pneumonia, diarrhoea and malaria. Central to the aim of SDG 3 to achieve universal health coverage, community health programmes provide essential, high-quality health services for children and mothers in zero-dose communities and a critical channel for emergency response teams. Zero-dose communities can be described as those that are often remote, rural, urban slums, or affected by conflict, but also by common characteristics, including ethnicity, income level, registration/migration status, and other criteria. These communities are often the most deprived and disadvantaged and do not receive immunization coverage and essential health care services.

Health system-strengthening is essential to addressing inequities, ensuring that the most marginalized children are reached, and that progress is sustained, as well as the resilience of delivery systems and communities to respond to emergencies. System-strengthening to 'leave no one behind' is a central change strategy across Goal Area 1. The focus is on strengthening PHC, which is key to reaching the 'last mile' (i.e., zero-dose children,¹⁵ who are the most vulnerable) in populations with high under-five mortality.

UNICEF promotes a child-centred, whole-of-society approach to public health emergency preparedness and response (PHE-PR).¹⁶ The rights of the child are always at the centre of the response. Although UNICEF has downgraded classification of the pandemic from a Level 3 emergency, the unprecedented impact of COVID-19 on the health and well-being of children and their communities continues to be felt. UNICEF's Core Commitments for Children in public health emergencies aim to protect children and their communities from the impacts of public health emergencies.

FIGURE 8. Outcome and output results for strengthening primary health care and high-impact health interventions, 2022

Outcome indicator	Baseline (2021)	2022 value
1.1 Percentage of pregnant women receiving at least four antenatal visits (UNFPA, WHO)	66%	69%
1.2 Percentage of live births attended by skilled health personnel (home and facilities) (SDG 3.1.2) (UNFPA, WHO)	81%	86%
1.3 Percentage of (a) mothers receiving postnatal care (UNFPA, WHO)	68%*	73%
1.3 Percentage of (b) newborns receiving postnatal care (UNFPA, WHO)	66%*	72%
1.4 Percentage of children with diarrhoea receiving (a) oral rehydration salts (WHO)	46%*	49%

FIGURE 8. Outcome and output results for strengthening primary health care and high-impact health interventions, 2022 (cont'd)

Outcome indicator	Baseline (2021)	2022 value	
1.4 Percentage of children with diarrhoea receiving (b) oral rehydration salts and zinc (WHO)	16% *	16%	
1.5 Percentage of children with symptoms of acute respiratory infections taken to an appropriate health-care provider (WHO)	60% *	64%	
1.6 Percentage of children in malaria-endemic countries sleeping under an insecticide-treated net (WHO)	56%	62%	
1.7 Universal health coverage index for reproductive, maternal, newborn and child health interventions (SDG 3.8.1) (DESA, UNFPA, WHO)	74% (2019)	74% (2019)	
Output indicator	Baseline (2021)	2022 value	2022 milestone
1.1.1 Number of live births delivered in health-care facilities through UNICEF-supported programmes (UNFPA, WHO)	40.9 million	85.2 million	70 million
1.1.2 Number of children benefiting from UNICEF-supported integrated management of childhood illnesses services (integrated community case management and/or integrated management of neonatal and childhood illness) (WHO)	56.5 million	56.2 million	50.0 million
1.1.3 Number of health workers receiving the skills and support for delivering essential maternal, newborn and child health services through UNICEF-supported programmes (UNFPA, WHO)	800,247	1,204,981	1,000,000
1.1.4 Number of countries in which UNICEF has strengthened systems for primary health care (WHO)	97	119	104
1.1.5 Number of countries in which UNICEF supported a timely response to outbreaks or other public health emergencies (UNDP, WHO)	156 (34 countries with outbreaks/PHE in addition to COVID-19)	142 (62 countries with outbreaks/PHE in addition to COVID-19)	50

Notes: * Data do not include China.

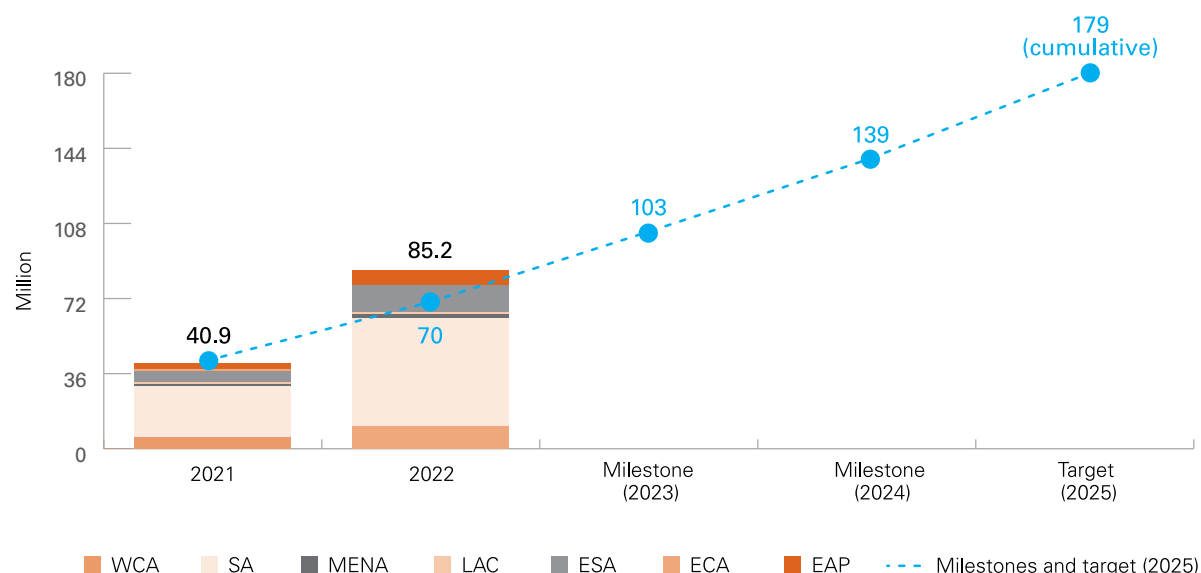
COVID-19, coronavirus disease 2019; ORS, oral rehydration salts; PHC, primary health care; PHE, public health emergency; SDG, Sustainable Development Goal; UN DESA, United Nations Department of Economic and Social Affairs; UNDP, United Nations Development Programme; UNFPA, United Nations Population Fund; WHO, World Health Organization.

Accelerating progress to end preventable maternal and neonatal deaths, and stillbirths

In 2022, steady progress was made in improving maternal and newborn health. The number of live births taking place in health-care facilities through UNICEF-supported programmes significantly increased, from a baseline of 40.9 million, to 85.2 million, exceeding the 2022 milestone of 70 million (see Figure 9). These increases were particularly evident in humanitarian contexts, in which there was a fourfold increase to 3.5 million; and in high-burden

countries, where the figure more than doubled – to almost 75 million – from that in 2021. This improvement is largely due to implementation of the Every Newborn Action Plan (ENAP),¹⁷ scale-up of life-saving interventions (especially in humanitarian contexts) and increased focus on care around birth. Globally, live births attended by skilled health personnel increased to 86 per cent, from 81 per cent in 2021. There was a 7 per cent increase in Eastern and Southern Africa, and in West and Central Africa; and a 6 per cent increase in South Asia. In 2022, 79 per cent of live births in high-burden countries were attended by skilled health personnel.

FIGURE 9. Number of live births delivered in health-care facilities through UNICEF-supported programmes, including regional breakdown, 2022



Notes: Figures rounded up.

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.

In high-burden countries, UNICEF supported the transformation and scale-up of care for small and sick newborns, providing technical support. A total of 5,875 newborn care units were supported by UNICEF and scale-up was achieved in 15 countries. Antenatal and postnatal care interventions also increased. The percentage of pregnant women receiving at least four antenatal visits rose to 69 per cent (from 66 per cent), while the percentage of mothers receiving postnatal care increased to 73 per cent (from 68 per cent). Postnatal care for newborns increased to 72 per cent (from 66 per cent). In high-burden countries, antenatal visits remained at 56 per cent, while postnatal care for mothers reduced by 2 per cent to 62 per cent and newborn postnatal care increased by 1 per cent to 64 per cent.

On World Prematurity Day, UNICEF raised awareness about preterm birth challenges. Together with global partners, UNICEF endorsed kangaroo mother care, a safe and cost-effective alternative to conventional neonatal care, to reduce morbidity and mortality in newborns. This was promoted under the theme: “a parent’s embrace: a powerful therapy – enable skin-to-skin contact from the moment of birth.” For example, in Sierra Leone, which has one of the highest neonatal mortality rates globally, UNICEF supported the establishment and scale-up of special care baby units in 14 of the country’s 16 districts. A total of 29,635 small and sick newborns have benefited from these units, and survival rates for these infants have increased to 90 per cent, from 78 per cent. In Zimbabwe, UNICEF continued to support surveillance and response mechanisms for maternal and perinatal death as a quality improvement tool, through provincial reviews and logistical support for the deployment of health supervisors. In all 10

provinces, UNICEF supported the production of 400,000 partographs¹⁸ and 250,000 maternal and newborn health booklets. UNICEF also provided 15,040 health-care facilities with equipment or maternal/newborn kits.

UNICEF and the World Health Organization (WHO) co-chair the multipartner initiative, ENAP. This provides countries with a road map for ending preventable neonatal deaths and stillbirths, and for reducing disability, by 2030. UNICEF has continued to advocate for the accelerated agenda of ENAP, working to optimize synergies with efforts in maternal and neonatal health, through the convergence of ENAP and Ending Preventable Maternal Mortality (EPMM). UNICEF led the development of the revised ENAP-EPMM tracking tool, and supported data collection from 106 countries (an increase from 93 countries in 2019). Data from the ENAP tracking tool show that the number of countries with national quality improvement guidelines for maternal and newborn health almost doubled to 62 in 2022, from 27 in 2016. The number of countries with established maternal death surveillance and response mechanisms increased significantly to 94, from 17 in 2015. Further, the uptake of paediatric death surveillance and response increased substantially, to 81, from 11 in 2015.

To work towards the goal of strengthening newborn health care in emergency contexts, UNICEF and partners updated the Interagency Emergency Health Kit to include basic maternal and newborn health needs in emergencies, complementing the interagency emergency reproductive health kits. UNICEF worked with stakeholders to promote the global newborn and child health agenda in humanitarian contexts.



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Irayou, a 24-year-old mother of four children, with her youngest child, at the health centre of Sambakaha, in the North of Côte d'Ivoire. Irayou took her three-month-old boy, Pepeyougo, for a postnatal consultation.

Key to preventing the adverse effects of malaria is early detection and treatment. UNICEF delivered 10.7 million preventive courses of sulphadoxine/pyrimethamine for pregnant women in 15 countries. In 2022, UNICEF delivered most or components of pre-packed obstetric surgical and midwifery kits to 31 countries.

UNICEF and WHO continued to build on their partnership's previous achievements in improving the quality of maternal and newborn health care. In 11 high-burden countries¹⁹ in the Quality of Care Network, UNICEF supported the institutionalization of quality of care in hard-to-reach areas. Technical support was provided to all countries in the network, including Bangladesh, Ghana and the United Republic of Tanzania in the roll-out of a training module on integrating stakeholder and community engagement into quality of care. The United Nations' second report on stillbirths, *Never Forgotten*,²⁰ highlights that most stillbirths can be prevented when pregnant women have access to quality care.

Globally, the number of health-care facilities implementing quality-of-care standards increased from 8,625 in 2021 to 11,768 in 2022 in UNICEF-supported areas, including 36 high-burden countries.

UNICEF also worked with ministries of health to implement quality of care in five of the programme countries supported by the Bill & Melinda Gates Foundation. Quality implementation was scaled up to 229 health-care facilities in these countries. By leveraging additional funding, UNICEF supported ministries of health to develop 252 additional health-care facilities, advancing government ownership and scale-up.

The *2022 Progress Report on the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)*²¹ presents key data, trends and developments in women's, children's and adolescents' health and well-being. It also includes in-depth analysis of the impact of the COVID-19 pandemic.

Promoting integrated approaches to end preventable child deaths

Overall, UNICEF's contribution to child survival remained on track to meet milestones. Care-seeking for acute respiratory infections increased to 64 per cent, from 60 per cent in 2021. The percentage of children with diarrhoea who received oral rehydration salts (ORS) increased to 49 per cent, from 46 per cent in 2021; and the proportion of children in malaria-endemic countries who slept under

an insecticide-treated net increased to 62 per cent, from 56 per cent (2021). However, other indicators for ending preventable childhood deaths from illnesses were not as encouraging. The percentage of children with diarrhoea who received ORS and zinc remained static at 16 per cent, and the number of children benefiting from UNICEF-supported integrated management of childhood illness services fell from 56.5 million in 2021 to 56.2 million. In high-burden countries, results were mixed. The percentage of children with diarrhoea receiving ORS increased 2 percentage points to 48 per cent, while care-seeking for acute respiratory infections decreased 2 percentage points to 56 per cent.

One of the key contributing factors to the limited progress in these child health indicators is the diffuse nature of investments in health systems-strengthening and PHC, which lacks the necessary emphasis on essential components within these systems. The decrease in investments and the lack of focus on high-impact child survival interventions have resulted in significant challenges. These have impacted, not only on the coverage, but also on the quality of the services provided. This situation has further exacerbated existing inequities and other contributing factors. In response to this, UNICEF has strengthened child survival partnerships to support countries to expand interventions to accelerate reduction in child mortality.

One of UNICEF's key partnerships for child survival is the Child Survival Action initiative,²² which was finalized in 2022. Its objective is to establish a comprehensive,

multisectoral life-course approach to deliver a preventive, promotive and curative package of services, to bring high-burden countries back on track to meet SDG 3.2 by 2030. Aligned with ENAP and EPMM, the Child Survival Action initiative is a call to countries and partners to address the challenges that have obstructed progress in ending preventable child mortality. Further to this, UNICEF and partners coordinated an event at the 2022 World Health Assembly,²³ which gathered broad support for renewed action on child survival.

In UNICEF programming, the integrated management of newborn and childhood illnesses (IMNCI) remains the core approach to advancing child survival and ensuring that children receive effective, efficient, quality, targeted care and treatment for their specific condition. At community level, the simplified integrated Community Case Management (iCCM) approach continued to grow and provide basic curative services. The Child Survival Action initiative will synergize with IMNCI to accelerate progress in ending preventable neonatal and childhood deaths. With UNICEF's support, 59 countries implemented IMNCI/iCCM at subnational level, reaching 56.2 million children under the age of 5. Most of these children were in high-burden countries, where the number of children benefiting from this approach increased to 53.7 million, from 51.6 million in 2021. UNICEF supported 59,584 health-care facilities with diagnostic and treatment supplies. A total of 10,550 health-care facilities were supported to implement quality-of-care standards.

UNICEF has chosen pneumonia as the 'tracer condition'²⁴ for progress towards ending preventable deaths, highlighting the need for an integrated, multisectoral PHC approach to improve child survival. The percentage of children with symptoms of acute respiratory infections being taken to an appropriate health-care provider increased in 2022 to 64 per cent, from 60 per cent in 2021. UNICEF delivered 221 million dispersible tablets of 250 mg amoxicillin to 41 countries. This equates to 22.1 million pneumonia treatments for children under 1 year of age. UNICEF also distributed 88.8 million cotrimoxazole tablets to 21 countries, to treat children with symptoms of acute respiratory infections.

Medical oxygen is a life-saving therapy for children, mothers and newborns with severe pneumonia in LMICs. Innovative approaches were introduced and these were used during the COVID-19 pandemic. An important example of a humanitarian-development approach to building sustainable solutions via emergency responses, is the scaling up of oxygen systems. In over 40 countries, UNICEF focused on supporting moving from a COVID-19 response to systems-strengthening for sustainable access and future pandemic preparedness. In over 20 countries, the Oxygen System Planning Tool²⁵ was used to inform oxygen road maps, regional and facility-based planning and costing of oxygen sources, and related consumables and equipment. Eleven sets of oxygen 'plants-in-a-box' were installed in six countries, and guidance was provided to countries on hypoxaemia management.



In Marantao, Bangsamoro Autonomous Region in Muslim Mindanao, the Philippines, Nihaya holds her 13-month-old niece, Jonaila, inside their house. Jonaila was due to receive her first vaccines the next day.

UNICEF continued to ensure reliable supplies of life-saving products were available globally, for use in existing programmes, and also in emergencies. ORS offer a cheap and effective way to save children from life-threatening dehydration caused by diarrhoea. The percentage of children who received ORS increased to 49 per cent in 2022, from 46 per cent (2021). ORS is even more effective when combined with zinc; UNICEF collaborated with manufacturers to produce a combined package of ORS and zinc, based on guidelines from WHO. In 2022, UNICEF delivered 47 million sachets of ORS to 57 countries (11.3 million of which were ORS and zinc co-packs). A total of 140 million zinc tablets were also delivered by UNICEF to 54 countries (54.7 million zinc tablets were in co-packs). In 2022, the number of children with diarrhoea who received ORS and zinc remained static at 16 per cent and continues to fall short of the milestone. Progress has been obstructed by lack of prioritization and funding for ORS and zinc co-packs.

In line with UNICEF's Core Commitments for Children in Humanitarian Action, long-lasting insecticidal nets were distributed in malaria-endemic countries and in humanitarian contexts. In these countries, the percentage of children sleeping under an insecticide-treated net remained static at 54 per cent. However, coverage increased significantly in Eastern and Southern Africa, rising to 58 per cent from 52 per cent in 2021. In 2022,



In Lisboa, Peru, Edreith Aricari (age 18) holds her 11-month-old son, Eric Chota, after he was treated for a stomach infection and fever by a UNICEF-supported health brigade. Since it is difficult for his mother to take him to a health post, the arrival of the brigade was crucial for the health of Eric and other children.

UNICEF supported the delivery of 38.18 million long-lasting insecticidal nets to 30 countries. In select countries, UNICEF supported the distribution of these to 9.8 million people. UNICEF also supported the delivery of 24.2 million artemisinin-based combination therapy for the treatment of malaria to 25 countries. A total of 6.8 million seasonal malaria chemoprevention treatments were delivered to four countries, and 15.06 million rapid diagnostic tests were delivered to 17 countries. In 2022, Pakistan experienced unprecedented flooding, leading to outbreaks of both malaria and dengue. UNICEF provided 265,380 antimalarial treatments for 265,380 patients; delivered 401,337 long-lasting insecticidal nets; and 300,000 rapid testing kits for diagnosing both diseases.

Building capacity to enhance delivery of maternal, newborn and child health services

Globally, most community health workers (CHWs) are women. Countries such as Ethiopia, India and Pakistan have chosen to strategically scale up an all-female cadre of CHWs to enable the effective delivery of sexual, reproductive and maternal health-related services at household level. However, over half of the CHWs in LMICs are either unpaid or underpaid. Further, female CHWs continue to face gender barriers at all levels. For example, in some contexts, gender norms within their families and communities restrict the mobility of female CHWs, which negatively impacts their safety. Health policies sometimes perpetuate gender disparities, such as setting minimum educational requirements for the recruitment of CHWs (in settings where many females receive less schooling than their male counterparts). It is important to ensure that the roles of CHWs are formalized, that they are paid a fair wage, equipped with the necessary skills, receive proper supervision, are able to deliver the highest-quality care, and are offered opportunities for career progression. These measures will help to promote women's social and economic empowerment on a wider scale. This important area of health system-strengthening has a powerful multiplier effect on economic growth, as communities can reap the secondary benefits of healthier children, while CHWs receive proper remuneration.

UNICEF works collaboratively with WHO and other partners to support countries in developing national community health policies and strategies that define: community health roles; packages of care; incentive and compensation structures; supervision and supply chain models; and informed global guidance, including but not limited to WHO's guidelines on health policy and system support to optimize community health worker programmes. Support and training are provided to CHWs to enable them to provide essential services, preventing the spread of disease and responding to humanitarian crises.

UNICEF is a key partner in the Community Health Roadmap²⁶ (CHR), which is a global collaborative effort to accelerate investment in community health. UNICEF works with governments and partners to strengthen community health, and advocates for an integrative service delivery approach across sectors. As current host to CHR's secretariat, UNICEF held the first CHR high-level partnership meeting in August 2022, at which the vision of CHR was launched and priority actions agreed. UNICEF supported the *2 million African community health workers* initiative, to launch the CHW survey report in Africa, at a high-level continent-wide meeting for community health. UNICEF also assisted 10 countries to update and/or cost their national community health strategies, and their associated policies and regulatory frameworks, to take these to scale. Technical assistance provided to Afghanistan, Côte d'Ivoire, Mali, the Niger, Sierra Leone, the United Republic of Tanzania and Uganda helped address community health system bottlenecks. This led to increased commitment from governments to the integration of community health into their agendas.

The number of health workers receiving training to equip them with the skills and support to deliver essential maternal, newborn and child health services through UNICEF-supported programmes increased to 1,204,981, from 800,247 in 2021. This surpasses the 2022 milestone of 1 million. All regions saw notable growth in this area. High-burden countries experienced an increase in the number of trained health workers, to 953,343, from 751,172 in 2021. In humanitarian contexts, the number of health workers trained more than doubled, to 123,156, from 55,630 (2021). Capacities for health-care delivery at the community level were strengthened through UNICEF's support for iCCM

training. In UNICEF target districts/regions in 47 countries, the number of CHWs trained in iCCM increased to 90,042 (from 85,271 in 2021), and for facility-based health workers, there was an increase to 48,240 (from 28,282 in 2021).²⁷

UNICEF continued to lead in the collation of data to track progress at both global and country levels, with a view to institutionalizing community health programmes. This includes mapping of CHW numbers, their locations, and the services they provide. Intelligent Community Health Systems (iCoHS) is a joint project between UNICEF and the Rockefeller Foundation that aims to improve access to and use of community-level data, to strengthen and scale up national community health programmes. The results included the generation of community health data analytics in a standard format within national health management information systems (HMIS) and improvements in the availability of community health management information system (C-HMIS) data within the national HMIS. This impacted over 450,000 CHWs in eight countries in Eastern and Southern Africa. Between 2019 and 2022, the iCoHS partnership contributed to a significant increase in the number of children under 5 with diarrhoea receiving ORS and zinc, in iCoHS core countries. For example, in Burundi, this rose to 96 per cent from 50 per cent; in Rwanda, it rose to 85 per cent from 28 per cent; and in Zimbabwe, it rose to 78 per cent from 17 per cent. In India, UNICEF supported the rapid roll-out of the COVID-19 vaccination, by developing a chatbot that was built into the 'RapidPro' platform. In Tamil Nadu, a RapidPro bot was used to educate 2,400 front-line workers on COVID-19 vaccination.



Somaya (left), a UNICEF-supported community health worker, educates Freshta about the importance of good nutrition in Kitjik, Daikundi Province in central Afghanistan.

Systems-strengthening for primary health care

There has been increased global recognition of, and increased momentum around system-strengthening for PHC among national and international partners. This renewed interest in the role of PHC, which has emerged from the lessons learned from the COVID-19 pandemic, has enabled UNICEF to significantly increase engagement in strengthening PHC systems in 119 countries, which is an increase of 22 per cent from 2021 (see Figure 10). This greater commitment can clearly be seen in middle-income countries in the East Asia and Pacific, Eastern and Central Asia, and Latin American and Caribbean regions.

UNICEF partnered with WHO to strengthen PHC in 20 focus countries, through the Global Action Plan for Healthy Lives and Well-being for All (SDG 3 GAP) PHC Accelerator and developed a PHC monitoring framework and indicators. During 2022, UNICEF provided significant technical input to the data collection tools, which will guide implementation.

Strong and resilient public health supply chains are the cornerstone of efficient health-care systems, as well as providing the force to drive improvements in equity, quality and access to essential services and products. In Madagascar, for example, supply chain challenges have been a recurrent barrier to the provision of high-quality routine interventions, and to reaching all underserved communities. UNICEF worked with partners to launch the United Nations' Delivering as One initiative, which included a comprehensive performance assessment. The UNICEF supply chain maturity model was used as the guiding framework for the review, which identified opportunities for increased supply chain integration and synergies across health programmes. All stakeholders agreed to work together towards establishing a national, multipartner, evidence-driven action plan for systems-strengthening.

The importance of integrated services in strengthening PHC systems is highlighted by UNICEF's work in the Plurinational State of Bolivia. A 2018 national survey revealed that only 50 per cent of first-line PHC facilities had sanitary services. In the town of El Alto, UNICEF worked with the municipal government to evaluate water, sanitation and hygiene (WASH) services. This led to improvements in 97 per cent of El Alto first-line health-care facilities, positively impacting more than 1 million inhabitants.

In 2022, UNICEF developed a 'Practice Guide'²⁸ to help UNICEF-supported health programmes to integrate disability inclusion. The guide provides a series of indicative actions for disability inclusion at each stage of the health programme cycle. It focuses on system-wide (for example,

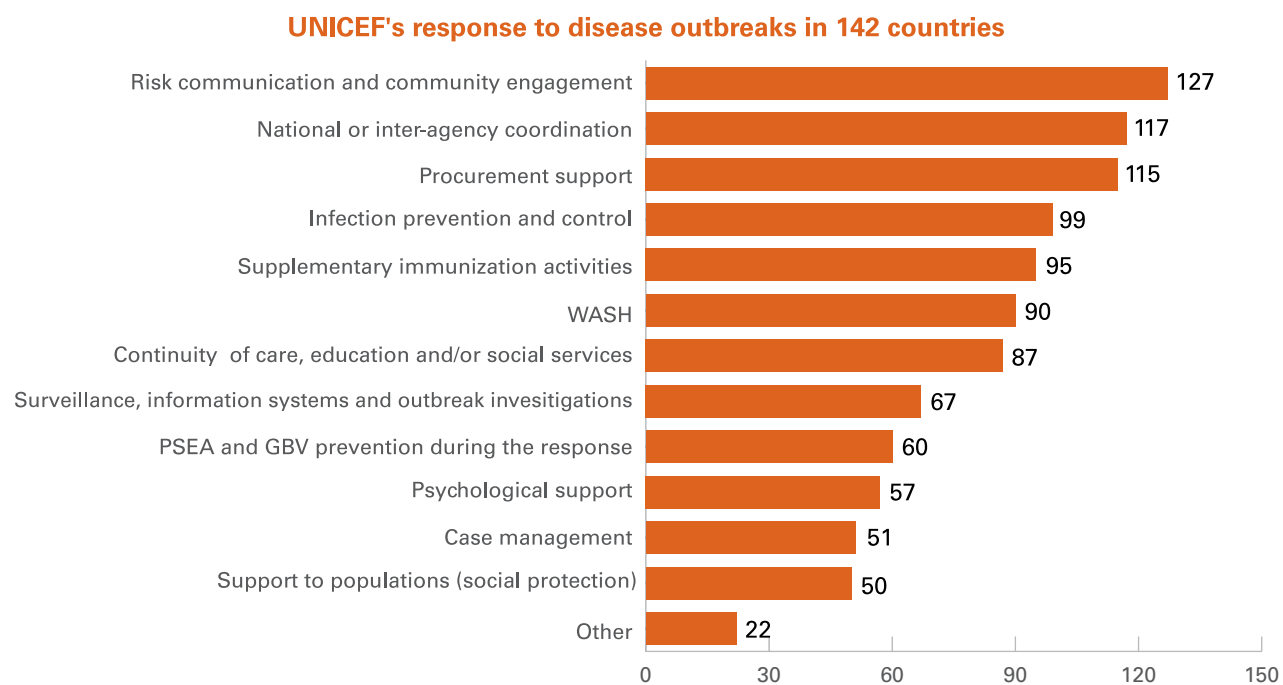
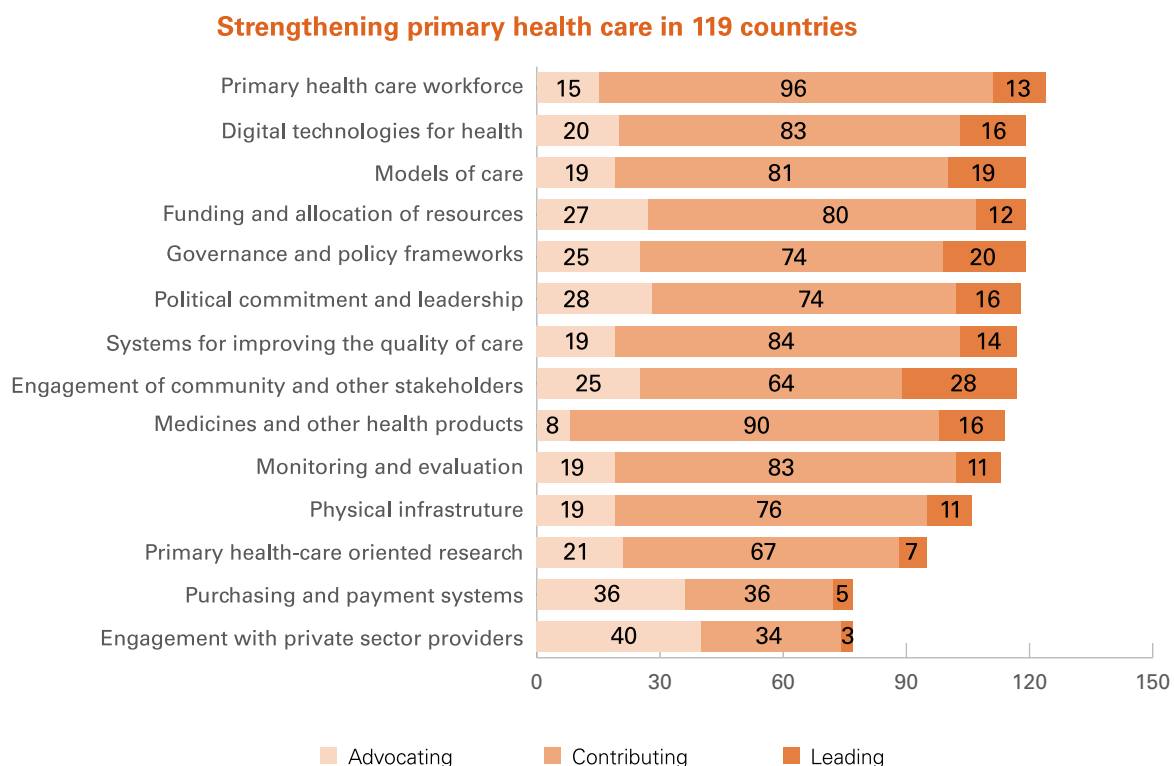
budgeting that is compliant with the Convention on the Rights of Persons with Disabilities) and service-specific (for example, newborn care, immunization and HIV/AIDS) measures for ensuring disability inclusion and provides illustrative entry points for programmes.

UNICEF supports the planning, testing and scaling up of digital solutions for national health systems, and the use of data collation and analytics to track and improve health outcomes. Building capacity and supporting local partners, particularly in remote and hard-to-reach communities, is a key facet of UNICEF's work in this area. Through the Digital Health Centre of Excellence,²⁹ technical assistance is provided to governments, United Nations agencies and partners. Over 58 countries facing challenges with data and digitalization were supported with digital health initiatives. For example, support for digital health strategies was given in Cambodia and Mongolia; digital vaccine certificates were deployed in Iraq, Mali, the Syrian Arab Republic, Solomon Islands and Ukraine. In Malawi, deployment of RapidPro for vaccination campaigns allowed for real-time monitoring of vaccination activities.

To reach target populations in a comprehensive, effective, efficient and equitable way, some public health interventions require data-informed decision-making at the lowest level of geographical disaggregation. That is, at the health-care facility and community level. UNICEF, WHO and partners recently released the 'Geo-enabled Microplanning Handbook'.³⁰ This is a practical guide for health programme implementers to integrate geospatial data and technologies into health service microplanning.

Implementation research (IR) plays a key role in reducing under-five mortality. This is a relatively low-cost component of UNICEF's evidence and knowledge management strategy. Since 2015, about 67 per cent of UNICEF-supported IR projects have reported policy, programme and/or practice change, and improved health outcomes in 50 per cent of projects. Specific results include the review of best PHC practices in Kenya and Lebanon, which led to success criteria being used for learning and national scale-up of PHC programmes. IR studies were supported in China, Ghana, South Africa, the United Republic of Tanzania and Viet Nam. A global learning hub was established, in collaboration with Gavi, the Vaccine Alliance, to focus on zero-dose children and strengthening PHC.

FIGURE 10. Progress towards strengthening primary health care and responding to public health emergencies, 2022



Source: UNICEF.

Notes: WASH: water, sanitation and hygiene; PSEA: prevention of sexual exploitation and abuse; GBV: gender-based violence

A timely response to outbreaks and public health emergencies

During public health emergencies, UNICEF worked with WHO and other key partners to provide critical support in coordination; risk communication and community engagement (RCCE); infection prevention control and WASH; integrated outbreak analytics; continuity of essential health and social services; and gender-based violence (GBV) prevention. The procurement of essential commodities is a critical component for the public health emergency (PHE) response.

In 2022, UNICEF responded to at least one outbreak or PHE in a total of 142 countries (see *Figure 10*). Some of these countries experienced multiple, often simultaneous, public health emergencies. While response to the COVID-19 pandemic, including provision of COVID-19 vaccinations, continued in some countries, 62 UNICEF programme countries dealt with other public health emergencies, including Ebola, cholera, measles, meningitis, polio, mpox, plague and yellow fever outbreaks. In 2022, the number of countries responding to disease outbreaks almost doubled from 2021.

UNICEF supported Uganda's national response to the 2022 Ebola disease outbreak caused by the Sudan ebolavirus. A standard holistic approach was developed for children who had contracted the virus, were contacts of others who were infected or in quarantine or were separated from their caregivers or parents (who may have been admitted to treatment centres or had died from the disease). With the support of UNICEF and partners, children separated from their families were housed in 'home-like' quarantine facilities and provided with supplies and services, including non-Ebola-related health services, to ensure their health and well-being.

Since the beginning of 2022, there has been a rise to a record 29 countries reporting cholera outbreaks. Cholera has a devastating effect on children's health, particularly when associated with malnutrition. Children under 5 account for 25–35 per cent of cholera cases and 15–20 per cent of cholera deaths worldwide. In the Democratic Republic of the Congo, UNICEF supported a national programme to eliminate cholera, as part of its routine programming. In partnership with the provincial health directorate, UNICEF strengthened community surveillance and implemented a case area targeted interventions approach to rapidly minimize the risk of transmission. An integrated package of case management interventions – in WASH/infection prevention and control, and in RCCE/social and behavioural change – was provided to households with confirmed cholera cases, and to those in the immediate surroundings of confirmed or suspected cholera cases. UNICEF's intervention at community level was coupled with its leadership role in integrated outbreaks analytics – a holistic multidisciplinary approach to real-time operational research – to help understand community linkages with the disease transmission and to coordinate an evidence-based outbreak response.

In support of PHE preparedness, including Ebola preparedness in countries neighbouring Uganda, UNICEF rolled out the PHE toolkit. In countries at risk of cholera outbreaks, UNICEF started collaborative analysis to help in the prioritization of preparedness and response activities by pillar,³¹ and for the provision of technical assistance and anticipation of demand, including for supplies. This collaboration was extended to scenario-building for Ebola outbreaks in the countries surrounding Uganda for support with preparedness and response actions. UNICEF sent supplies for the cholera, Ebola and mpox responses.

To allow for efficient disbursement of funds, to initiate a response and to support urgent needs, UNICEF and the United States Agency for International Development (USAID) collaborated on a new infectious disease outbreak response fund, which was used in Uganda for the Ebola response. UNICEF and WHO's PHE programmes signed a memorandum of understanding to institutionalize and strengthen cooperation and collaboration in PHE preparedness, response and resilience.

Leaving no one behind: The health of children on the move

Migrant and displaced children continue to face significant barriers to accessing health care. These barriers include cultural, linguistic, policy-related and financial barriers, which means that many of these children are unable to access essential services. UNICEF is working to support migrant and displaced children, ensuring their inclusion in national health systems and providing services with local partners and using community-based structures. These measures meet the needs of migrant and displaced children where governments do not have services in place, or are unable to support children on the move. For example, through the Puntos de Información y Orientación delivery strategy in Colombia, UNICEF reached 20,222 people (of which 14,850 were children) with PHC, including nutrition screening, counselling and provision of micronutrients.

In the Europe and Central Asia region, which has experienced an 86 per cent increase in arrivals of migrants and refugees compared with 2021, UNICEF has partnered with governments to provide essential health services to refugee children and their families. For example, in Greece, 1,126 children were vaccinated against measles; and 850 infants and young children, and 2,072 mothers benefited from age-appropriate nutrition counselling, mainly through mother and baby corners at asylum centres. In the Republic of Moldova, UNICEF supported the government to reach over 31,000 refugee children and women with PHC services. UNICEF also provided training on routine childhood immunization to 50 per cent of all family doctors, who subsequently supported the vaccination of over 2,071 refugee children. To advance the inclusion of children on the move in health services, UNICEF produced a thematic brief, 'Health and Children on the Move',³² to outline the key barriers and entry-points to services.

Reflections and challenges

Improving child survival will require greater investments to be made in the neonatal and immediate post-neonatal period, with prioritization of the critical stages of pregnancy, the neonatal and post-neonatal period. Partners and programmes need to urgently increase their efforts to deliver an integrated PHC package of services to reduce fragmentation, optimize resources and effectively implement high-impact interventions. In recommitting to their partnership to support priority countries to end preventable maternal and child deaths, UNICEF and USAID have launched a new framework for action.

To address the urgent issues of coverage and quality of services for high-impact child survival interventions, increased investments in the Child Survival Action initiative must be prioritized, particularly focusing on preventive care and care-seeking for major childhood killer illnesses such as pneumonia, malaria and diarrhoea. The availability of prompt, effective and high-quality treatment for these diseases must be safeguarded, through specific health systems-strengthening bottleneck resolutions, which will significantly contribute to improving child survival rates. A successful example of this approach is the High Burden High Impact initiative,³³ which has helped in tackling malaria.

Despite evidence showing that community health facilities provide high returns on investment – especially for youth, girls and women – accelerated and coordinated investments are still urgently needed. In sub-Saharan Africa, there is an estimated annual funding shortfall of US\$4.3 billion and a deficit of over 1.3 million CHWs preventing the provision of at-scale community health

programmes. To overcome this shortfall, and to improve the coverage of community-based PHC, intensive and sustained global and country efforts are critical. This will increase political resolve, mobilize domestic and external resources, and strengthen health systems to deliver high-quality care and to institutionalize CHWs. The Abuja Declaration target of allocating 15 per cent of national budgets to the financing of health must be honoured. More funding should be allocated to PHC instead of to tertiary levels and issues relating to the flow and use of, and accountability for, the allocation of resources must be urgently addressed.

Country-led initiatives are powerful tools for increasing and accelerating smart and efficient investments that have demonstrated value for money in community-based PHC. The CHR advocates for and guides collective, smart investments to scale up community health programmes, strengthen health systems and improve disease outcomes.

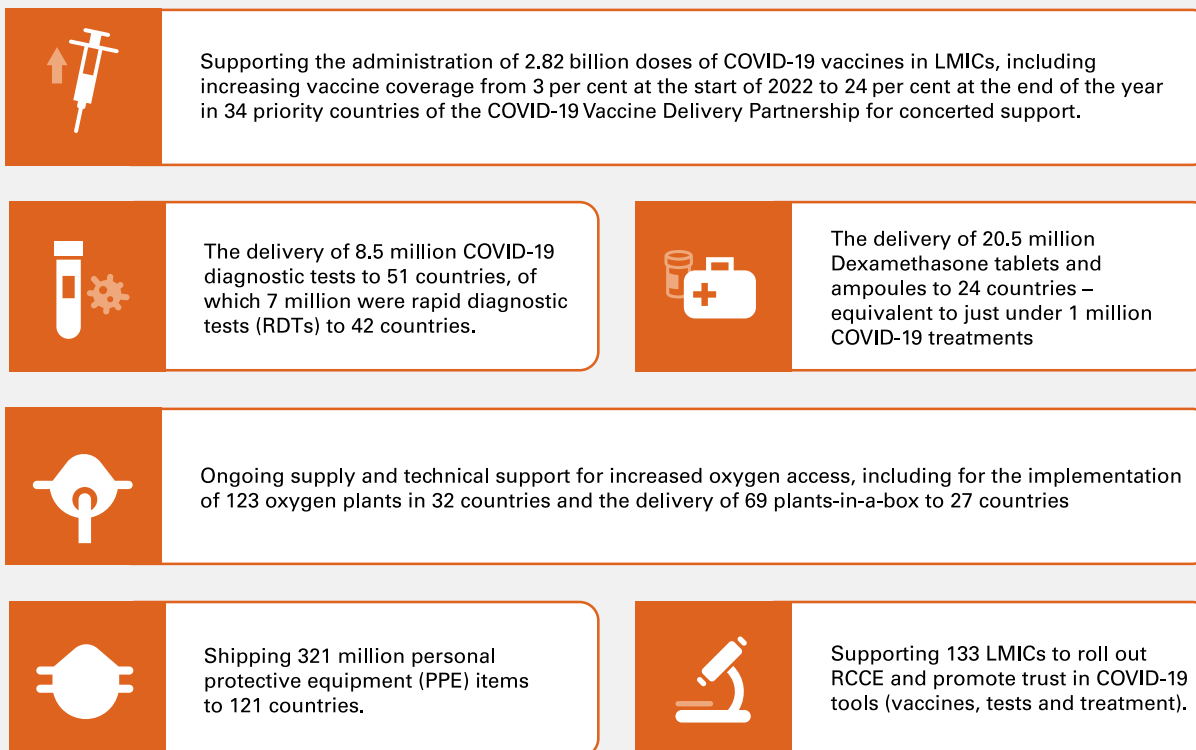
Vast data gaps present serious impediments to policy- and decision-making. To end preventable deaths in children, high-quality, disaggregated, timely data are essential for identifying the most vulnerable children. A shift in both narrative and investments is needed to move towards an integrated, innovative approach that prioritizes digital transformation and considers the broader enabling environment.

Integration is key for strong PHC, and to ensure that every child survives and thrives. Continued efforts to implement integrated interventions supported by UNICEF and partners is critical, even as priorities, partners and resources may sometimes demand individual attention and action.

Case Study: UNICEF's contribution to COVID-19 recovery

In 2022, UNICEF effected a comprehensive, timely response across more than 133 countries, to help end the acute phase of the COVID-19 pandemic, while working to build resilient systems to maintain essential health services and prepare for future pandemics and emergencies (see Figure 11).

FIGURE 11. Summary of UNICEF's contribution to COVID-19 recovery, 2022



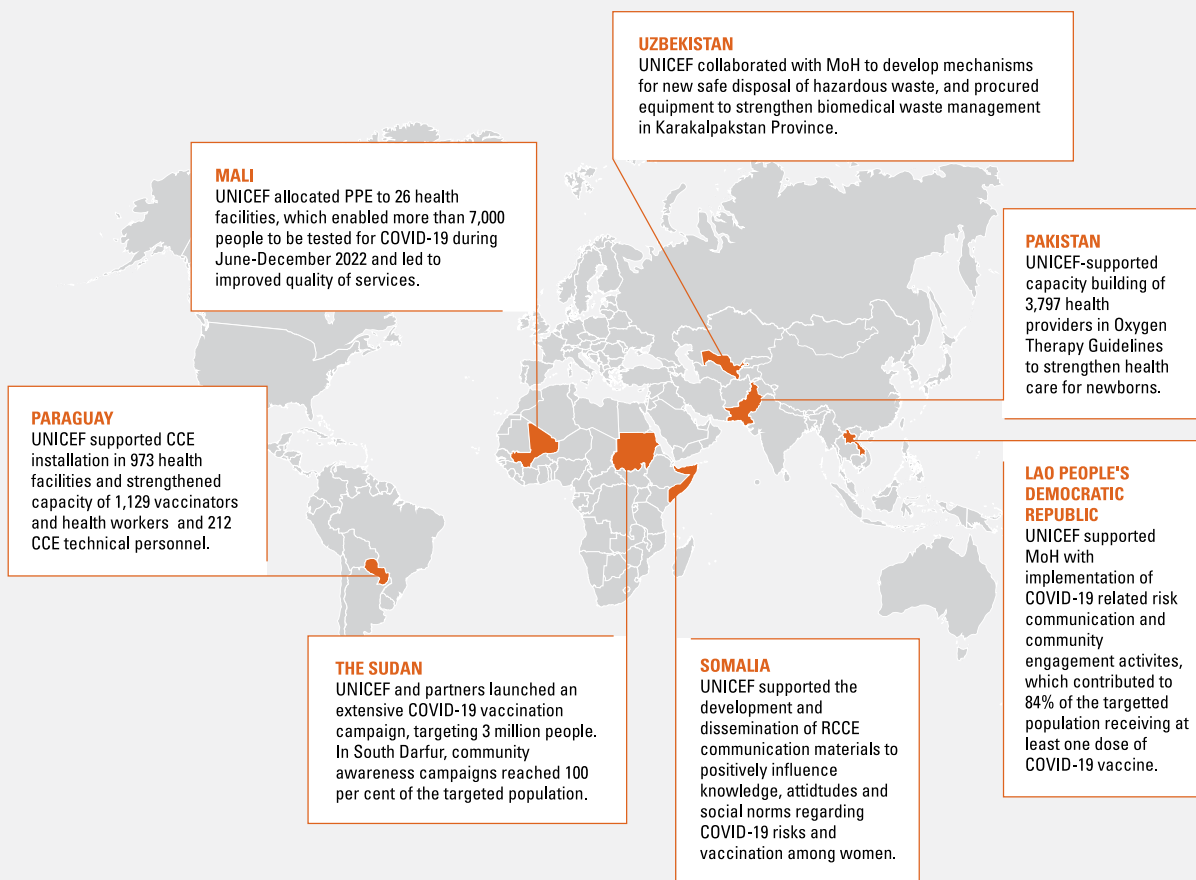
Source: UNICEF

Working with governments and partners, and through the 2022 Access to COVID-19 Tools Accelerator (ACT-A), UNICEF provided a broad range of support (see Figure 12). With thanks to all partners who contributed to UNICEF's ACT-A in 2022, especially those donors who invested flexibly through global humanitarian thematic funds, UNICEF and partners contributed to recovery from COVID-19.

With donor partners committing to ongoing funding, UNICEF will be able to further capitalize on the gains made in 2022 and invest more in integrating COVID-19 countermeasures into service delivery and strengthening PHC, to make investments from the pandemic response more sustainable.

Case Study: UNICEF's contribution to COVID-19 recovery (cont'd)

FIGURE 12. Examples of UNICEF's global response: Access to COVID-19 Tools Accelerator, 2022



Source: Access to COVID-19 Tools Accelerator UNICEF Global Response, Consolidated Emergency Report 2022.

Notes: CCE, cold chain equipment; COVID-19, coronavirus disease 2019; MoH, ministry of health; PPE, personal protective equipment; RCCE, risk communication and community engagement.

Integrated immunization outreach to connect with the most vulnerable in Iraq

In Iraq, UNICEF and partners are implementing an integrated approach to increase COVID-19 and routine immunizations and improve quality health-care services, especially for the most vulnerable children in the country. Bridging humanitarian and development contexts, internally displaced children and those in refugee camps are targeted for immunizations, as are children in host and returnee communities. The implementation of this integrated approach resulted in 150,000 zero-dose children being reached with routine immunizations for the first time, and increased numbers of people being reached with COVID-19 vaccinations.

Case Study: UNICEF's contribution to COVID-19 recovery (cont'd)

At the beginning of 2022, only 14 per cent of the population in Iraq had received the first dose of COVID-19 vaccine. This is one of the lowest figures in the Middle East and North Africa region. This low coverage is thought to be due to multifaceted issues, including vaccine hesitancy, scepticism among young people regarding the threat posed by the virus, and weak incentives for getting vaccinated. Since 2017, routine immunization rates in Iraq have fluctuated from 74–86 per cent. Access to quality health-care services contributed to the low COVID-19 and routine immunization coverage, especially for the most vulnerable communities.

To increase and sustain the availability of, and ensure access to, COVID-19 immunization, as well as routine immunizations for the most vulnerable children in Iraq, UNICEF partnered with the Ministry of Health to develop the Intensification of Integrated Immunization (3iS) outreach approach. Designed and grounded in government-led and owned approaches, 3iS was launched in February 2022 with a goal to: accelerate COVID-19 vaccine uptake, particularly among hard-to-reach and vaccine-hesitant groups; bridge routine immunization coverage gaps and reach zero-dose children; reduce the likelihood of vaccine-preventable disease resurgence; raise public awareness about COVID-19 and other disease risks; generate community demand for vaccine uptake; and strengthen awareness of health sector services and health literacy among community.

In 2022, more than 7,600 vaccination teams delivered over 4.2 million doses of COVID-19 vaccine, and routine immunization vaccines to 155 districts in 19 provinces of Iraq. Around 20 per cent of all COVID-19 doses administered in 2022 were provided through 3iS, particularly those received by vulnerable groups, reflecting the significant role the strategy played in reducing vaccine hesitancy among these groups. Between February and November 2022, nearly 86,000 COVID-19 doses were administered in internally displaced person or refugee camp settings.

A key achievement of 3iS was improved immunization coverage and equity through the commencement of routine immunization schedules for 150,000 zero-dose children. Coverage of the third dose of diphtheria, tetanus and pertussis (DTP3) vaccine by October 2022 had increased to 93 per cent and for measles it had increased to 88 per cent, which are the highest rates since 1987 and 1999, respectively.

The 3iS campaign was accompanied by investments in cold-chain storage and technology, to strengthen the supply chain and enhance service delivery capacity. Interventions were also implemented to improve communities' trust in vaccines and to build programme planning and monitoring capacity. Real-time monitoring capacities were also strengthened in 1,800 health facilities, laying the foundation for ongoing digital transformation of the health sector.

Several lessons were learned from the implementation of the 3iS approach in Iraq. The flexibility of UNICEF's ACT-A HAC and donor funds enabled a comprehensive approach to multipronged and complex problems implemented in close partnership with the government. Bottom-up planning ensured that health managers were empowered to use national and local data for key implementation decisions, and fostered community trust in service providers. The approach highlighted that digital transformation of key health systems functions can improve microplanning, and the reliability and quality of health services. The systemic tracking of the spread of misinformation was key to designing community strategies that supported vaccine uptake and mitigated perceptions about the low infection rate of COVID-19, the risks of the disease and misconceptions about the vaccine.

The 3iS outreach approach continues to deliver services to remote communities with limited access to routine and COVID-19 immunization, and to many vaccine-hesitant households and government services in more accessible locations. The 3iS approach is also being explored to include other essential PHC services, including antenatal care and nutrition support, to advance universal health coverage in Iraq. UNICEF is working with the Government of Iraq to explore the sustainability of 3iS through domestic financing.

In 2022, UNICEF's health programme in Iraq contributed to significant advances in digital transformation of the health sector, including progress towards the establishment of individual electronic health records (for example, a digital under-5 card) as a foundation for early childhood development tracking and services. This will strengthen the government's ability to respond to targeted needs and fill gaps in immunization and other services in the future.

Results Area 2: Immunization services as part of primary health care

Note: Immunization data in this annual results report are estimates for 2021, unless otherwise specified.

New data published in July 2023 by UNICEF and WHO reveal that an additional 4 million children were vaccinated in 2022 compared to the previous year, reflecting increased efforts by countries to counter historic setbacks to immunization services resulting from the COVID-19 pandemic.

Children, including adolescents, and women have access to quality immunization services as part of PHC, in development and humanitarian contexts.

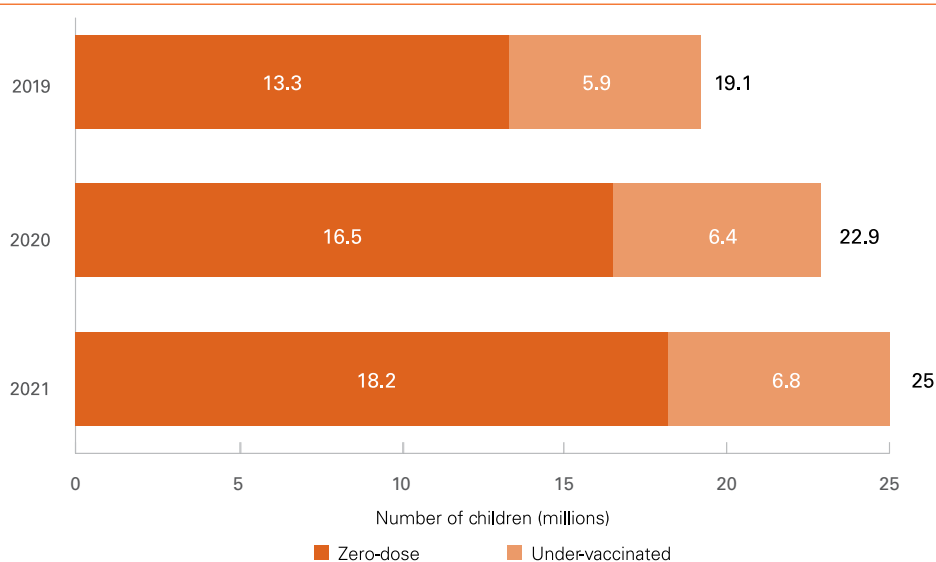
Global immunization rates have continued to decline. Even before the onset of the COVID-19 pandemic, far too many children – of whom a large number live in the poorest and most marginalized communities – missed out on vaccination. Social and economic barriers, including poverty, location, marginalization and crisis have prevented vaccines from being available, accessible and affordable. The COVID-19 pandemic and its associated disruptions reversed 13 years of progress,³⁴ leaving millions of children at risk of mortality and morbidity (see Figure 13). As governments responded to the pandemic, routine immunization



programmes were suspended or interrupted. The pandemic highlighted several critical factors underpinning the downward trend in global immunization coverage:

- The reasons for zero-dose and under-immunized children are steeped in inequality
- Strengthened health systems and primary health care are key to ensuring children are vaccinated
- Women working in health care and immunization programmes face numerous barriers, which must be addressed if PHC is to be more resilient
- Vaccine hesitancy is a growing threat to families seeking vaccines for their children.³⁵

FIGURE 13. The number* of children who missed vaccination rose during the COVID-19 pandemic



*Numbers are rounded.

Source: World Health Organization and United Nations Children's Fund, 'Estimates of National Immunization Coverage (WUENIC), 2021 revision', July 2022.

An important indicator of immunization coverage globally is the percentage of children receiving a DTP3 vaccine. This fell to 81 per cent in 2021, its lowest level since 2008, from 86 per cent in 2019. The number of zero-dose children reached 18 million in 2021 (see Figure 13). This is an increase of 5 million since 2019. In 2022, supplementary immunization activities were also impacted by the pandemic response, leading to outbreaks of measles, cholera, respiratory syncytial virus and other infectious diseases, including increased vaccine-derived poliovirus outbreaks. Without urgent action, the SDG and the WHO Immunization Agenda 2030 targets will be unattainable.

UNICEF’s vision for immunization is that of a world where every woman, child and adolescent fully and equally benefit from vaccines, to ensure their good health, well-being and the full realization of their potential. With a strong focus on equity, UNICEF is working towards achieving three main goals by 2030:

- Immunize children who missed routine vaccination during the pandemic, restore disrupted immunization services and accelerate progress to achieve the WHO Immunization Agenda 2030 goals
- Increase equitable access to and use of existing and new vaccines
- Strengthen immunization programmes to sustainably reach target populations with full vaccination and essential PHC services.

UNICEF and partners work to strengthen the enabling environment, to enhance equitable access to quality immunization services, and to improve demand for quality immunization and primary health services.

To create an enabling environment for immunization and PHC, UNICEF: supports the generation and use of immunization data and analysis for policy and programming; strengthens leadership, management, coordination and strategic planning of immunization programmes; and advocates with governments and immunization stakeholders to sustainably finance immunization services.

A major focus of UNICEF’s work is helping countries to design and implement immunization programmes, with an aim to reach zero-dose children and communities that have missed out on full vaccination, and other essential health and social services. UNICEF uses coverage and

equity analysis, gender assessments, root-cause analysis, routine and survey data; and leverages technology to identify un- and under-immunized children, and to inform the development of tailored and gender-transformative programmes to reach zero-dose children in rural remote, urban poor and conflict settings. UNICEF ensures that countries have uninterrupted access to affordable vaccines and immunization-related supplies. There is also an emphasis on strengthening national systems and the capacity of countries to effectively manage vaccination drives, to ensure that effective vaccines are available at service delivery points.

UNICEF supports the roll-out of new and underutilized vaccines – such as the human papillomavirus (HPV) vaccine, the rotavirus vaccine, the pneumococcal conjugate vaccine and the malaria vaccine – to expand coverage and to save more lives.

UNICEF also advocates for and mobilizes technical and financial resources to support governments’ efforts to attain national vaccine-preventable disease control, and to reach elimination targets for measles, rubella, yellow fever, cholera, meningitis, and maternal and neonatal tetanus.

UNICEF works with governments and other partners to gauge social perceptions and behaviours, with the aim of improving community demand for immunization and PHC. This provides insights into the barriers and enablers driving demand for services. It also builds countries’ capacity to use data to develop responsive and effective social and behavioural change interventions, which are designed and implemented in collaboration with communities. UNICEF uses community-based platforms and works with influencers to build communities’ trust and confidence in vaccines and health services. UNICEF supports a comprehensive multimedia approach, including the use of social and traditional media, coupled with community engagement strategies. In addition, UNICEF supports capacity-building of front-line health workers in trust and confidence building.

FIGURE 14. Outcome and output results for immunization, 2022

Outcome indicator	Baseline (2021)	2022 value
1.8 Percentage of surviving infants who received (a) first dose of diphtheria, tetanus and pertussis (DTP) vaccine (WHO/UNICEF)	86% (2020)	85% (2021)
1.8 Percentage of surviving infants who received (b) three doses of DTP vaccine (WHO/UNICEF)	82% (2020)	80% (2021)

FIGURE 14. Outcome and output results for immunization, 2022 (cont'd)

Outcome indicator	Baseline (2021)	2022 value	
1.9 Percentage of surviving infants who received first dose of the measles-containing vaccine (WHO/UNICEF)	83% (2020)	80% (2021)	
1.10 Number of cases of wild polio virus and vaccine-derived polio virus (Global Polio Eradication Initiative [GPEI], WHO)	663	694	
1.11 Number of countries that are verified/validated as having eliminated maternal and neonatal tetanus (WHO)	47	47	
Output indicator	Baseline (2021)	2022 value	2022 milestone
1.2.1 Number of children vaccinated against measles through UNICEF-supported programmes (WHO)	152.6 million	77.9 million	At least 50 million
1.2.2 Number of countries that introduced one or more of the following vaccines: HPV vaccine, hepatitis B vaccine, measles-containing vaccine (second dose), pneumococcal conjugate vaccine and/or rotavirus vaccine (WHO/UNICEF)	18 (2020)	30 (2021)	30
1.2.3 Number of countries with a national-level stock-out of DTP or measles vaccine for at least one month (WHO/UNICEF)	29 (2020)	17 (2021)	26
1.2.4 Number of countries UNICEF supported to achieve effective vaccine management (WHO)	6	20	16
1.2.5 Number of countries in which UNICEF supported the effective roll-out of COVID-19 vaccines (UNDP, WHO)	148	143	148
1.2.6 Number of countries implementing strategies to address under-vaccination (WHO/UNICEF)	118 (2020)	119 (2021)	122
1.2.7 Number of polio-endemic and/or outbreak countries with over 95 per cent coverage in the most recent vaccination campaign (WHO, GPEI)	15 (79%)	22 (76%)	29 (90%)

Notes: DTP, diphtheria, tetanus and pertussis; GPEI, Global Polio Eradication Initiative; HPV, human papillomavirus; UNDP, United Nations Development Programme; WHO, World Health Organization.

Creating an enabling environment for immunization and primary health care

The UNICEF Immunization Roadmap 2022–2030 has been updated in response to a changing programmatic environment, to reinforce support to achieve the global immunization goals articulated by the WHO Immunization Agenda 2030, Gavi 5.1 and the SDGs. The Roadmap outlines several strategic priorities and shifts arising from progress achieved and lessons learned during the past four years: (1) the importance of the equity agenda to reach zero-dose children and communities with full vaccination, including in fragile and humanitarian contexts; (2) institutionalizing gender-transformative programming; (3) increasing support to develop and leverage resilient PHC, including community health systems; (4) innovating and delivering evidence-based approaches to social and behavioural change, which are vital to support improved vaccination equity; (5) shifting towards deliberate actions to

support middle-income countries, which are home to most of the world's zero-dose and under-vaccinated children; and (6) incorporating lessons learned from COVID-19 into strengthening immunization programme readiness and response to future emergencies. The revised Roadmap was also used as a guide to strategies to ensure that children who missed out on vaccinations during the COVID-19 pandemic were able to catch up on missed doses. It was also used to support immunization service delivery and to accelerate progress towards the global target of halving the number of zero-dose children by 2030.

UNICEF strongly advocates for equity and, in partnership with WHO and Gavi, has advanced the zero-dose agenda. This was achieved through leveraging of its co-convening of the Immunization Agenda 2030 partnership council and coordination group, as well as representation in the key Gavi governance structures.

WHO, Gavi and other major global immunization stakeholders endorsed the Big Catch-up, a recovery and strengthening plan spearheaded by UNICEF.³⁶ This focuses

on 20 high-burden countries that account for 78 per cent of the total number of zero-dose children globally. UNICEF, WHO and Gavi formed a powerful advocacy coalition, developing a year-long campaign, #BuildBackImmunity, to be launched in 2023. This will accompany the Big Catch-up.

UNICEF's technical and organizational support for the Equity Reference Group resulted in an updated analysis of the situation, its causes and strategies, to strengthen human resources in health care, and in service delivery in conflict-affected and fragile settings, and in urban poor communities.

With the Strategic Advisory Group of Experts on Immunization, UNICEF and WHO together issued a call to action to reverse backsliding in immunization coverage. UNICEF also facilitated a series of global and regional webinars for participants to share experiences in reducing the number of zero-dose children in urban, remote rural and conflict-affected settings, and in gender perspectives on immunization.

UNICEF contributed to shaping and operationalizing key new Gavi policies and changes to existing ones. This included the development of a new COVID-19 vaccination programme, the relaunch of the HPV vaccination programme, a funding policy review and finalization of the middle-income countries approach. With support from Gavi, UNICEF developed a technical support plan for middle-income countries in four UNICEF regions to address reversals in progress in vaccination coverage, and to support the introduction of new vaccines.

UNICEF advocated for and provided technical support to countries to: vaccinate children who missed out on doses; restore immunization coverage; work towards COVID-19 vaccine integration; and to leverage COVID-19 response investments for health systems-strengthening and resilience-building (see 'Case Study: UNICEF's contribution to COVID-19 recovery', page 23). UNICEF identified and supported key areas for investment based on its comparative advantages and the needs of many LMICs. These include: digital health; RCCE; institutionalization of CHWs; logistics and vaccine management; solarization of health-care facilities; health-care waste management; and strengthening public finance for health.

In collaboration with WHO, UNICEF developed and disseminated new global guidance on considerations for COVID-19 integration in national immunization programmes, PHC and broader health systems. UNICEF and WHO worked together to strengthen national immunization strategic planning capacity, organizing and facilitating two workshops – one for west and another for east Africa – on new approaches for national immunization strategy development. UNICEF supported development of national immunization strategies, including providing cost estimations using the National Immunization Strategy costing application (NIS.COST) approach.

Increasing equitable access to vaccination

In line with the global trend, for the second consecutive year, UNICEF programme countries cumulatively experienced a sustained decline in immunization coverage. This was mainly caused by the effects of the COVID-19 pandemic, which caused disruptions to, and placed great pressure on, health-care systems, families and communities. Coverage with the first dose of the DTP vaccine (DTP1) dropped to 85 per cent in 2021, from 86 per cent in 2020. During the same period (2020–2021), coverage with DTP3 dropped from 82 per cent to 80 per cent.

Despite this, signs of recovery have been seen. Between 2020 and 2021, DTP1 coverage increased by 4 per cent to 78 per cent in the West and Central Africa region, and by 2 per cent to 89 per cent in the South Asia region. Similar improvements were observed in vaccination coverage for DTP3 in West and Central Africa (from 65 per cent to 67 per cent) and South Asia (from 84 per cent to 85 per cent).

In UNICEF-supported humanitarian contexts, DTP1 coverage increased from 73 per cent in 2020 to 75 per cent in 2021. However, during the same period, coverage of both DTP3 and the first dose of measles in these settings saw a drop of 1 per cent to 64 per cent and to 61 per cent, respectively. Similar downward trends were reported in high-burden countries, which saw a reduction of 2 per cent, to 75 per cent, in 2021. Some countries have, however, showed signs of recovery.

To support countries with planning, implementation and monitoring of immunization catch-up and recovery activities, UNICEF supported an analysis of zero-dose and gender barrier issues, with a focus on countries undergoing the development of national immunization strategies, Gavi Full Portfolio Planning, and applications for Gavi's Equity Accelerator Funding. UNICEF provided technical assistance with the design of recovery plans in the 20 countries with the highest number of zero-dose children. UNICEF also supported mobilization of resources in support of those plans, including leveraging COVID-19 roll-out and integration activities.

In Uganda, for example, UNICEF focused on reaching zero-dose children and communities in four baseline districts. COVID-19 vaccine deployment was prioritized and aligned with PHC approaches, to ensure equitable reach of routine immunization for other childhood diseases. The digital innovations and microplanning tools developed by UNICEF as part of the COVID-19 response were fully integrated into routine immunization programmes, to increase vaccination coverage. Engagement with political and religious leaders was critical in promoting awareness and providing accurate information. As a result, the routine immunization programme achieved 91 per cent coverage, reaching zero-dose children even during PHEs. The dropout rate between the DTP1 and DTP3 vaccinations improved, decreasing by 5.6 per cent in 29 supported districts.



In Thanchi, Bandarban District, Bangladesh, health assistant Ubahine Prue Marma (front) and volunteer health worker, Mahainue Marma (rear) travel to remote rural communities to deliver vaccines for routine childhood immunizations.

Accelerated immunization initiatives

Coverage for the first dose of measles-containing vaccine in UNICEF programme countries dropped to 80 per cent in 2021, from 83 per cent in 2020. This led to increased risk of large and disruptive outbreaks. Nineteen high-burden countries followed the same trajectory, with a reduction to 75 per cent coverage in 2021. With the exception of Europe and Central Asia, and West and Central Africa, all regions experienced a reduction in coverage.

To counter decline in vaccination coverage, UNICEF shared the latest data and analyses, to raise awareness of the increased risks of measles and other vaccine-preventable disease outbreaks. To prevent and promptly respond to outbreaks in 2022, UNICEF supported the vaccination of 77.9 million children against measles, exceeding the 2022 milestone of 50 million. In countries affected by humanitarian crisis, and in high-burden countries, the number of children vaccinated against measles more than doubled, to over 27 million and 32 million, respectively.

Following the resurgence of diseases, including measles, in parts of Nigeria, UNICEF and partners embarked on an integrated vaccination campaign. By using PHC as a platform, the campaign aimed to enable parents and caregivers to access multiple services simultaneously, by integrating different interventions, thereby maximizing the impact of efforts to reach children and adults with health services. These included COVID-19, polio and measles vaccinations, and vitamin A administration. During the campaign, 24 teams immunized over 30,946 children with the measles vaccine and 1,245 adults with COVID-19 vaccines.

UNICEF continued to advocate and mobilize resources for, and to support the implementation of maternal and neonatal tetanus elimination activities in the remaining 12 countries in which tetanus is endemic.³⁷ The number

of countries that have been verified as having eliminated maternal and neonatal tetanus remained static at 47 in 2022, falling short of the 2022 milestone of 50. However, 7 of the 12 endemic countries targeted progressed towards having eliminated maternal and neonatal tetanus.

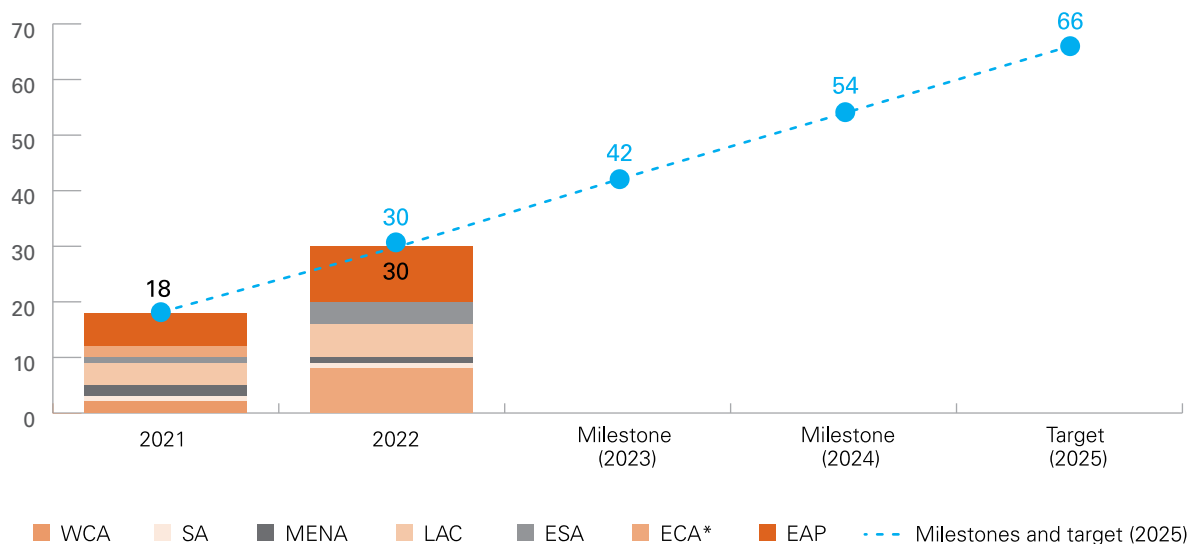
In Yirol East County, South Sudan, UNICEF supported the Ministry of Health in a maternal and neonatal tetanus elimination initiative. This targeted 54,372 women of childbearing age for tetanus toxoid diphtheria vaccinations. UNICEF supported 27 social mobilizers, 148 vaccinators and 74 vaccination recorders. Community mobilizers played a key role in overcoming vaccine hesitancy among women in rural settings, who had heard rumours that the vaccine could cause infertility in women. Intensive awareness-raising activities reached over 146,000 people. UNICEF's efforts contributed to 211,013 girls and women of childbearing age (i.e., 15–45 years of age) receiving two doses of tetanus toxoid diphtheria vaccine in 2022.

Introduction of new vaccines

UNICEF continued to support countries with activities around the introduction of new vaccines. This encompasses decision support; design of programme strategy; vaccine procurement and supply; immunization supply chain readiness and enhancement; training; and social and behavioural change for vaccination uptake.

In 2021, 12 countries introduced one or more new vaccines (i.e., HPV vaccine, hepatitis B vaccine, measles-containing vaccine second dose, pneumococcal conjugate vaccine and/or rotavirus vaccine). When combined with the 18 countries that introduced new vaccines in 2020, the cumulative 2022 milestone of 30 countries was met (see *Figure 15*). The West and Central Africa region saw the greatest increase in the number of vaccine introductions, from two to eight countries.

FIGURE 15. Number of countries that introduced one or more of the following vaccines: HPV vaccine, hepatitis B vaccine, measles-containing vaccine, 2022



* Tajikistan is included in 2021 but not in 2022.

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

In 2022, UNICEF supported the scale-up of coverage for new vaccines, to increase protection from vaccine-preventable diseases. Five countries introduced the HPV vaccine for adolescent girls and a plan was developed to address gender barriers to HPV vaccine. Four countries with a high pneumonia burden expressed political

commitment to introducing the pneumococcal conjugate vaccine. A total of 35 sub-Saharan African countries are being supported to plan the introduction of the first malaria vaccine, RTS,S/AS01e (RTS,S). UNICEF awarded a US\$170 million contract to supply RTS,S, which will make 18 million doses available over the next three years.



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In Port-au-Prince, Haiti, Fabienne Francois (age 24), is delighted her 9-year-old, Rebecca Maurice, has taken the oral cholera vaccine to protect her from the disease.

Strengthening supply chains

Reliable supply chains are essential to ensuring the availability and efficacy of vaccines through to the 'last mile'. Effective vaccine management (EVM) is used to assess and monitor vaccine supply chains and support countries to strengthen their supply chain performance. Data from EVM assessments support decision-making to mobilize resources for key areas of the supply chain.

To strengthen supply chains, UNICEF supports countries to implement their EVM processes. The number of countries in which UNICEF supported EVM²³⁸ more than tripled, to 20, surpassing the 2022 milestone of 16. UNICEF extended its support to additional countries, quadrupling the total number of countries supported in the West and Central Africa region. The number of high-burden countries that supported EVM more than doubled, to nine, in 2022. At global and regional levels, 300 participants were trained to conduct EVM assessments, and long-term agreements were established with local institutions.

UNICEF provided targeted supply chain support for the EVM assessments. The institutionalization of Thrive360 (a global data repository for monthly stock reporting in 63 countries) included 85 per cent of Gavi-supported countries. This contributed to a sharp reduction of 41 per cent, to 17 countries in 2021 that experienced national-level stock-outs for at least one month of DTP and measles-containing vaccines. Notable progress was seen in high-burden countries, which saw a 50 per cent reduction in stock-outs. The South Asia, and Europe and Central Asia regions did not have any countries with national-level stock-outs of DTP or measles vaccine for at least one month. Improved data visibility and EVM assessment data helped in analysing the reasons behind vaccine stock-outs, which were found to be increasingly due to lack of both budget and systems for distribution and accurate forecasting through to the last mile.

In India, UNICEF supported the Government in supply-chain strengthening through EVM assessment in nine states. The national EVM assessment score increased to 82 per cent in 2022, from 68 per cent in 2018. Specifically, in India's north-east region, UNICEF worked with the National Cold Chain and Vaccine Management Resource Centre to carry out an EVM assessment to reach target populations in hard-to-reach areas, enhance storage capacity, reduce waste, accurately forecast vaccine requirements and prevent equipment issues. After intensive training, assessors were sent to 41 districts in seven states.

UNICEF, in partnership with WHO and with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), supported Azerbaijan, Georgia, Kazakhstan, the Republic of Moldova and Uzbekistan to optimize the performance of their supply chains, to ensure timely delivery of medicines and health products. A government-led and participatory health supply chain assessment used the UNICEF supply chain maturity model to assess 13 critical operational and technical supply chain functions, to ensure timely distribution of COVID-19 vaccines. This initiative will provide a basis for decision makers to organize and implement improvement plans in the supply chain. It will also outline partners' requirements for technical assistance, provide an opportunity to share best practices and promote cross-learning opportunities within the Europe and Central Asia region, and ensure that countries move successfully towards financial and technical sustainability.³⁹

In 2022, UNICEF delivered 3.43 billion vaccine doses to 108 countries. In response to humanitarian crises, 205 vaccine shipments were made to 15 countries. This represents a total of 261 million doses, including 164.05 million doses of oral polio vaccine; 29.12 million doses of measles-containing vaccines; 16.13 million doses of Bacillus Calmette–Guérin vaccines; 14.63 million doses of tetanus and diphtheria vaccine; and 12.86 million doses of the DTP, hepatitis B and *Haemophilus influenzae* type b pentavalent.

UNICEF delivered 2.4 billion syringes to be used for immunization, in 2022. Through the COVID-19 Vaccines Global Access (COVAX) initiative, 1.05 billion syringes were distributed to 84 countries and 10.2 million safety boxes were delivered to 82 countries. Overall, in 2022, UNICEF delivered safe injection equipment, worth a total of US\$152 million, to 107 countries.

UNICEF also delivered 40,000 vaccine refrigerators and freezers, and provided technical guidance and support to ensure quality planning, installation and maintenance. Approximately half of this equipment was solar-powered, to align with PHC strengthening and move towards climate-resilient PHC systems. Cold chain equipment worth a total of US\$164.5 million, was procured by UNICEF for 63 countries. Of these, solar-powered systems accounted for US\$84.8 million. UNICEF and partners worked closely with governments to advocate for investment in new and improved cold chain equipment. By the end of 2022, over 65,000 vaccine refrigerators and freezers had been installed in health-care facilities within the Gavi Cold Chain Equipment Optimization Platform initiative.

FIGURE 16. Types and doses of vaccines delivered by UNICEF to countries, 2022

Vaccine type	vaccine doses delivered
oral poliovirus vaccine*	1,240,894,900
inactivated poliovirus vaccine*	96,160,510
pneumococcal conjugate vaccine	165,971,150
bacille Calmette-Guerin	164,517,800
diphtheria, tetanus and pertussis-hepatitis B/Haemophilus influenzae type b	163,336,951
tetanus and diphtheria	126,795,880
measles and rubella	114,742,700
yellow fever	91,402,450
measles	87,257,800
rota	82,246,845
cholera	32,937,214
typhoid conjugate vaccine	18,544,705
hepatitis B	17,882,150
human papillomavirus	15,147,980
meningitis	14,407,940
measle mumps and rubella	5,686,340
diphtheria, tetanus and pertussis	4,894,400
Japanese Encephalitis vaccine	2,296,000
diphtheria and tetanus	2,242,300
influenza	1,494,500
malaria	1,450,000
hepatitis A	1,023,863
rabies	98,150
Ebola	13,820
haemophilus influenzae vaccine	4,000

*See Figure 17: for details

FIGURE 17. Number of inactivated poliovirus vaccines and oral poliovirus vaccines delivered by UNICEF, 2022

Activity Type	Inactivated poliovirus vaccines		Oral poliovirus vaccines	
	Delivered doses	# Receiving Countries*	Delivered doses	# Receiving Countries*
Routine immunization	95,541,670	77	274,538,900	78
Humanitarian response	618,840	6	2,640,500	5
Outbreak response			566,113,500	28
Supplementary immunization activities			397,602,000	11
Grand Total	96,160,510	79	1,240,894,900	84

*The total number of countries that received vaccines is not a direct sum of the countries across the various activity types.

Improving demand for quality immunization and primary health services

To ensure equitable access to, and uptake of, immunization services by caregivers and communities, UNICEF is working to increase demand for immunization. To boost vaccination uptake, UNICEF is supporting governments to track and address the spread of rumours and misinformation, community conversations and concerns through behavioural insights, rapid prototyping, social listening data, youth engagement and local consultation processes for community-driven solutions. The involvement of community leaders, youth, women and religious groups as trusted partners working together with local governments and municipalities, has been critical for success in this endeavour.

UNICEF continued to use community engagement and social and behavioural change programming to address the challenges encountered, both in COVID-19 vaccination and routine immunization. To support action at community level, the RCCE framework was integral in addressing behavioural barriers and limitations to service access, increasing uptake of services and building resilience. Between 2020 and 2021, the number of UNICEF programme countries implementing strategies to address under-vaccination increased to 119, from 118. High-burden countries saw a decrease to 41 countries, from 42 (2020).

UNICEF supported priority countries, identified by the COVID-19 Vaccine Delivery Partnership, to accelerate COVID-19 vaccine uptake. To reach the most vulnerable communities in Sri Lanka, for example, UNICEF developed and sustained partnerships with numerous civil society organizations. To reinforce the knowledge, skills and practices of community leaders in COVID-19-related prevention and response measures, UNICEF worked with the civil society organization, Sarvodaya, to train 6,734 community leaders. Through a mobile messaging group, a network for community leaders, trainers and selected leaders representing all districts was established.

In Kenya, UNICEF partnered with the Ministry of Health and subnational health authorities to support evidence-based approaches to increase demand for, and uptake of COVID-19 vaccinations. UNICEF adopted the ‘three Cs’ model to influence uptake; that is, vaccine convenience, vaccine confidence and vaccine compliance. Data from the vaccine confidence project were combined with local understanding of the immediate context, including social media listening. This information, along with technical expertise in immunization and social behaviour change, led to an increase in coverage rates of between 5 per cent and 12 per cent in the three countries that received intense technical support. One approach that proved successful in increasing uptake of COVID-19 vaccination was taking the vaccination campaign to secondary schools, to reach adolescents aged 15–17 and their teachers.

Innovative methods, such as the human-centred design approach, are becoming more widely accepted among partners. The human-centred design approach is closely linked with equity and gender, and is often used to target marginalized communities by focusing on areas with low immunization coverage.

In addition to established diagnostic methods, more novel approaches can be used to design vaccine demand interventions. In seven countries, 296 participants from government and other partners were trained in the human-centred design approach, which has been scaled up at subnational level, to be applied in the development of gender-responsive tailored strategies to reach zero-dose communities. UNICEF used its interactive Teach to Reach platform to connect with over 14,000 front-line workers, using interpersonal communication around immunization training materials for continuous learning.



In Puntland, Somalia, Kowther Abdikadir, a clinical health worker and social worker, vaccinates Muniish Cadan Ismail, who sits on the lap of her mother, Zeynab Mohamed Farah, during a community outreach effort conducted as part of Jilab Health Centre's ‘fixed temporary outreach’ immunization and health programme.

Through the Vaccination Demand Observatory,⁴⁰ UNICEF supported 15 countries to strengthen their social listening mechanisms and to track vaccine misinformation. More than 1 billion people were reached with vaccine messages through social media. A gamified app called 'Cranky Uncle', which teaches players to recognize vaccine misinformation, was piloted in Kenya, Rwanda and Uganda.

Working in partnership with the Yale Institute for Global Health, the Public Good Project and the Vaccination Demand Observatory, UNICEF published a series of case studies titled, 'From Insight to Impact: Building confidence in routine childhood vaccines'. They offer insights into how organizations can collaborate to positively influence attitudes to vaccination, by applying data insights, testing and scaling up online vaccine communication interventions.

UNICEF co-led the global Vaccination Demand Hub and the Immunization Agenda 2030 Strategic Priority Group 2, influencing strategic discussions around vaccine demand and the development of globally standardized tools and guidelines. UNICEF continues to provide thought leadership in vaccine demand through various coordination forums and technical working groups, such as the malaria vaccine uptake task team, the meningitis A working group and the HPV working group.

Protecting communities against COVID-19

In 2022, UNICEF supported 143 programme countries to deliver COVID-19 vaccination services to target populations, through vaccine procurement, cold chain and logistics management, demand generation, and monitoring and evaluation activities. In addition to funds and vaccine delivery support, UNICEF provided advocacy and technical assistance, focusing on the countries lagging furthest behind in coverage and those with a humanitarian context.

UNICEF supported the provision of COVID-19 vaccines to vulnerable populations in Chad, the Islamic Republic of Iran, Nigeria, the State of Palestine, the Syrian Arab Republic and Uganda through the humanitarian buffer, which aimed to provide COVID-19 vaccines to populations in humanitarian contexts, or through the COVID-19 Vaccine Delivery Partnership.

As countries seek to move past the pandemic, and beyond the implementation of mass COVID-19 vaccination campaigns, UNICEF and WHO developed and disseminated, through a series of webinars and platforms, 'Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond'. This aims to support countries at all stages of implementation, from advocacy for integration, through to implementation. As routine immunization coverage continues to stall and, in some cases, reverse, this publication is very timely. The positive effects are being realized, as the guidance has played a key role in influencing countries' applications for Gavi's support for

COVID-19 vaccine delivery. It is estimated that 50 per cent of budget requests were in support of integration objectives and activities.

As part of its lead role in costing and financing COVID-19 vaccine delivery, UNICEF published *Costs and Predicted Financing Gap to Deliver COVID-19 Vaccines in 133 Low- and Middle-Income Countries*.⁴¹ UNICEF allocated US\$450 million to countries for COVID-19 vaccine delivery as part of the ACTA HAC and, on behalf of COVAX, continued to manage COVID-19 vaccination delivery support to 30 non-Gavi-eligible advanced market commitment countries. The UNICEF database for tracking external financing for COVID-19 vaccine delivery, 'COVID-19 Vaccine Financial Monitoring', was maintained. At the end of 2022, a total of US\$4.7 billion had been recorded in the database.

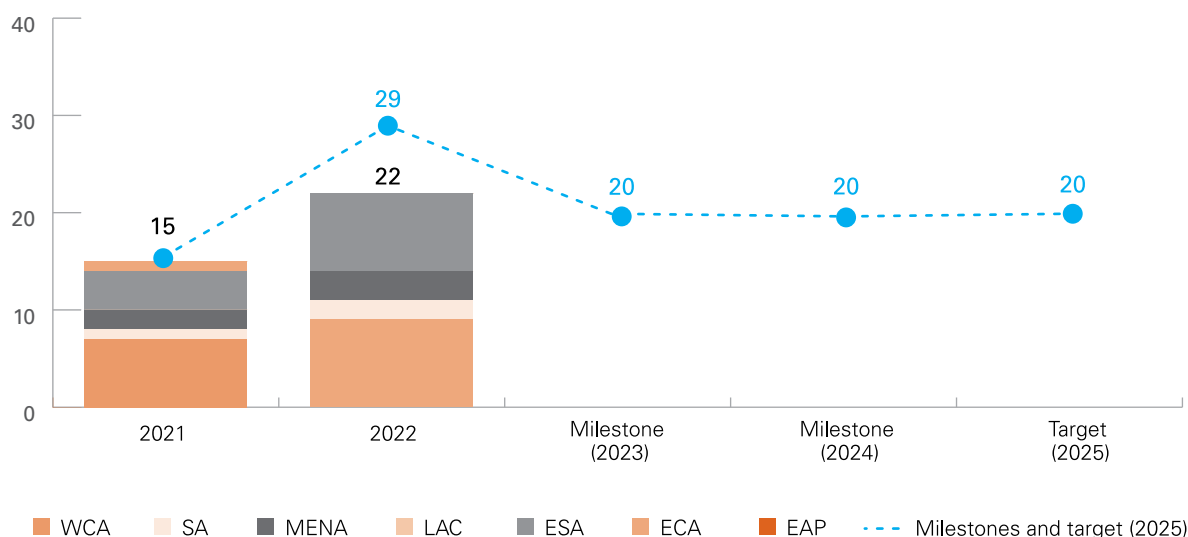
Reaching the 'last mile' to protect every child against polio

In 2022, the number of cases of both wild polio and vaccine-derived polio increased to 845, from 704 in 2021. There were 815 cases of circulating vaccine-derived poliovirus (cVDPV) and 30 cases of wild polio. According to the 34th meeting of the polio International Health Regulations Emergency Committee, the transmission of wild poliovirus in the two endemic countries, Afghanistan and Pakistan, is now very low and is restricted geographically. Of Pakistan's 180 districts, for example, all polio cases in 2022 were concentrated in six districts of one province.

The decline in childhood vaccination coverage caused by the COVID-19 pandemic and its associated disruptions, led to a sharp increase in outbreaks of cVDPV cases across Africa and Asia. The West and Central Africa region comprised the bulk of cVDPV cases, with 461 cases reported during 2022. This was, however, a decrease from 506 in 2021. Polio outbreaks occurred in countries that had been free of the virus for decades. There were wild polio cases in Malawi and Mozambique, and non-wild polio cases in Israel, the United Kingdom of Great Britain and Northern Ireland, and the United States of America. In the United States and Israel, transmission of the poliovirus was attributed to international transmission to under-immunized pockets of populations that lack immunity, in countries using inactivated polio vaccine (IPV).

Progress has been made in the number of polio-endemic countries and/or those experiencing outbreaks, which achieved over 95 per cent coverage in the most recent vaccination campaign (see Figure 18). This increased to 22 countries, from 15 countries in 2021. In 2022, UNICEF delivered over 408.39 million doses of novel oral polio vaccine type 2 (nOPV2) to 21 countries, and more than 797.39 million doses of bivalent oral polio vaccine to 81 countries. Sufficient supplies of IPV have been secured for all countries that will be introducing the second dose of IPV.

FIGURE 18. Number of polio-endemic and/or outbreak countries with over 95 per cent coverage in the most recent vaccination campaign, 2022



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

UNICEF coordinated rapid responses to outbreaks in 27 countries. UNICEF worked with governments and partners to supply vaccines, deploy rapid response teams to support vaccine and cold chain management, social and behavioural change, and vaccine misinformation management. As a result of these efforts, 48 outbreaks in 18 countries were contained during 2022. Through the Global Polio Eradication Initiative (GPEI), UNICEF is increasingly focusing its polio eradication efforts in the areas that have the biggest impact on global eradication of the disease. These so-called ‘most consequential geographies’ are the seven subnational areas that share key programmatic characteristics. They include areas that have some of the highest numbers, and most densely populated areas of zero-dose children and are affected by complex humanitarian emergencies. These most consequential geographies account for 90 per cent of all new polio cases worldwide.

In Tajikistan, which had been free of polio for more than a decade, the first case of paralysis from polio was detected at the beginning of 2021. Over the following months, 34 children became paralysed. As a key partner of the GPEI, UNICEF sent 1.1 million doses of the oral polio vaccine to Tajikistan and worked with the government to launch a mass immunization campaign. Community health centres and CHWs played a key role in increasing the rate of immunization in children. The campaign reached 1.4 million children, and, in April 2022, WHO declared Tajikistan free of the poliovirus.

To improve outcomes for children, the polio programme is increasingly synergizing its work with routine immunization programmes, and with other essential health interventions.

For example, a nationwide integrated campaign in Somalia supported vaccination of 2.6 million children under 5 years against polio, and 2.3 million children aged between 6 months and 59 months against measles. In addition, 2 million children under 5 received vitamin A supplements and deworming tablets.

UNICEF built on the success of the digital community engagement unit (DCEU) which was piloted during 2021 in Cameroon, Ethiopia, Ghana, Pakistan and Uganda. Focusing primarily on the polio vaccine, the DCEU aims to advance digital tools and technologies to manage vaccine-related online misinformation and disinformation, and to engage with the general public in populations where online misinformation spreads. Encouraging results were achieved with increased capacity of country teams able to manage online vaccine misinformation in the pilot countries. In 2022, UNICEF expanded the coverage of DCEU to over 40 countries, which was an eightfold increase from 2021. UNICEF also organized over 25,000 digital social mobilizers globally, who helped to communicate accurate information on vaccines and polio, and to combat vaccine misinformation. The polio programme continued to facilitate training on social and behavioural change for the ‘Stop Transmission of Polio’ programme. A new knowledge platform, www.poliokit.org,⁴² aims to strengthen capacities and improve access to resources for the global polio community.

UNICEF worked to increase demand for polio immunizations in Cameroon. This followed reports of several cases of adverse events after polio immunization, which led to widespread concern and mistrust of nOPV2.

UNICEF and GPEI supported Cameroon's Ministry of Health to manage the situation, developing a crisis communication strategy as part of the introduction of nOPV2. An investigation by the ministry found that the different adverse event cases were coincidental and were not related to nOPV2. Advocacy meetings and increased engagement with community influencers resulted in 98 per cent of children being vaccinated during the second round of the polio campaign, compared with 90.4 per cent in the first round.



In the Macua neighbourhood of Luanda, Angola, 18-month-old Fernando Kasule is held by his mother, Madelene Easebia, as he is given a dose of oral polio vaccine at a mobile vaccination post.

Reflections and challenges

Progress in the global aim to reach more zero-dose children has been slower and more challenging than expected. Countries with strong national immunization programmes, where vaccines were delivered through PHC services, saw a faster recovery and a more successful roll-out of new vaccines.

Resources for increasing COVID-19 vaccine demand have presented an opportunity to strengthen vaccine demand interventions for routine immunizations. These systems need to be leveraged, and capacity built to strengthen PHC. Seven areas were identified, in which investments in COVID-19 vaccine delivery can be leveraged for health systems-strengthening. These are: digital health; RCCE; institutionalization of CHWs; logistics and vaccine management; solarization of health-care facilities; health-care waste management; and strengthening public finance for health.

The COVID-19 pandemic critically exposed the structural and operational limitations of existing health systems, highlighting the need to increase investments to support governments in their efforts to build and manage resilient supply chain models that can withstand shocks and scale up delivery responses.

The GPEI, for whom UNICEF is key partner, is currently conducting a strategic review to assess the progress of the Polio Eradication Strategy 2022–2026.⁴³ The strategy has two goals: the first is to permanently interrupt all poliovirus transmission in endemic countries; and the second is to stop cVDPV transmission and prevent outbreaks in non-endemic countries. The Polio Transition Independent Monitoring Board is collecting evidence to determine progress made in the achievement of the GPEI strategic goals.

GPEI and UNICEF continue to discuss “a world after polio eradication.” At global GPEI level, the Polio Transition Independent Monitoring Board has discussed the planning of polio transition. Polio assets built through GPEI investment can be strategically transitioned for routine immunization delivery services and other basic social services. India provides a good example of the successful transition of polio assets after polio-free status has been attained, but further work is required to ensure strategic transition in other countries. Further consultation is required within GPEI and UNICEF, and among partners, including donors and programme country governments, to identify which assets are critical to sustain, what is required to sustain them and how, and to whom, we are transitioning.

To support preparedness for future health emergencies, effective support through the humanitarian buffer must be reinforced, to facilitate rapid access to technical and financial resources. Rapid, robust and sustainable communication for development strategies need to be developed, to incentivize demand for vaccines.

Results Area 3: Fast-track the end of HIV/AIDS

Children, including adolescents, and pregnant and breastfeeding mothers, have access to interventions that fast-track the end of HIV/AIDS, in development and humanitarian contexts.

Context and overview of HIV/AIDS results

The global AIDS response over the past three decades has protected millions of children from HIV infection, saved tens of millions of lives, strengthened health systems, and revolutionized access to life-saving medicines. It has also led to more engaged and empowered communities, who can advocate for their own health and rights. Multisectoral programming has also been implemented to meet the health and well-being needs of children, adolescents and pregnant women living with, and affected by, HIV. Despite tremendous progress in scaling up the HIV

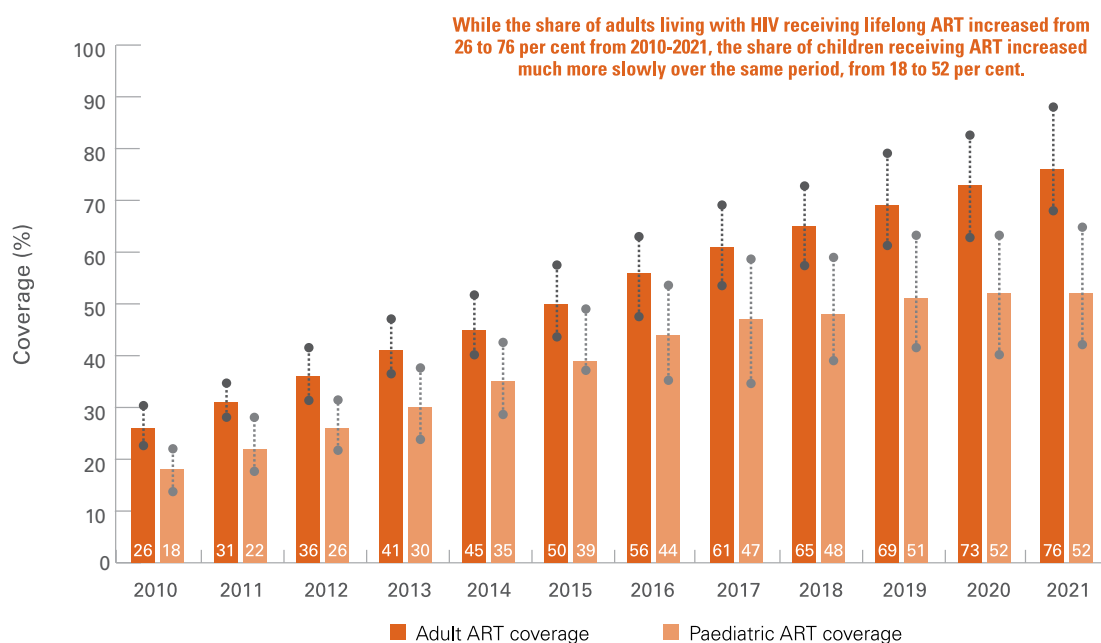


Jordan, a 4-year-old, at his home in Mubende, Uganda. Last year, Jordan tested positive for HIV. Thanks to community service providers, UNICEF and partners, he is healthy and happy.

response, however, critical gaps remain for these groups. In some areas, progress is stalling; in others, it has been backsliding.

Nowhere is this more pronounced than in the widening gap in treatment coverage between adults and children living with HIV. While 76 per cent of adults living with HIV globally had access to life-saving antiretroviral therapy (ART) in 2021, only 52 per cent of children (aged 0–14 years) and 60 per cent of adolescents (aged 15–19 years) living with HIV were receiving ART (see Figure 19).⁴⁴

FIGURE 19. Percentage of children (aged 0–14) and adults living with HIV receiving ART, 2010–2021



Source: Global AIDS Monitoring and UNAIDS 2022 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. The dotted lines above and below the numbers in the chart refer to the confidence interval.

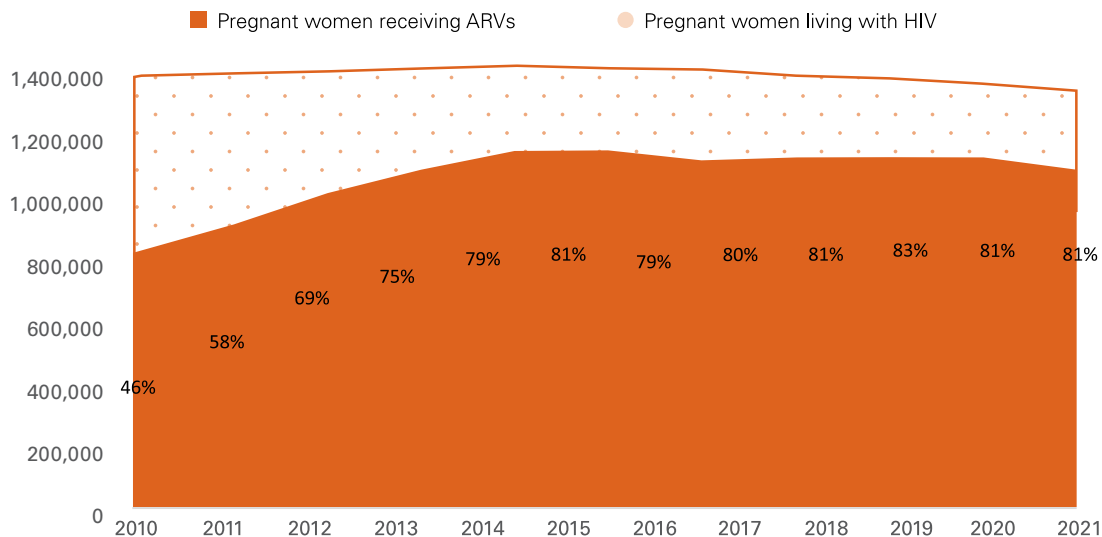
According to new data published by UNAIDS (13 July 2023), an estimated 1.5 million children (0–14 years) were living with HIV in 2022. In the same year, 77 per cent of adults aged 15 years and older living with HIV had access to treatment. But for children (0–14 years) the treatment coverage was only 57 per cent.

An estimated 81 per cent of pregnant and breastfeeding women living with HIV in 2021 were receiving ART to prevent vertical transmission of HIV to their newborns

through prevention of mother-to-child transmission services.⁴⁵ However, this figure has not changed since 2014 (see Figure 20).

FIGURE 20. Number and percentage of pregnant women living with HIV receiving ART for prevention of mother-to-child transmission, 2010–2021

Significant improvements have occurred in access to and uptake of ARVs for PMTCT since 2010, but global coverage has flatlined in recent years. The overall stalled progress obscures some important country-specific trends (both positive and negative), but nevertheless clearly underscores the potential difficulties in increasing global PMTCT coverage to 95 per cent by 2030.

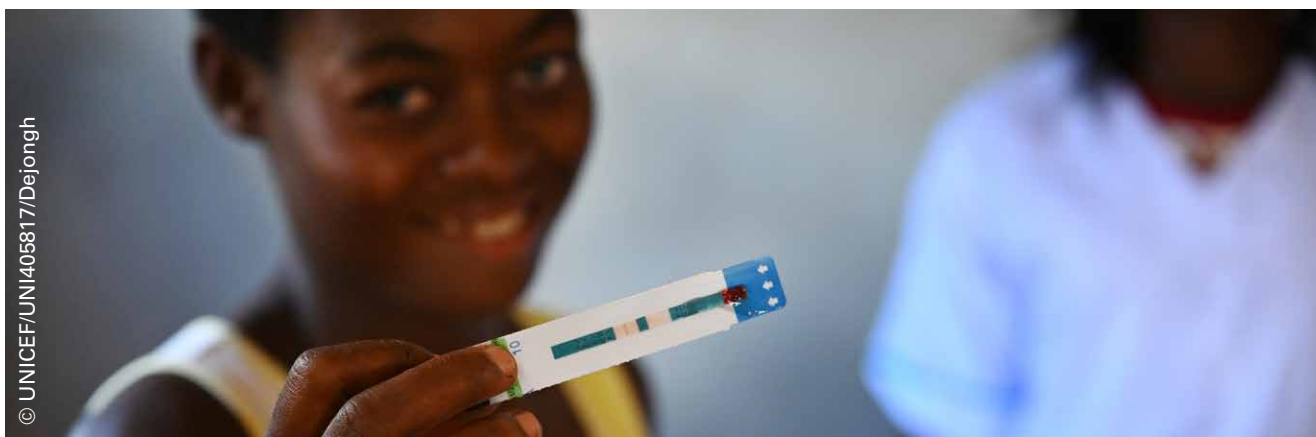


Source: Global AIDS Monitoring and UNAIDS 2022 estimates.

Note: New data published by UNAIDS (13 July 2023) show that in 2022, 82 per cent of pregnant women living with HIV had access to antiretroviral medicines to prevent transmission of HIV to their child in 2022.

New HIV infection rates among adolescents have slowed in the last 10 years. However, key targets cannot be met at the current pace of progress, and long-standing inequities persist. Girls and young women accounted for about three

quarters of all new infections globally among those aged 10–19 years in 2021 (see Figure 21), with more than 80 per cent of new infections occurring in sub-Saharan Africa.⁴⁶

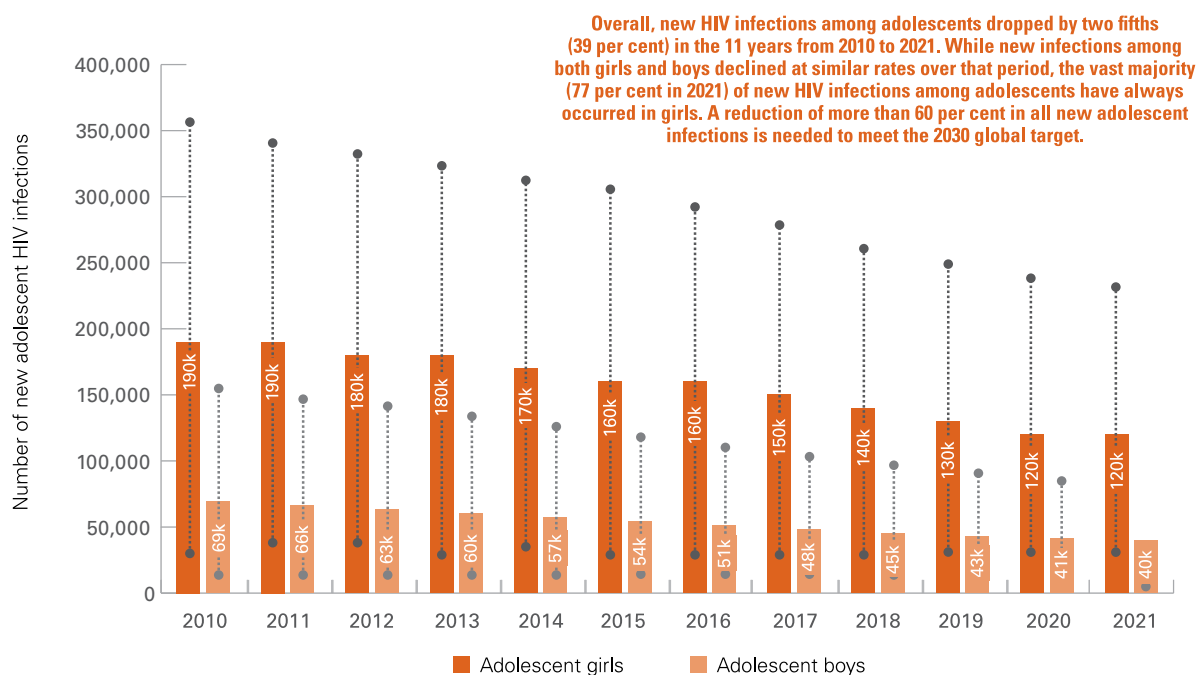


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A young girl was just tested for HIV, in the village of Daguérié, in the East of Cameroon. Thanks to comprehensive sexuality education, prevention and HIV testing services provided by UNICEF and its partners, her result was HIV negative.

For every child, end AIDS.

FIGURE 21. Annual new HIV infections among adolescents aged 10–19, by sex, 2010–2021



Source: Global AIDS Monitoring and UNAIDS 2022 estimates.

Note: New data published by UNAIDS (13 July 2023) show that every week, 4,000 adolescent girls and young women aged 15–24 years became infected with HIV globally in 2022. About 3,100 of these new infections occurred in sub-Saharan Africa.

How UNICEF is supporting and leading the global HIV response: Priority action areas and partnerships

UNICEF, with partners across different sectors, played a major role in driving progress in the HIV response and, in recent years, helping to mitigate the impact of challenges – such as COVID-19 – to the availability of and access to services. In 2022, six strategic actions were at the core of the organization’s efforts to end AIDS among children, adolescents and pregnant women, and to improve the quality and scope of programming for HIV prevention, treatment and care. These were: strengthening integration of HIV into PHC; engaging and empowering communities; leveraging resources for national programmes; mobilizing partnerships at national, regional and global levels; identifying and implementing innovative solutions; and gathering and using data to inform targeted, evidence-based programming.

Advocating for and supporting governments and other partners to strengthen integration of HIV services and programmes within PHC is key to sustaining and advancing the gains made for children, adolescents and pregnant women. To reduce new HIV infections in children and improve maternal and child health outcomes, UNICEF joined forces with WHO to promote integrated ‘triple

elimination’ of vertical transmission of HIV, syphilis and hepatitis B. This was an important advancement, as previous efforts focused on dual elimination of HIV and syphilis only.

Optimizing PHC platforms at scale helps bring HIV services closer to women and children. Decades of established HIV programming, supported by UNICEF and partners, is contributing to strengthening PHC, especially through learnings around how to leverage community platforms to improve health and nutrition more broadly. For adolescents living with, and at risk of HIV, integration of HIV programmes means optimizing a range of platforms, especially in PHC and schools, so that comprehensive services meet a broad range of needs for adolescents, including sexual and reproductive health services.

Engaging communities, especially young people, is a key strategy in UNICEF programmes to support people living with HIV to access testing, treatment and care. Experience shows the value and importance of harnessing the wealth of local experience and expertise among communities.

UNICEF plays a critical role in leveraging countries’ resources to fund national HIV responses. By identifying the needs of children, adolescents, and their families, and providing technical support, UNICEF ensures that resources from the Global Fund and the United States President’s Emergency Plan for AIDS Relief (PEPFAR) is helping to address the gaps. In 2022, investments from the Global

Fund and PEPFAR totalled US\$6.4 billion for national-level HIV programming and health systems-strengthening. In partnership with the Global Fund, UNICEF provides timely technical assistance to 13 countries in sub-Saharan Africa, to accelerate multisectoral programming for adolescent girls and young women.

As part of the United Nations Joint Programme on HIV/AIDS (UNAIDS), UNICEF leads and contributes to key partnerships – at global, regional and country levels – to ensure that the needs and rights of children and adolescents are addressed in national HIV responses. This led to a strong focus on children in the new Global AIDS Strategy 2021–2026. In 2022, UNICEF served as chair of the Committee of Cosponsoring Organizations of UNAIDS, working to ensure that children were central to the global HIV response. UNICEF and global partners launched the Global Alliance to End AIDS in Children, which is galvanizing country-led efforts to close the treatment gap and improve the health and well-being of children and adolescents living with HIV. Other strategic partnerships that UNICEF leads and contributes to include: the Global HIV Prevention Coalition (which focuses on adolescent girls and young women); the Accelerator for Paediatric Formulations Network (a WHO-convened group that supports the development of child-friendly medicines and formulations for children); and Education Plus (a joint initiative focusing on girls’ education and empowerment).

It is essential to promote innovation by developing and scaling up novel tools and technologies to facilitate more effective and efficient HIV responses. In 2022, UNICEF continued to work to strengthen national laboratory systems using point-of-care technologies for multiplex diagnosis of HIV, tuberculosis, SARS-CoV-2 and the Ebola virus, among others. In the years leading up to and including 2022, UNICEF has supported governments to

generate and use high-quality data, including age- and sex-disaggregated data. This will facilitate the effective use of resources by allowing programmes to target interventions and efforts, and to support the scale-up of promising practices.

In recent years, up to and including 2022, decades of investment and experience in combatting HIV have substantially contributed to COVID-19 responses. For example, the laboratory systems and services UNICEF put in place for diagnosing HIV in infants have been deployed for large-scale COVID-19 testing, allowing governments to better respond to the pandemic. Also, the youth networks that UNICEF established to support young people living with HIV have been mobilized to provide critical community support during lockdowns, and to facilitate roll-out of COVID-19 vaccinations.

In 2022, UNICEF’s extensive field presence in all countries in which HIV is a high priority has enabled the organization to respond rapidly to emergencies or other disruptions that threaten progress. For example, in Ukraine, UNICEF worked closely with the government, the Global Fund and other partners to quickly procure essential HIV supplies, so that continuity of treatment for people living with HIV could be maintained.

UNICEF’s HIV programme is guided by, and aligns with the UNICEF Strategic Plan, 2022–2025. Four indicators within Results Area 3 are specific to enhancing the HIV response for children, adolescents, and pregnant and breastfeeding women. Results against those indicators are highlighted (see Figure 22). The results are relevant for the 37 UNICEF countries in which HIV is a high priority, as all together, they carry over 88 per cent of the global burden of HIV in children.

FIGURE 22. Output results for fast-tracking the end of HIV/AIDS

Output indicator	Baseline (2021)	2022 value	2022 milestone
1.3.1 Number of countries implementing a comprehensive package of interventions for paediatric HIV treatment as part of PHC (UNAIDS, WHO)	31	32	33
1.3.2 Number of countries integrating and rolling out innovative HIV diagnostic platforms in PHC (UNAIDS, WHO)	26	35	28
1.3.3 Number of countries with at least dual mother-to-child transmission of HIV and syphilis elimination policies and services (UNAIDS, WHO)	32	34	33
1.3.4 Number of countries in which UNICEF is supporting combination HIV-prevention interventions, including pre-exposure prophylaxis, targeting adolescent girls and young women and/or adolescent and young key populations (UNAIDS, WHO)	33	33	34

Notes: PHC, primary health care; UNAIDS, The Joint United Nations Programme on HIV and AIDS; WHO, World Health Organization.

Work undertaken by UNICEF in 2022 towards these indicators at country level are summarized in the following.

Implementing a comprehensive package of interventions for paediatric HIV treatment

Almost half of all children (aged 0–14 years) living with HIV, and 40 per cent of adolescents (aged 15–19 years) are undiagnosed and not receiving treatment. UNICEF supports efforts to design and implement strategies to find children and adolescents living with HIV, and connect them with services for testing, treatment and care. This approach, of supporting differentiated service delivery models, seeks to ensure that programmes are tailored to the specific needs of this population and that community members – especially women and adolescents living with HIV – are engaged, to improve adherence to treatment. UNICEF has made a significant contribution to effective service delivery, by building the evidence base on community models. In these models, peer mentors provide care and support for adolescents living with HIV.

In a number of countries, UNICEF has supported efforts to better integrate HIV treatment and care into PHC systems for children and adolescents, including through the development of new guidelines and policies on HIV integration and strengthening the capacity of health-care workers, including CHWs, to diagnose, test, treat and improve access to quality care for children and adolescents living with HIV.

In 2022, UNICEF provided extensive support to enable governments in Eastern and Southern Africa to introduce paediatric dolutegravir (pDTG), a well-tolerated and highly effective ART. In Malawi, Uganda and Zimbabwe, UNICEF served on the national paediatric HIV care and treatment working group to plan and monitor the roll-out of pDTG. UNICEF also supported networks of women living with HIV to promote and encourage uptake of pDTG through peer counselling. In Zimbabwe, 64 medical doctors were trained in effective transition of children and adolescents to optimal HIV treatment regimens, contributing to an increase in the number of children initiated and retained on pDTG. Further, in Kenya and South Africa, UNICEF supported efforts to enhance provider capacity through training and development of a pDTG orientation package for health-care workers.

Integrating and rolling out innovative, community-centred HIV diagnostic platforms

UNICEF worked with national governments, joint programme partners, communities and other stakeholders on cross-cutting initiatives to strengthen national diagnostic



At Ruhocco Health Centre in Uganda, Prima Komugisa, a nurse and ART focal person, counsels one of her clients living with HIV.

systems. This work focused on the decentralized, community health level and contributed to overall health systems-strengthening efforts. These diagnostic systems are used in many health areas, including HIV, tuberculosis, malaria and HPV.

UNICEF's efforts to improve access to and uptake of essential diagnostics, including HIV laboratory tests, focus on two main areas. These are integrating HIV diagnostics within PHC, and developing and scaling up innovative diagnostic platforms and approaches. For the latter, UNICEF provided direct technical and financial support for procuring, deploying and efficiently using tools for point-of-care testing, such as the GeneXpert System. By the end of 2022, some 95 per cent of high-priority countries supported these actions.

Challenges in identifying and diagnosing children and adolescents with HIV is a major obstacle to paediatric treatment. In Nigeria, Uganda and Mozambique, UNICEF supported the introduction of innovative approaches to find children living with HIV who have not yet been diagnosed, through the scale-up of family-based index testing and provider-initiated testing. Community health programmes are essential for connecting with those children who are the hardest to reach, and linking them with critical services. In Côte d'Ivoire, Ghana and Nigeria, UNICEF also worked with governments to strengthen the diagnostic capacity of CHWs, so that they can encourage all household members to be tested. The results can then be captured in real-time and the individual can be referred to care quickly and effectively.

Over the course of 2022, UNICEF delivered 3.7 million HIV rapid diagnostic tests (worth a total of US\$3.88 million) to 26 countries. Of the total, about 672,000 were dual HIV/syphilis diagnostic tests, and more than 58,000 were HIV self-tests.



Naomi Mbewe (age 24) and her baby Critious (6 months old) at the Growth Monitoring Clinic, Feni Health Facility, Zimbabwe.

Policies and services for the elimination of dual mother-to-child transmission of HIV and syphilis

UNICEF, with WHO and other partners, provides leadership in working towards elimination of mother-to-child transmission of HIV (EMTCT). The recently launched triple-elimination initiative provides a harmonized and integrated approach to improving health outcomes for mothers and children. This includes elimination of vertical transmission of syphilis and hepatitis B, in addition to HIV.

In 2022, a total of 78 countries worldwide had a national plan for EMTCT, and 86 were implementing a 'treat all' policy for pregnant and breastfeeding women living with HIV. Nearly all (92 per cent) of UNICEF's 37 high-priority countries had policies or programmes in place for dual elimination of vertical transmission of HIV and syphilis.

In countries with a high HIV burden, coverage of testing and treatment for pregnant women is very high. For example, in Eastern and Southern Africa, over 95 per cent of pregnant women living with HIV were receiving ART in 2021. By contrast, in regions where the prevalence of HIV is lower, treatment coverage for pregnant women is also lower. In West and Central Africa, for instance, ART coverage for pregnant women is only 60 per cent.⁴⁷ To respond to this gap, in 2022, UNICEF and WHO produced guidance on prevention of mother-to-child transmission for countries with low prevalence and/or concentrated epidemics.

UNICEF's data-driven approach to programming has revealed that ongoing new infections in children are often caused by newly acquired HIV infection in pregnant or breastfeeding women who tested negative at their first antenatal care visit. Another source is vertical transmission from pregnant adolescents living with HIV. UNICEF is helping governments to address these issues through innovations such as pre-exposure prophylaxis (PrEP) in pregnant and breastfeeding women who are HIV-free, and HIV self-tests for the partners of pregnant and breastfeeding women. In 2022, in South Africa, 40,000 adolescent girls and young women were initiated on PrEP during pregnancy, with UNICEF's support.

In 2022, a total of 11 UNICEF priority countries reported having policies and services for EMTCT of HIV and syphilis. These were: Cameroon, the Central African Republic, the Dominican Republic, Equatorial Guinea, Haiti, India, Indonesia, the Niger, Papua New Guinea, Uzbekistan and the Bolivarian Republic of Venezuela. Cameroon demonstrates how important progress can be made through renewed focus on dual elimination. The percentage of HIV-exposed infants aged 6–8 weeks, who tested positive for the virus declined from 3.95 per cent in 2021, to 3.22 per cent in 2022, exceeding the milestone of 3.5 per cent.

UNICEF's support for guidelines and policies that contribute to the EMTCT agenda ranged from operational guidelines for integrating comprehensive HIV care for pregnant women, to the revision of reproductive, maternal, newborn, child and adolescent health strategies to better integrate EMTCT interventions.

Combination HIV-prevention interventions, including pre-exposure prophylaxis, targeting adolescent girls and young women and/or adolescent and young key populations

At the end of 2021, an estimated 1.71 million adolescents aged 10–19 years were living with HIV worldwide. Of these, 160,000 were newly infected with HIV. AIDS remained a leading cause of death among adolescents in sub-Saharan Africa. In order to meet the needs of adolescents at risk of HIV, UNICEF supported combination prevention efforts at scale. These include innovations such as self-testing and recency testing (to detect new HIV infection); and newer options for PrEP, such as long-acting injectable cabotegravir, and the dapivirine vaginal ring. UNICEF supported efforts for improved disaggregated, nuanced data generation, to allow programmes to address barriers to services, and effectively reach and support highly marginalized adolescents (including adolescent and young key populations, who are some of the most vulnerable of all who are at risk of HIV).

UNICEF HIV programmes have improved sexual reproductive health and rights (SRHR) for adolescents and young people through several activities, including those supported by the multi-country 2gether4SRHR joint United Nations programme. This programme is designed to improve SRHR in 10 countries in Eastern and Southern Africa. It is particularly aimed at adolescent girls, young people and key populations. In collaboration with networks of adolescents and young people, UNICEF also developed an HIV/SRHR toolkit, which provides high-quality materials on HIV, SRHR, sexual and GBV, mental health and other issues, as defined by young people in the region.

Approximately one quarter of women living with HIV, who have access to ART as part of programmes to prevent vertical transmission, are adolescent girls and young women. UNICEF is leading efforts, with governments and partners, to better understand the challenges faced by pregnant adolescent girls and young women, and those who are parents, so that their unique needs can be met. With UNICEF's support, health-care facilities in Eastern and Southern Africa can offer age-differentiated pregnancy and postpartum care. Meanwhile, peers, mothers who are mentors, and CHWs provide psychosocial and other support, such as nurturing guidance to enhance the parenting skills of young mothers. In Kenya, Malawi, South Africa, Uganda, Zimbabwe and other countries, these interventions have contributed to important HIV-specific impacts, such as increases in viral suppression among adolescent and young mothers living with HIV, and a greater proportion of the children of these mothers receiving an HIV test by the age of two months.



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Sabi Kere, a 20-year-old pregnant woman, in Bobo-Dioulasso, Burkina Faso. Sabi was born with HIV. When she was 10 years old, her mom mentioned it after Sabi asked why she had to take medicines. She was never sick. Sabi looks forward to her first child healthy and free from HIV. UNICEF supports Sabi and young women like her to prevent vertical transmission of HIV and to provide quality health care to children and mothers already living with HIV.

To address barriers to services, in 2022 UNICEF continued to support the establishment and integration of youth-friendly services in health-care facilities. This includes interventions such as: training health workers and supporting the deployment of HIV counsellors who have the knowledge and skills to effectively interact with adolescents and young people; embedding adolescent peers within clinics and expanding clinic hours; introducing measures and structures to better assure privacy and confidentiality; and strengthening referral coordination with social services.

In many countries, UNICEF supported the government and other local partners to develop and implement youth-friendly service packages that covered a much wider range of areas that are relevant to the health and well-being of adolescents and young people. These included efforts to integrate HIV prevention messaging and support with mental health and education support.

UNICEF supports empowering young people to boost ownership and promote active engagement with health services providing HIV prevention interventions. Activities in 2022 focused on including adolescents and youth from vulnerable groups in consultations on the development of HIV prevention and treatment plans at national level and lower. These, and other similar empowerment efforts, contribute to UNICEF's work to support adolescents to fight for their rights. This includes facilitating their access to SRHR tools and support, to ensure their safety from violence and exploitation, and to have the information they need to make decisions about their lives.



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Beatrice, Naomi and Alex are Ariel Peers in Ibanda, Uganda. They engage with adolescents and youth with HIV, run support groups, and follow up regularly, at home and through smartphones, to retain them in care. UNICEF and Breakthrough Project Partners support these peer educators.

As part of its youth empowerment approach, UNICEF supports the expansion and improvement of digital options to reach adolescents and young people, and to boost access to combination HIV prevention interventions. In several countries in West and Central Africa, UNICEF continued its partnership with governments to deploy digital tools across an array of platforms, with the goal of reaching adolescents and young key populations. To date, this platform, ‘U-Test’, has reached over 5 million young people with life-saving HIV prevention and SRHR information, linking over 100,000 of them with essential services. UNICEF supported the introduction and roll-out of specialized chatbots in countries including Brazil and Jamaica, which respond to common questions about HIV and other health and well-being issues, to dispel myths and refer users to services if needed. This tool is not just a HIV intervention; rather, the approach enshrines greater integration of HIV into the broader health system.

Reflections and challenges

Developments in the global landscape are negatively impacting on efforts to end AIDS among children and adolescents. These include: lack of predictable funding, which limits efforts to build and sustain adequate capacity on the ground to support national programmes and to provide technical guidance; waning focus on HIV as a public health, social and economic crisis (which it continues to be in many countries); and other priorities that divert capacity and resources from the HIV response, such as COVID-19, humanitarian crises, food insecurity, and political and economic instability. Moreover, the final stages of ending AIDS will always be the most difficult, since many

of the ‘low-hanging fruits’ that fuelled progress have now been reached. Finishing the ‘last mile’, to reach the most vulnerable requires new strategies and approaches, as well as dedicated resources.

These realities underscore the need for UNICEF to play a vital role moving forward, and to leverage the value of the organization’s unique capacities, approaches and contributions. In 2023, to drive action and to reach targets to end AIDS, UNICEF’s HIV programme will focus on the following key action areas that were prioritized in 2022:

- Addressing the continuum of care throughout the life cycle, from pregnancy to childhood, to adolescence.
- Strengthening HIV integration in PHC and documenting lessons learned from HIV programming to improve PHC.
- Engaging across sectors and leveraging multiple platforms, including health-care facilities, schools and community platforms to address complex needs and risk factors.
- Engaging and empowering adolescents, especially adolescent girls, to lead and implement programmes that meet their needs.
- Generating and using data and evidence to better focus UNICEF’s efforts, to develop context-specific, tailored programmes that meet the specific needs of children, adolescents and pregnant women.
- Leading strategic partnerships for collective advocacy to put children and adolescents at the centre, and leveraging HIV investments to scale up activities, and to innovate the HIV response for children and adolescents.

Case Study: Expanding access to integrated HIV prevention and treatment in Mozambique



A mother and her child attending the health and social services fair, organized by UNICEF Mozambique, which is a commitment under the HIV sensitive social protection programme.

In Mozambique, 11.5 per cent of the adult population aged 15–49 are living with HIV. The country also has the third highest burden of HIV in children globally. While Mozambique has made tremendous progress in scaling up ART for pregnant women living with HIV, the rate of vertical transmission of HIV from mother to child remains high (>10 per cent). In an effort to support and strengthen PHC for all, UNICEF's HIV programme in Mozambique promotes integration of HIV prevention and treatment services. Integration enables multiple interventions to be provided together to address HIV, as well as the overall health and well-being of women, adolescents, children and families. During 2022, integrated approaches cut across four themes (see Figure 23).

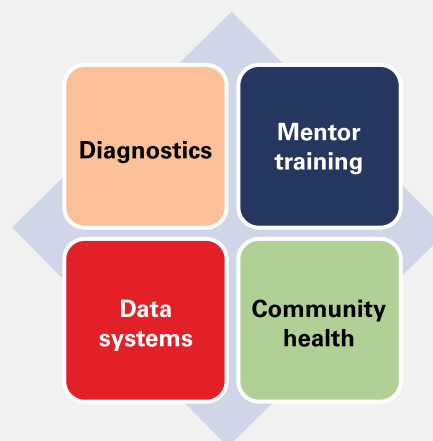
Diagnostics

UNICEF and partners supported Mozambique's Ministry of Health to enhance diagnostic capacity at PHC level. By 2022, 15 facilities in the regions of Inhambane, Manica and Sofala were equipped with point-of-care testing platforms and reagents to enable site-based testing for HIV viral load and HIV infant diagnosis. Almost 5,000 individuals living with HIV had viral load tests performed. Of these, 13 per cent were children, 21 per cent were adolescents and 66 per cent were pregnant or breastfeeding mothers. This contributed to improved management of mothers and children, resulting in lower rates of HIV vertical transmission and better outcomes for children.

Mentor training

UNICEF and partners collaborated to support integrated clinical training for health worker mentors. A total of 57 health worker mentors were trained by doctors, maternal child health nurses, preventive medicine technicians and nutrition officers, across 13 health facilities.

FIGURE 23. Thematic approaches to integrating HIV services in Mozambique



Expanding access to integrated HIV prevention and treatment in Mozambique (cont'd)

Data systems

Integrated data systems-strengthening was supported through the expansion of 'upSCALE', a novel mobile health platform for front-line health staff. Community health workers (CHWs) used this platform to follow up and document cases at community level, schedule appointments for home visits and to provide counselling for ART adherence. In 2022, an additional 1,406 CHWs from seven provinces were trained in 'upSCALE', representing an increase of 135 per cent in comparison with the previous year. Using this tool, CHWs managed or referred more than 109,663 patients, which was an almost twofold increase from 2021.

Community health

In 2022, UNICEF provided support to train 450 new CHWs in iCCM, HIV, nutrition and reproductive health services. Mozambique has over 7,600 CHWs serving over half a million beneficiaries with critical PHC services in their communities.

These integrated HIV approaches are part of UNICEF's larger HIV programme in Mozambique, which also includes innovative strategies to identify previously undiagnosed children living with HIV and links them with the most effective paediatric treatments. Mozambique is a priority country for the Global Alliance to End AIDS in Children. This is a partnership between UNICEF, WHO and UNAIDS, which aims to close the treatment gap for children and adolescents, and to eliminate mother-to-child HIV transmission by 2030. UNICEF's integrated HIV-health programming approach is a strong platform to provide prevention, treatment and care services to children, adolescents and pregnant women, to improve their overall health and well-being.

Results Area 4: Child and adolescent health and well-being

Children, including adolescents, benefit from programmes that improve their health and development, in development and humanitarian contexts.

While children's overall survival remains core to UNICEF's global agenda, increasingly, there is a need to respond to the shifting burden of disease for children aged 0–19 years. UNICEF is working to help all children to reach their full potential in terms of health and well-being, through a comprehensive, multisectoral life-course approach. As part of the 'thrive agenda', UNICEF's programming is progressively focussing on activities in the following areas: nurturing care for early childhood development and disability interventions, NCDs, adolescent health, environmental health, and injury prevention. A key strategy is to prioritize interventions in these areas as part of PHC, including through the utilization of school, community and digital platforms.



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In the Blue Dot Hub at the Sighetu Marmatiei border crossing in northern Romania, five-year-old Zoya smiles as she holds food items after arriving with her mother and younger brother after fleeing the war in Ukraine.

Globally, and across all regions, the risk of dying is lower at any age between 5 and 24 years than it is for children under 5 years of age. However, in 2021 an estimated 2.1 million children, adolescents and youth aged 5–24 died.⁴⁸ In 2021, approximately 70 per cent of all deaths among 5–24-year-olds occurred in sub-Saharan Africa or Central and Southern Asia.⁴⁹ In 2021, around 1 million adolescents (aged 10–19 years) died, mostly from preventable causes.⁵⁰ Injuries, violence and suicide remain leading causes of death among adolescents. Harmful trends, such as alcohol and tobacco use, unhealthy eating, inactivity and mental health issues threaten their health and well-being. The prejudice and stigma that many children affected by overweight and obesity experience in their day-to-day lives can harm their mental health and self-esteem. Healthy food is important for adolescents' physical and mental health, their success at school, and their future.

Adolescent girls face additional risks when puberty starts; an estimated 14 per cent give birth before the age of 18. Girls, especially those in early adolescence, are particularly vulnerable to the health consequences of pregnancy and delivery, as their bodies are not physically ready.

Children, including adolescents, today face a new set of threats to their survival, well-being and nutrition; from climate change, pollution, harmful commercial marketing, unhealthy lifestyles and diets, injury and violence, conflict, migration and inequality.⁵¹ NCDs such as cardiovascular diseases, diabetes, preventable cancers, chronic respiratory diseases, mental health conditions and injuries, account for 13 per cent of deaths, and almost 25 per cent of disability-affected life years among children and adolescents. NCDs disproportionately affect people in LMICs. While NCDs tend to manifest in adulthood, many have their origins in behaviours adopted during childhood and adolescence, such as tobacco use, lack of physical activity, unhealthy eating and excess alcohol consumption. Risk factors for NCDs are often preventable and, with appropriate health interventions before, during and after pregnancy, as well as through childhood and adolescence, their prevalence can be significantly reduced.

Worldwide, more than 580,000 children and adolescents aged 0–19 years die every year as a result of preventable injuries. The leading causes of these kinds of deaths are road injuries, drownings, falls, burns and scalds, and poisonings. Globally, road traffic injuries alone cause nearly 220,000 child deaths each year. For children between

the ages of 5 and 19, road traffic injuries represent the leading cause of death globally, with more than 90 per cent occurring in LMICs.

Globally, 1 billion children, who in many instances are already facing difficult challenges, are at very high risk of harm from environmental degradation and climate change. Every year, at least 1 million children under 5 years of age die from preventable environmental risks. The health and well-being of many more children and adolescents are at risk from exposure to dangerous combinations of climate and environmental shocks.

To promote the health and development of all children, UNICEF continues to build on its core programmes for ending preventable deaths. Health programmes are evolving to enable children to not only survive, but to thrive and reach their full potential. Every child has this right, but children with disabilities are among the most marginalized in society. UNICEF strives to ensure that all children, including those with disabilities, reach their full potential.

UNICEF works towards the prevention and management of NCDs in children through strengthening PHC to address chronic conditions, using lessons learned from work to address the burden of HIV, including through school, community and digital platforms.

Accelerated Action for the Health of Adolescents (AA-HA!)⁵² was launched in 2018 with the aim to provide international guidance on adolescent health. It continues to serve as a basis for developing health plans for adolescents. Adolescent health and well-being, including SRHR and mental health are potential areas for UNICEF leadership, requiring multisectoral approaches. School is a key platform for preventive and promotive health programming.

UNICEF is increasingly addressing injuries in children, including adolescents. The key areas of focus include road safety action and drowning prevention. UNICEF's focus is on prevention and progress in this area is contingent on multisectoral action.

Beyond the critical work being done in WASH, UNICEF is advancing its health programming to respond to the impact of environmental degradation and climate change on child health. Actions to strengthen PHC remain fundamental to this, such as advancing climate-resilient and environmentally sustainable PHC facilities.

FIGURE 24. Outcome and output results for child and adolescent health and well-being, 2022

Impact indicator	Baseline (2021)	2022 value	
SDG 4.2.1 Percentage of children who are developmentally on track in literacy-numeracy, and in physical and social-emotional development, and learning (3 of 5 domains)	71%	68%	
Outcome indicator	Baseline (2021)	2022 value	
1.12 Percentage of children aged 24 to 59 months receiving early stimulation and responsive care from their parents or caregivers	57%	55%	
1.13 Proportion of adolescent girls aged 15–19 years, who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (SDG 5.6.1) (UNFPA, UN-Women, WHO)	33%	29%	
1.14 Percentage of adolescents with symptoms of depression and/or anxiety reporting contact with health-care professionals or counsellors for mental health care (WHO)	TBD	TBD	
Output indicator	Baseline (2021)	2022 value	2022 milestone
1.4.1 Number of countries that have integrated early childhood development in PHC (WHO)	61	65	63
1.4.2 Number of countries integrating adolescent health priorities, including sexual and reproductive health, in PHC services or through school and digital platforms (UNFPA, UNAIDS, WHO)	27	37	30
1.4.3 Number of countries integrating the prevention and management of (a) non-communicable diseases as part of PHC, with UNICEF support (WHO)	16	22	18
1.4.3 Number of countries integrating the prevention and management of (b) injuries as part of PHC, with UNICEF support (WHO)	10	12	12
1.4.4 Number of countries (a) addressing environmental health risks in PHC, with UNICEF support (UNEP, WHO)	18	20	20
1.4.4 Number of countries (b) strengthening climate-resilient and environmentally sustainable health-care facilities, with UNICEF support (UNEP, WHO)	56	59	59
1.4.5 Availability of comparable data on non-communicable diseases, disability, injuries, mental health and children's environmental health (WHO)	TBD	TBD	Methodology is under development
1.4.6 Number of children with disabilities reached by assistive technology and inclusive products through UNICEF-supported programmes	134,000	223,244	159,500
H2.8 Percentage of country offices that meet organizational benchmarks for integrated parenting support programmes that promote children's and adolescents' optimal development	22%	31%	25%

Notes: NCD, non-communicable disease; PHC, primary health care; SDG, Sustainable Development Goals; TBD, to be determined; UNAIDS, Joint United Nations Programme on HIV/AIDS; UNFPA, United Nations Population Fund; UN-Women, United Nations Entity for Gender Equality and the Empowerment of Women; WHO, World Health Organization.

Integrating early childhood development services to ensure that every child thrives

Early childhood is a critical period for survival, growth and development. Good health and nutrition, early learning, safety and security, and responsive care beginning at birth – that is, the components of nurturing care – can strengthen babies' developing bodies and brains and improve their cognition, skills and abilities. The benefits of early childhood development (ECD) are lifelong; they affect education, productivity, health and nutrition in later childhood, adolescence and adulthood, with benefits for society as a whole. Scientific evidence makes a compelling case for ECD investment.

ECD has a prominent place in the SDGs, with a dedicated ECD impact indicator (4.2.1). However, many countries' progress towards the target came to a halt at the onset of the COVID-19 pandemic, which disrupted ECD programmes and exposed inequities in access to services. Interventions delivered through sectoral pathways were further strained by poverty and food insecurity. It became clear to UNICEF that a more holistic approach was necessary, to ensure that services are resilient to such stresses, and that parents can access the resources and support needed for their young children's optimum development.

UNICEF considers ECD an organizational outcome requiring strong, multisectoral systems and change strategies to achieve the results outlined in the UNICEF Strategic Plan, 2022–2025. ECD requires collaboration, mutual accountability and collective responsibilities across sectors, to achieve results that work towards the 'survive and thrive' goal, as well as education, child protection and social protection goals.

Early childhood development: Global trends

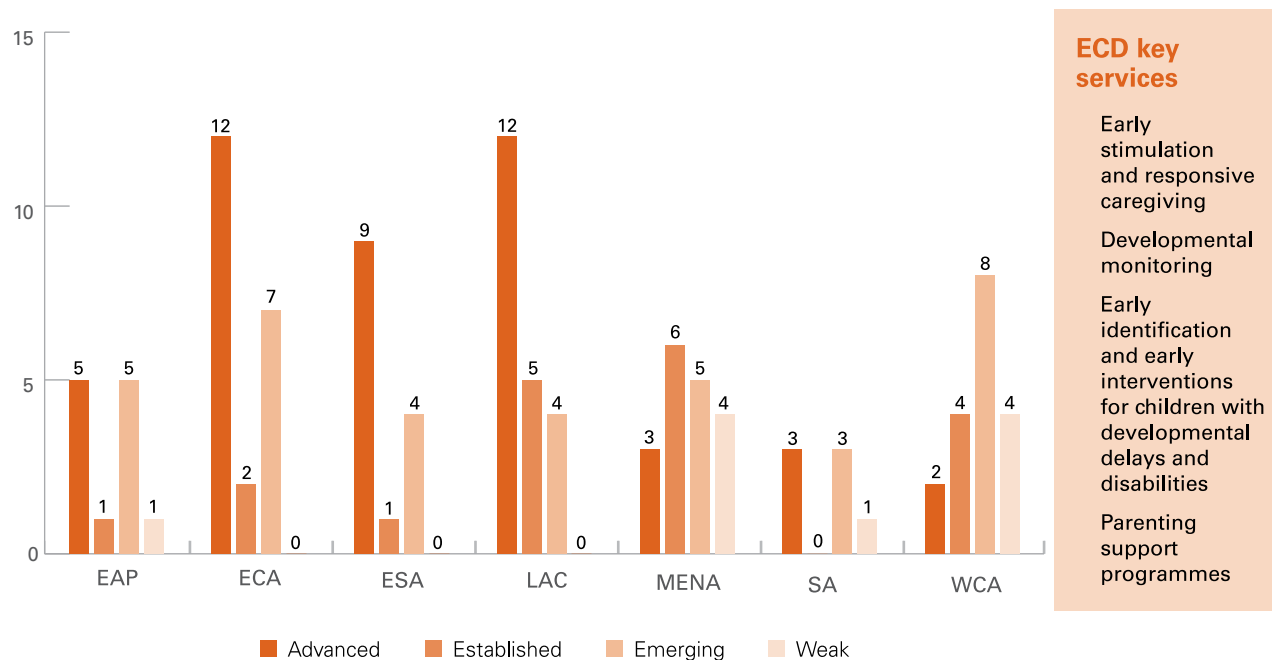
The UNICEF Strategic Plan, 2022–2025, is informed and guided by the SDGs. UNICEF reports annually to the United Nations on SDG 4.2.1, the ECD impact indicator. In 2022, of 72 countries with available data, over two thirds of children (68 per cent) were developmentally on track in literacy-numeracy, physical and social-emotional development, and learning. In terms of the related UNICEF outcome indicator, 55 per cent of children in 78 countries with data received early stimulation and responsive care from their parents and caregivers.

As part of its Vision 2030 for ECD, UNICEF is working with countries to deliver on commitments to ensuring that all children are developmentally on track for their futures. UNICEF is working across sectors to reach the millions of young children who are not yet receiving adequate early stimulation and responsive care, and to reach their parents and caregivers with the resources and support they need to give children their best possible start in life. UNICEF's Vision 2030 provides a framework for its organization-wide support to ECD, focusing on children from birth to the age of school entry.

Countries are making progress towards the adoption of multisectoral ECD programmes and policies. With UNICEF's support in 2022, more than 100 countries integrated essential ECD services into PHC systems and programmes. Services include: early stimulation and responsive caregiving; developmental monitoring; early identification and early interventions for children with developmental delays and disabilities; and parenting support programmes. This benefited more than 6.5 million children, and their parents and families.

Some 65 countries met the UNICEF benchmark for ECD integration, up from 61 in 2021, exceeding the 2022 milestone of 63. Among these 65 countries, 46 integrated all four essential ECD services into PHC (i.e., 'advanced' level of integration) and 19 countries integrated three such services (i.e., 'established' level of integration) (see *Figure 25*). Many countries also integrated ECD into their education and social protection systems.

FIGURE 25. Countries with integrated ECD services in PHC by region, 2022



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

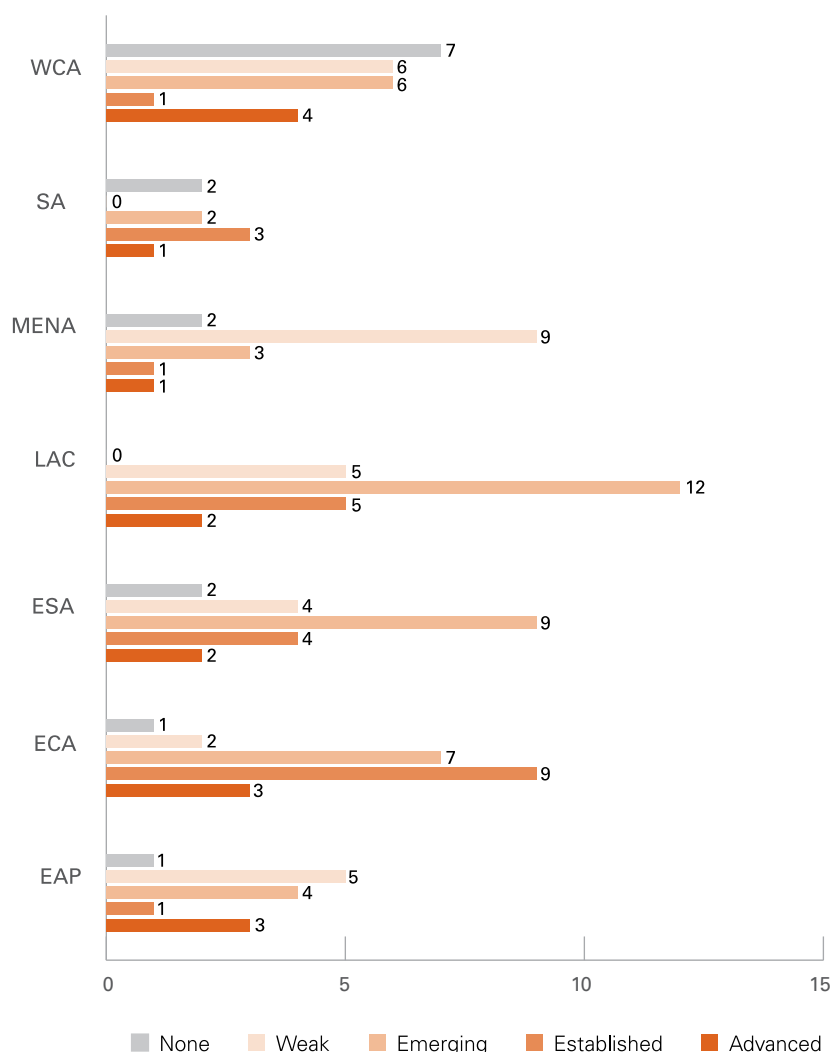
Status criteria

ADVANCED	ESTABLISHED	EMERGING	WEAK
All four of the ECD key services are included in the Health Sector policy/plan and delivered through PHC platforms.	Three ECD key services are included in the Health Sector policy/plan and delivered through PHC platforms.	One or two ECD key services are included in the Health Sector policy/plan and delivered through PHC platforms.	None of the four ECD key services are included in the Health Sector policy/plan and delivered through PHC platforms.

Integrated parenting support programmes that promote children’s and adolescents’ optimal development is a change strategy (H2.8) under the Strategic Plan, and is reported across goal and results areas. The UNICEF benchmark for integrated parenting support programmes is represented through the use of multi-level, multiplatform and multi-age approaches. Forty countries met the benchmark in 2022 (that is, with 31 per cent of 129 country offices reporting on this indicator). That is an increase from 28 countries that met the benchmark in 2021 (22 per cent of 128 country offices reporting); and it exceeds the Strategic Plan milestone of 25 per cent for 2022.

Countries that met the integrated parenting support benchmark used at least three out of five of the following approaches: strengthening enabling environments; supporting strengthened workforce capacities and integrated services; raising levels of awareness; promoting positive gender norms and socialization; empowering children, parents and communities; and encouraging participation. These were used across three or more sectors, reaching three age groups (0–6 years, 6–10 years and 10–19 years). Sixteen countries had ‘advanced’ integrated parenting programmes (i.e., they used four or five integrated approaches), and 24 countries had ‘established’ programmes (i.e., they used three integrated approaches) (see Figure 26).

FIGURE 26. Countries with integrated approaches to parenting support programmes by region, 2022



Integrated approaches to parenting support programmes

- Strengthening enabling environments
- Supporting strengthened workforce capacities and integrated services
- Raising levels of awareness
- Promoting gender norms and socialization
- Empowering children, parents and communities, and encouraging participation

Notes: 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.

Status criteria

<p>ADVANCED</p> <p>Four or all five of the integrated approaches were used in the parenting support programmes and through collaborations between four or more sectors supporting all three age groups (0–6 years; 6–10 years; and 10–19 years).</p>	<p>ESTABLISHED</p> <p>Three integrated approaches were used in the parenting support programmes and through collaborations between four or more sectors supporting all three age groups.</p>
<p>EMERGING</p> <p>Two integrated approaches were used in the parenting support programmes and through collaborations between four or more sectors supporting all three age groups.</p>	<p>WEAK</p> <p>One integrated approach was used in the parenting support programmes and through collaborations between four or more sectors supporting all three age groups.</p>
<p>NONE</p> <p>None of the five integrated approaches were used.</p>	

The number of countries adopting family-friendly policies in support of working parents and caregivers almost doubled, from 13 to 24, from 2021 to 2022. Family-friendly policies (i.e., on breastfeeding in the workplace; access to affordable, quality childcare and early education; paid parental leave; and child benefits) support parents to maintain their livelihoods, knowing that their children are being nurtured and taken care of. Such policies have particular benefits for women, because they support mothers in their caregiver roles and promote fathers' engagement in caregiving. They also help address the societal norms that perpetuate gender inequality. Governments and businesses also have the opportunity to recognize unpaid care work.

Family-friendly policies are an important organizational priority and have been elevated to an outcome-level result in the Strategic Plan 2022–2025. They are reported under Goal Area 5, which seeks to reduce child poverty and increase access to inclusive social protection.

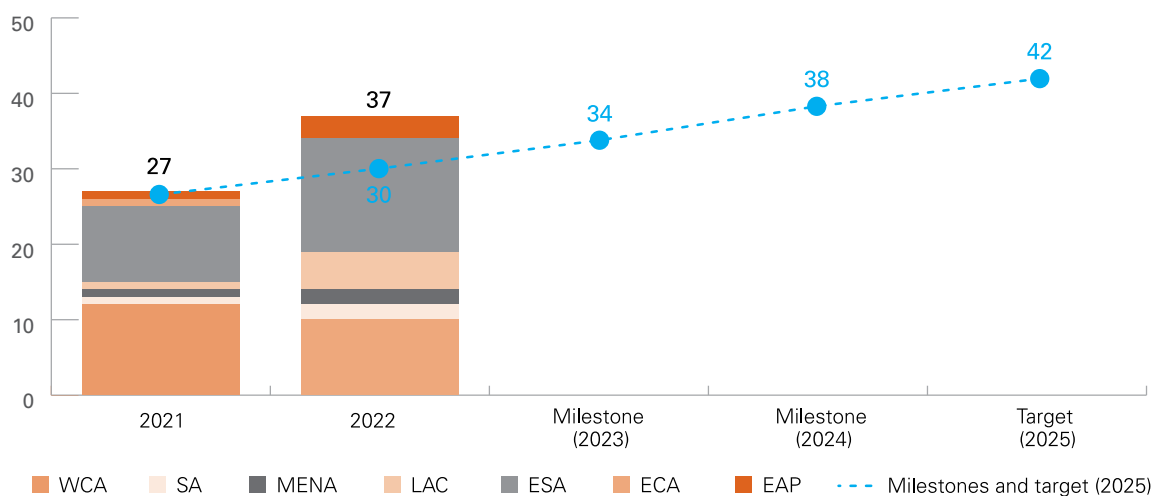
Caregivers' mental health and well-being is a critical component of parenting support, building on UNICEF's Caring for the Caregiver global framework. Results against the Strategic Plan output on caregiver mental health are described under Results Area 5.

For the full report on UNICEF results in ECD in 2022, see the chapter titled 'Results: Early Childhood Development,' [beginning on p. 91](#).

Integrating adolescent health priorities

To meet the unique needs of adolescents globally, UNICEF continued to expand its adolescent health portfolio, and to increase its country-level support. The number of countries integrating adolescent health priorities, including sexual and reproductive health, in PHC services or through schools and/or digital platforms increased to 37 countries, from 27 in 2021 (*see Figure 27*). The Eastern and Southern Africa region saw a threefold increase; and the Latin America and Caribbean region saw a fivefold increase in results.

FIGURE 27. Number of countries integrating adolescent health priorities, including sexual and reproductive health, in PHC or through school and digital platforms, 2022



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

The UNICEF publication, *Building Back Equal, With and For Adolescent Girls: A Programme Strategy for UNICEF 2022–2025*⁵³ outlines how UNICEF's strategy will advance a bold, transformative agenda to create a more gender equal world. The strategy aims to support adolescent girls to achieve their full potential, through accelerated programming that leverages UNICEF's existing work and comparative advantage. The aim is to promote more multisectoral, context-specific, rights-based support that meets adolescent girls' diverse and overlapping needs.

One of the three intersecting focus areas of the strategy is adolescent girls' health and nutrition, which includes: mental health; SRHR; prevention, care and treatment of HIV and AIDS; and access to quality menstrual health and hygiene information and services. Investment in adolescent girls produces long-term dividends both for individuals, and for societies at large. Such investment leads to improved health, nutrition and well-being for adolescent girls and their families, as well as more efficient health systems, more lives being saved, and decreased poverty levels.



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Two friends, Mariam (left) and Amna (right), at their school in White Nile, the Sudan.

In Kenya, for example, UNICEF partnered with Kenyatta National Hospital and the University of Nairobi to strengthen learning around the mental health needs and priorities of pregnant and parenting adolescents. The project aims to expand existing knowledge and understanding to address the psychosocial needs of these individuals using a collaborative care approach within antenatal and postnatal care, and maternal and newborn health services at PHC level. The practice handbook will be developed and tested, informed by key findings from design research with pregnant adolescent girls and mental health Gap Action Programme⁵⁴ principles for perinatal adolescent mental health.

Focus on strengthening quality maternal care approaches that are responsive to adolescents continues to be a priority. However, little or no progress was seen in this area in 2022. Only 56 per cent of 15–19-year-old adolescent girls received at least four antenatal visits (57 per cent in

2021); only 64 per cent received postnatal care (62 per cent in 2021); and 76 per cent of 15–19-year-olds had live births attended by skilled health personnel (75 per cent in 2021). The proportion of 15–19-year-olds who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care reduced to 29 per cent, (from 33 per cent in 2021). These results further highlight the critical need for further investment to support SRHR interventions for girls through PHC, schools and digital platforms.

In Zimbabwe, UNICEF supported programming to enable 52,838 adolescents to access information and referrals for SRHR, and substance use information, through digital and school platforms. In Angola, Eswatini, the Philippines, Rwanda and the State of Palestine, UNICEF is also supporting youth-friendly services, which include SRHR.

Integrating prevention and management of non-communicable diseases into primary health care

There has been increasing momentum in UNICEF's programming in integrating prevention and management of NCDs into PHC. This applies to both addressing risk factors and managing severe chronic conditions in children, including adolescents. These conditions include, for example, type 1 diabetes, sickle cell disease, rheumatic heart disease and congenital heart disease. With UNICEF's support, 22 countries have in place policy-level engagement and support to integrate NCDs into PHC. This exceeds the 2022 milestone of 18 countries. In Bangladesh, Malawi, Mozambique, Nepal, the Philippines and Zimbabwe, UNICEF ensured that children and young people were integrated into national-level NCD policies and plans, and that both front-line and referral facilities have the capacity to manage severe chronic conditions in children.

UNICEF leverages food and education systems to transform children's food environments and improve access to nutritious diets, essential services and positive practices that prevent overweight and NCDs (see Results Area 7 for further details).

UNICEF advanced youth-led policy and programme action for the prevention of NCDs in Angola, Belize, Brazil, Indonesia, Jamaica, Papua New Guinea, South Africa and Zimbabwe, to reach over 1.7 million adolescents. In these countries, 1,171 young advocates were trained and mobilized, which resulted in the adoption or implementation of 12 policies and laws. In Rio de Janeiro, Brazil, for example, youth leadership resulted in an increased public spending allocation to mental health services for young people from low-income communities. And in Indonesia, UNICEF collaborated with young people and the government to prepare a policy draft on introducing smoke-free areas and a ban on tobacco advertising, promotion and sponsorship.

In Malawi, with funding from Eli Lilly, the pilot phase of an NCD screening facility was implemented by the Ministry of Health and partners at Neno and Mangochi district hospitals. Early screening services detected NCDs in about 40–50 per cent of all screened patients. Sickle cell disease, diabetes, iron deficiency anaemia, obesity and asthma were the common NCDs detected in the two health-care facilities.

Under the UNICEF–WHO Helping Adolescents Thrive and the Young Health Programme partnership (with AstraZeneca), the development of global intervention tools engaged 2 million adolescents across 15 countries in learning and activities for NCD prevention and mental well-being.

Together with WHO and United Nations Educational, Scientific and Cultural Organization, seven focus countries initiated the roll-out of health-promoting schools. The Jamaica Moves in Schools programme, supported by UNICEF, reached approximately 9,400 students in 2022, across 53 primary and secondary schools. UNICEF also provided technical support to the Ministry of Education and Youth to develop a monitoring system for use within the ministry and at school level, to facilitate full implementation of the programme across all schools.

As part of the Every Woman Every Child movement, UNICEF and partners published *No Time to Lose: Health Challenges for Adolescents in Latin America and the Caribbean*, which issues an urgent call to policymakers to take action to improve the living conditions and prospects of adolescents living in Latin America and the Caribbean, by adopting a multisectoral, equitable and evidence-based approach. Key recommendations from the report advocate strengthening health systems and the reach of services, engaging adolescents in the design of interventions and solutions to their problems, promoting good mental health and including mental health services in PHC systems.

Integrating the prevention and management of injuries into primary health care

Children living in low-income countries are far more likely to suffer from injuries than those in high-income countries. These deaths are largely preventable and UNICEF works across the health, child protection, education, urban planning and environment sectors, to support the prevention of injuries in children.

The focus of UNICEF's child injury prevention work is on road safety action and drowning prevention. UNICEF works with governments and partners to support, develop and monitor integrated programmes. Evidence-based policy development, implementation and enforcement is key and, to this end, UNICEF advocates for improved data collection and analysis, and strengthened government and community capacity, implementation and monitoring of programmes and policy.

In 2022, the number of countries that integrated prevention and management of injuries into PHC increased to 12, from 10 in 2021, across six of UNICEF's seven regions. In Armenia, Brazil, China, Jamaica, Kazakhstan, Paraguay, the Philippines, South Africa and Uzbekistan, UNICEF is supporting improved road safety, and safe and healthy journeys to school. This includes advancing legislation on slower traffic speeds, while reducing carbon dioxide exposure and noise pollution.

In the Philippines, UNICEF implemented safe school zone models in 25 pilot schools, covering a student population of 70,000. Spot checks were carried out in all the pilot schools to monitor the status of interventions, identify implementation gaps and update schools' risk ratings. Based on the recommendations from the spot-check reports, the City Engineering Office and the Department of Public Works and Highways carried out work around the pilot schools, including sidewalk rehabilitation, road widening, enhancement of pavement markings and installation of street signs. This offers children a safer environment as they travel between home and school. Further, in China, UNICEF collaborated with the government on data analysis in six counties to determine the causes, and associated road injury death rates, which will inform the development of targeted intervention tools and activities to prevent the involvement of children in road traffic incidents.

UNICEF participated in the High-level Meeting on Improving Global Road Safety,⁵⁵ and hosted a side meeting to advocate for greater participation in UNICEF's #DriveToAction initiative.⁵⁶ Decision makers were called on to invest in road safety and to scale up work to introduce more 30 km/hour limit zones. UNICEF published *Technical Guidance for Child and Adolescent Road Safety*⁵⁷ to: raise awareness of the magnitude, impacts of and risk factors for child and adolescent road traffic injuries; raise awareness around the preventability of child and adolescent road traffic injuries; and support and provide guidance for planning, implementation and monitoring of recommended actions for child and adolescent road safety.

UNICEF is advancing interventions to prevent drowning in Bangladesh and China, which in both countries is one of the leading causes of death for 5–14-year-olds. In Bangladesh, for example, UNICEF supported multimedia awareness-raising activities, to reach approximately 1.8 million people with information on drowning prevention and other topics. In response to flooding in Sylhet and Rangpur, UNICEF funded behaviour-change activities, which reached 821,651 people with life-saving messages on preventing drowning and avoiding waterborne sicknesses, among others.

UNICEF actively supported World Drowning Prevention Day, using the opportunity to raise awareness about life-saving measures to prevent drowning.

Children with disabilities reached with assistive technology and inclusive products

During 2022, there was a notable increase in the procurement of assistive technology to help children with disabilities survive, thrive and reach their potential. UNICEF procured 223,244 assistive devices and inclusive products; a 60 per cent increase from the previous year. This growth includes health-related items such as wheelchairs and

hearing aids, educational tools and inclusive play items. Improvements in access to assistive and inclusive products for children with disabilities are a result of growing awareness of, and advocacy for, inclusive design.

As part of its commitment to disability inclusion, UNICEF continues to prioritize accelerated access to assistive technologies in emergency and conflict responses. In 2022, UNICEF provided wheelchairs and hearing aids to support children affected by the war in Ukraine. In collaboration with the government and local partners, UNICEF conducted a thorough needs assessment and provided appropriate early intervention services to internally displaced children in crisis situations.



Ibrahim Modular, a 10-year-old boy at the Etoug-Ebe Disability Center, Yaounde, Cameroon. After getting polio as a baby, Ibrahim crawled on all fours and used wooden planks to protect his hands. Ibrahim receives a prosthetic leg to help him to straighten up again.

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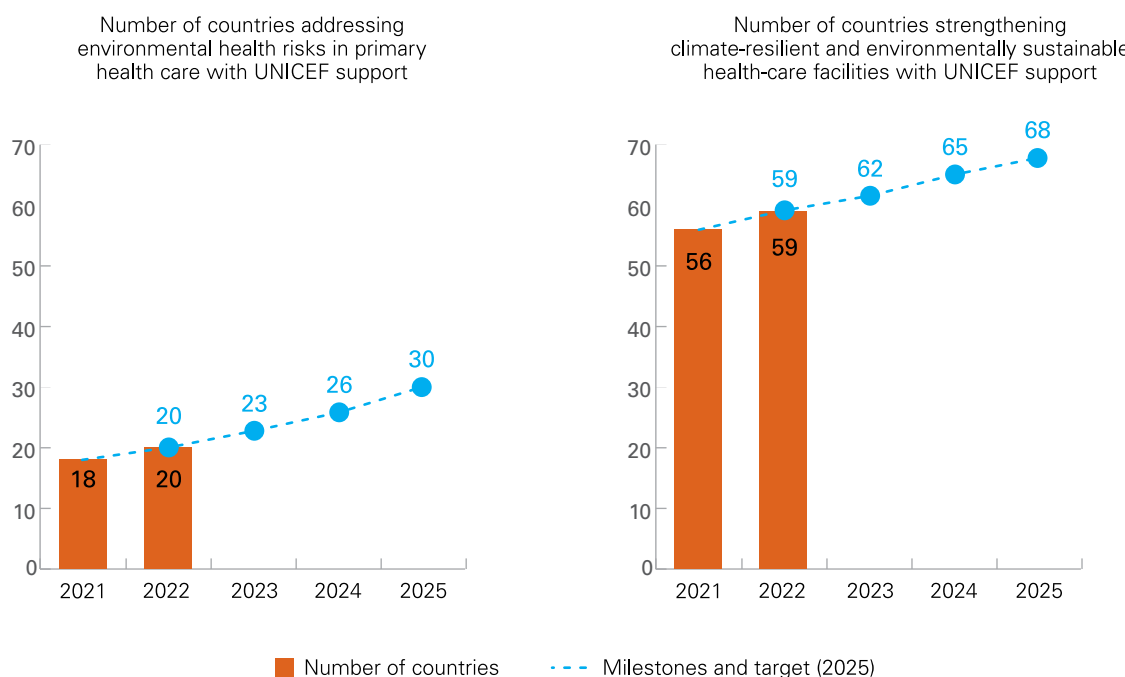
Protecting children’s health from the impact of climate change and environmental degradation

UNICEF continues to respond to the impact of environmental degradation and climate change on child health through its Healthy Environments for Healthy Children (HEHC) programme. At the heart of this is the

strengthening of PHC, including the improvement of climate-resilient and environmentally sustainable PHC facilities.

UNICEF supported 20 countries to address environmental health risks in PHC, meeting the 2022 milestone (20) (see Figure 28). The number of health-care facilities supported by UNICEF to be climate-resilient and/or environmentally sustainable increased to 59 countries, from 56 (2021), and met the 2022 milestone (59) (see Figure 28).

FIGURE 28. Progress towards protecting children’s health from the impact of climate change and environmental degradation, 2022



UNICEF participated in key international forums, including the G7, the World Health Summit, and the United Nations Climate Change Conference to elevate the importance of children’s environmental health on the global agenda. UNICEF expanded implementation of the HEHC programme to 14 countries. The programme continued to evolve, to focus on protecting maternal, newborn and child health from the impacts of climate change and pollution, and strengthening climate-resilience and environmental sustainability in health-care facilities.

By taking a broader strategic approach, the HEHC programme is developing a multi-stakeholder strategy to mobilize international action to protect children’s lives, health and well-being from the impact of climate change and environmental degradation. Consultations with internal and external stakeholders in 2022 are informing the development of the global collaborative on HEHC.

UNICEF is building on foundational work to end childhood lead poisoning through its HEHC programme. Over the past few years, Bangladesh, Ghana, Georgia and Indonesia have been implementing programmes to end childhood lead poisoning. Capacity-building for country offices has helped provide guidance on approaches to blood lead level testing to other children’s environmental health issues such as air pollution, e-waste and WASH in health-care facilities.

During the COVID-19 pandemic, UNICEF accelerated efforts to improve WASH in health-care settings, by identifying short-term improvements to infection prevention control measures, while continuing to support longer-term initiatives for sustainable WASH services in health-care facilities. For example, UNICEF Vanuatu leveraged COVID-19 funding to improve WASH services, both as a response measure and to meet minimum standards required for delivery of quality health services. To date,

a total of 55 out of 164 health-care facilities have been assessed. WASH upgrades are currently taking place in 24 of them, and 112 health-care workers have been trained.

Partnerships with government stakeholders, civil society and the private sector have been crucial in advancing progress to improve environmental health for children. For example, in Georgia, UNICEF worked with the National Centre for Disease Control and Public Health to open a new laboratory with the capacity to conduct children's environmental health analysis. Funding from the private sector helped in the purchase of critical equipment, such as the inductively coupled plasma mass spectrometry machine. The government is also funding laboratory staff, who are being trained by UNICEF to use the equipment to conduct tests such as blood lead level testing. It is through this type of testing, done by Multiple Indicator Cluster Surveys in 2018 that UNICEF found that more than 40 per cent of children in Georgia may have been poisoned by lead.

To respond to new and shifting patterns of disease burdens influenced by climate change, UNICEF established partnerships for adapting PHC. Through a series of webinars and consultations with the Child Health Task Force, experts in maternal, newborn and child health, and climate change were identified. These experts were invited to share evidence and make recommendations for addressing heat stress and the Children's Climate Risk Index in the context of child health outcomes.

Reflections and challenges

UNICEF has witnessed significant interest from private sector partners in co-investing in emerging areas of health programming, including mental health, road traffic accident prevention and NCDs. UNICEF's experience of, and programming in, other relevant areas has also contributed to the effectiveness of programming in this area, owing to the multisectoral nature of much of this work.

High-quality data are central to guiding UNICEF in defining policies, services and programmes for children over 5 years of age, and adolescents, in their specific contexts. UNICEF is developing, validating, and pretesting the Measuring Mental Health Among Adolescents and Young People at the Population Level module, which will be utilized as part of Multiple Indicator Cluster Surveys to measure adolescent mental health outcomes and NCD risk factors. UNICEF is also working to enhance data collection on environmental exposures through Multiple Indicator Cluster Surveys and establishing children's environmental surveillance programmes with national governments, to support policy development and action.



Children swim in the flood water in Umerkot District, Sindh Province, Pakistan.

South Africa: Engaging adolescents in promoting healthier diets and lifestyles

In South Africa, UNICEF is working with partners to promote healthier lifestyles and reduce modifiable risk factors for NCDs, including overweight and obesity among adolescents and young people.

NCDs are a leading cause of death and disability in South Africa and have enormous associated costs for patients, families, communities, the health system and the economy at large. Between November 2020 and May 2021, UNICEF conducted a comprehensive study in South Africa on diet and physical activity in adolescents and young people. The results showed that more than 31 per cent of 15–19-year-old girls and 60 per cent of 20–24-year-old women are affected by overweight or obesity. The marketing of unhealthy foods, the high cost of nutritious foods, limited knowledge and confusion regarding healthy diets, and the correlation between inactivity and NCDs, among others, were revealed as barriers to nutritious diets and physical activity.

The Communication Strategy of the National Food and Nutrition Security Implementation Plan (2018–2023), led by the Presidency, sets out the social and behavioural change framework for the National Strategy for the Prevention and Control of Obesity 2022–2027. UNICEF supported the National Department of Health in the drafting the National Strategy and facilitated its consultation process. This aimed to: (1) create an enabling environment for equitable and easy access to affordable, healthy food; (2) deliver evidence-based education and communication at all levels to prevent and control obesity; and (3) adopt policies, regulations and legislation to support a healthy food environment.

In 2022, to support the implementation of the Communication Strategy, UNICEF embarked on various social and behavioural change initiatives targeted at adolescents and young people, to increase awareness on the impact of the unhealthy food environment and its contribution to overweight and obesity. One of the initiatives, the My Body, My Health: My Wealth campaign, was launched during National Nutrition Week in 2022. The campaign supports the Department of Health's focus on making healthy food choices easier and is aligned with the National Strategic Plan for the Prevention and Control of NCDs. Informed by the results⁵⁸ of the UNICEF study (described above), the campaign aimed to prevent modifiable risk factors for NCDs among adolescents, with special emphasis on diet, physical activity and mental health.

Young people played a key role in creating the campaign content and implementing communication activities to reach adolescents and youth, both online and offline. Creative design, engaging content, live challenges and inspiring role models were used to spearhead the campaign. UNICEF leveraged its extensive network of young volunteers across the country, including youth clubs, to reach the target population.

More than 2 million adolescents and young people were reached through the campaign via social media, community radio and face-to-face events, with messages about nutritious diets, healthy lifestyles, mental health, SRHR and harmful gender and social norms. UNICEF provided technical support to prepare campaign materials and social media toolkits. Almost 180,000 infographics in the form of posters were distributed to schools, health-care facilities and existing youth community organizations within all nine provinces, to reach young people with no internet access.

UNICEF's experience launching My Body, My Health: My Wealth in South Africa highlighted the importance of a collaborative approach to engage young people in the design and implementation of programmes that aim to improve their health and well-being. The lessons learned from this initiative will be mainstreamed, to support implementation of the National Adolescent and Youth Health Policy, through existing delivery platforms, such as the school health programme.

Results Area 5: Mental health and psychosocial well-being

Children, including adolescents, and their caregivers, have access to quality programmes that improve their mental health and psychological well-being, in development and humanitarian contexts.

Mental health conditions account for 16 per cent of the global burden of disease and injury among adolescents. Self-harm is a leading cause of death for adolescents between the ages of 15 and 19. Yet only 35 per cent of countries globally have national child or adolescent mental health policies in place. Further, most adolescents and young adults with mental health disorders do not receive any professional care or treatment from health or social care services. It is also critical that support for caregivers' mental health is available, as this will allow them to effectively support children's development. Investment in integrated mental health services will positively impact the overall mental health and well-being of children and their caregivers.

In response to the disparity between children's and adolescents' mental health needs, and the availability of services tailored to those needs, UNICEF established mental health and psychosocial support (MHPSS) as a multisectoral area of responsibility in the Strategic Plan, 2022–2025. This resulted in the development of UNICEF's global multisectoral operational framework for MHPSS of children, adolescents and caregivers across settings.⁵⁹

UNICEF's MHPSS theory of change (TOC) guides the multisectoral approach to programming. The TOC is structured around the social ecological model, with four outcomes that create an enabling environment for MHPSS at the level of children and adolescents, caregivers, communities, and societies and their systems. The TOC explains how activities across health, education, child protection and other areas produce results that contribute to achieving UNICEF's goal. This goal is that "The mental health and psychosocial well-being of children and adolescents and their caregivers is supported and protected to help them survive and thrive in their communities and societies."

UNICEF works intersectorally, across health, education and child protection, to help fill a critical gap. The aim is to strengthen the provision of mental health programmes and services for children, adolescents and their caregivers through PHC, school and digital platforms. UNICEF country offices are supporting education authorities and partners at national and local levels to ensure that children and



Olesia with her eight-year-old daughter Albina, outside a day care centre in Rzeszow, Poland.

adolescents access learning environments that offer opportunities to improve their mental health and well-being. In child protection, countries are rolling out community-based individual MHPSS interventions and community-level activities, which are essential for healthy community well-being and stability. Targeted MHPSS campaigns contribute to population-level acceptance of MHPSS and decreased stigma.

UNICEF's work in this area includes promotion of child and adolescent mental health through global advocacy, awareness-raising and strengthening of policies and laws. UNICEF also supports prevention, early identification and management of child and adolescent of mental health conditions through strengthened health systems and community-based programmes.



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In Guatemala City, Guatemala, a group of adolescents and young people gathered in Las Americas Park to support the launch of the “Dime” (Tell me) campaign to help eliminate the stigma around mental health and promote the well-being of children and adolescents across the country.

Demand has been growing for programmes to support caregivers’ mental health, particularly since the COVID-19 pandemic. During this period, the closure of childcare settings and disruptions to early childhood education programmes left children without services and placed enormous additional stress on their parents and caregivers. UNICEF places priority on caregivers’ mental health in the

post-pandemic phase, and has assigned it as an output indicator in the new Strategic Plan. UNICEF support in 2022 took the form of capacity-building and training of front-line workers, and the development of tools and resources. This often built on UNICEF’s Caring for the Caregiver global framework, to integrate caregiver mental health into all sectors.

FIGURE 29. Outcome and output results for mental health and psychosocial well-being, 2022

Outcome indicator	Baseline (2021)	2022 value	
1.14 Percentage of adolescents who report symptoms of depression and/or anxiety reporting contact with health-care professional or counsellor for mental health care (WHO)	N/A*	N/A*	
Output indicator	Baseline (2021)	2022 value	2022 milestone
1.5.1 Number of countries integrating mental health services, in PHC, including through school and digital platforms	54	67	58
1.5.2 Number of countries implementing multisectoral approaches to caregiver mental health	52	41	57
1.5.3 Number of countries with a plan or strategy for child and/or adolescent mental health (WHO)	75	75	78

*Data collection will start in 2023.

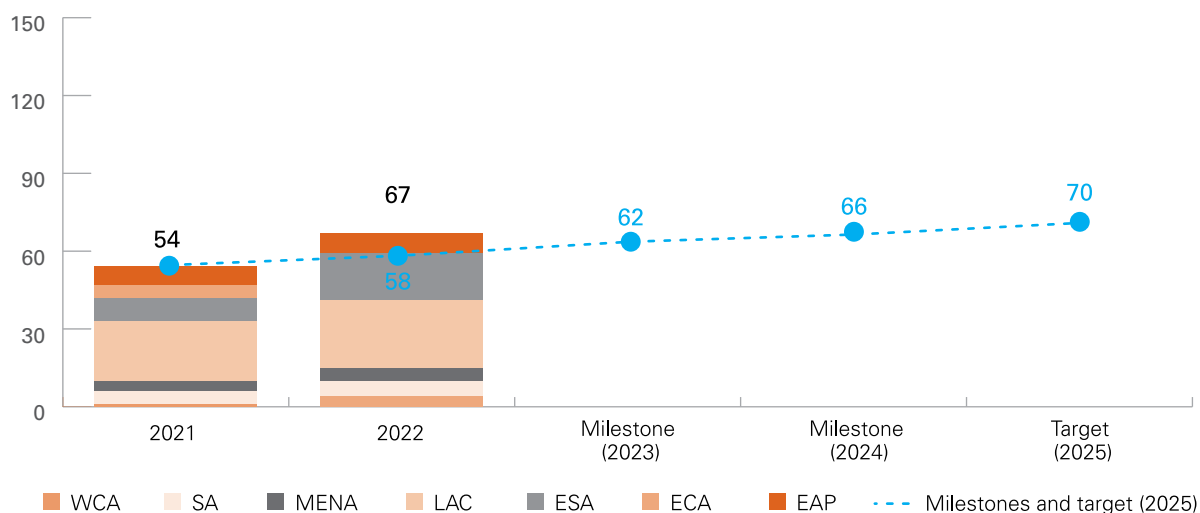
Notes: PHC, primary health care; WHO, World Health Organization.

Integrating mental health services into primary health care

In 2022, UNICEF supported the implementation of mental health programmes and services through PHC, schools and digital platforms in 67 countries (see Figure 30). Policy

action for strengthening child and adolescent mental health services was further developed by 17 countries. Of these, five countries actively supported the integration of these services through PHC, and 12 countries utilized telemental health and digital platforms.

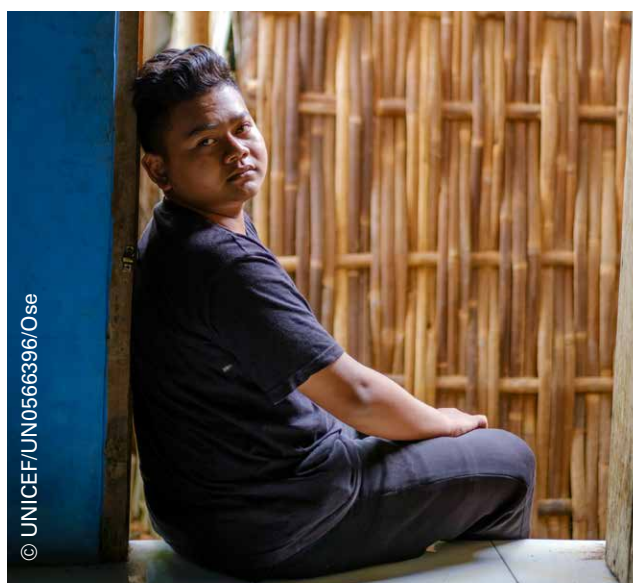
FIGURE 30. Progress in number of countries integrating mental health services into primary health care, 2022



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

UNICEF’s focus on improving the quality and scale-up of mental health services within programming countries led to significant improvements in this area compared with 2021. A total of 4,522,113 children and their families were reached through UNICEF-supported mental health services and programmes, compared with 471,877 in 2021.

UNICEF supported the accelerated integration of child and adolescent mental health services into PHC in Angola, Armenia, Kenya, Nepal and Rwanda. In Angola, UNICEF supported the Ministry of Health in training 47 non-specialist health-care workers to assess and manage mental health problems, with a focus on young people. This enabled the mainstreaming of mental health into youth-friendly spaces dedicated to promoting and delivering SRHR in 16 health-care facilities. UNICEF’s work in Armenia resulted in new clinical modules and guidelines on basic aspects of child and adolescent mental health, which were used for training PHC providers and specialists. In Kenya, UNICEF partnered with Kenyatta National Hospital and the University of Nairobi, to strengthen learning around the mental health needs and priorities of pregnant and parenting adolescents. This included research on prevalence and risk factors associated with depression in pregnant adolescents, understanding mental health treatment and perinatal service preferences of Kenyan



Bagus (age 16) relaxes at home in Sragen, Central Java Province, Indonesia. Bagus and his brother, Fadlan (age 7) have been living with their older sister Enda (age 25) and her family after both of their parents recently died from COVID-19.

pregnant adolescents. These activities have been important for guiding the integration of mental health services for pregnant adolescent girls through PHC. In Nepal, UNICEF continued efforts to mainstream children's and adolescents' mental health in PHC, including through training of health workers. This resulted in more than 33,000 adolescents aged 10–19 years receiving mental health support. Further, more than 3,000 cases referred by PHC facilities were supported through telemental health services.

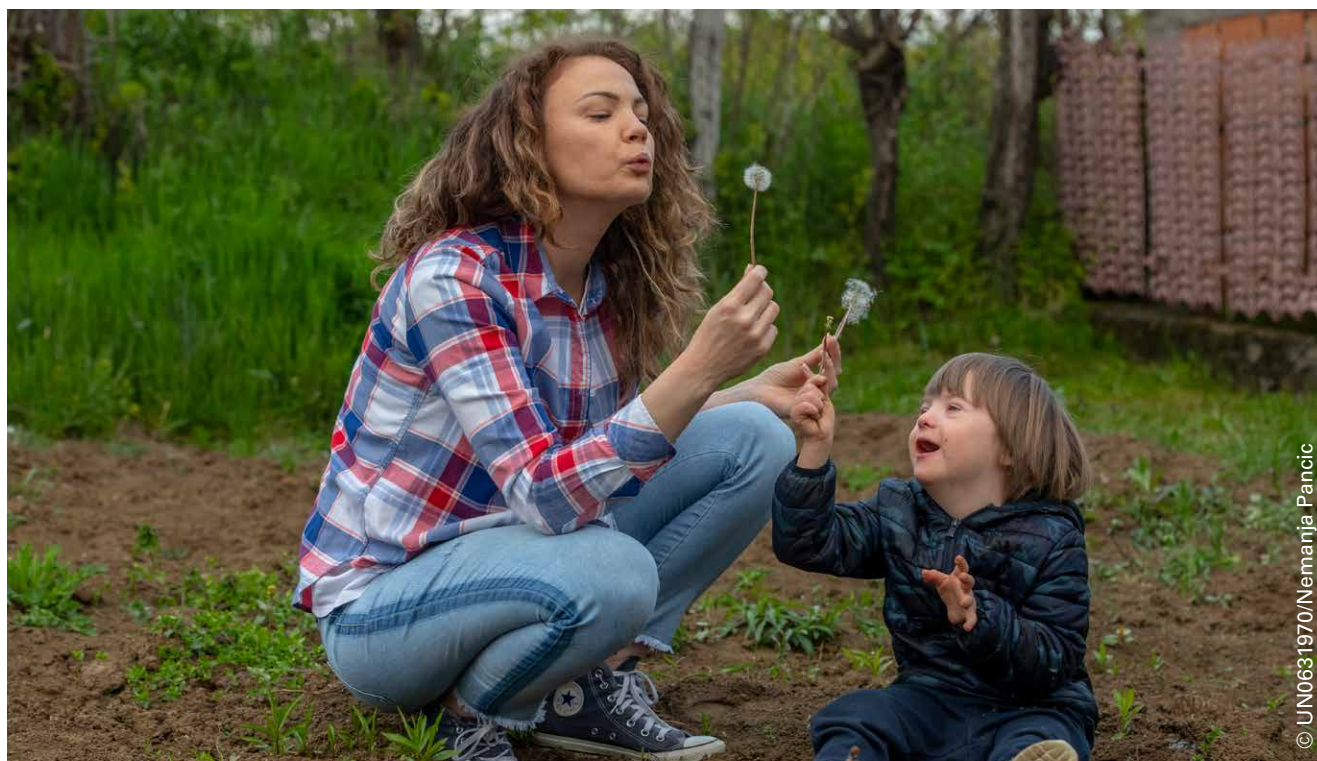
In 12 countries, UNICEF supported the expansion of digital mental health services for young people. In Jamaica, for example, the 'U-Matter' mental health chatline – a text-based service connecting young people with trained counsellors – was launched, in partnership with the Ministry of Health and the University of the West Indies. In Brazil, the online mental health platform, 'Pode Falar', provided 44,215 young people with content to promote self-help, as well as access to counsellors.

UNICEF continued to work with partners on advancing the agenda for MHPSS for children and adolescents globally, and participated in steering committees for the Global Forum for Adolescents, USAID–Momentum-led Perinatal Mental Health Community of Practice, and Young Health Programme.⁶⁰ UNICEF is also part of several technical working groups, including the H6+ Technical Working Group on Adolescent Health and Well-being, and the Inter-Agency Standing Committee substance use group. In 17 countries,

implementation of the UNICEF–WHO *Helping Adolescents Thrive Toolkit: Strategies to promote and protect adolescent mental health and reduce self-harm and other risk behaviours*.⁶¹ To strengthen the capacity of countries in implementing and scaling up mental health prevention and promotion strategies for adolescents, UNICEF and WHO organized two regional Helping Adolescents Thrive workshops.

Integrating caregiver mental health services across sectors

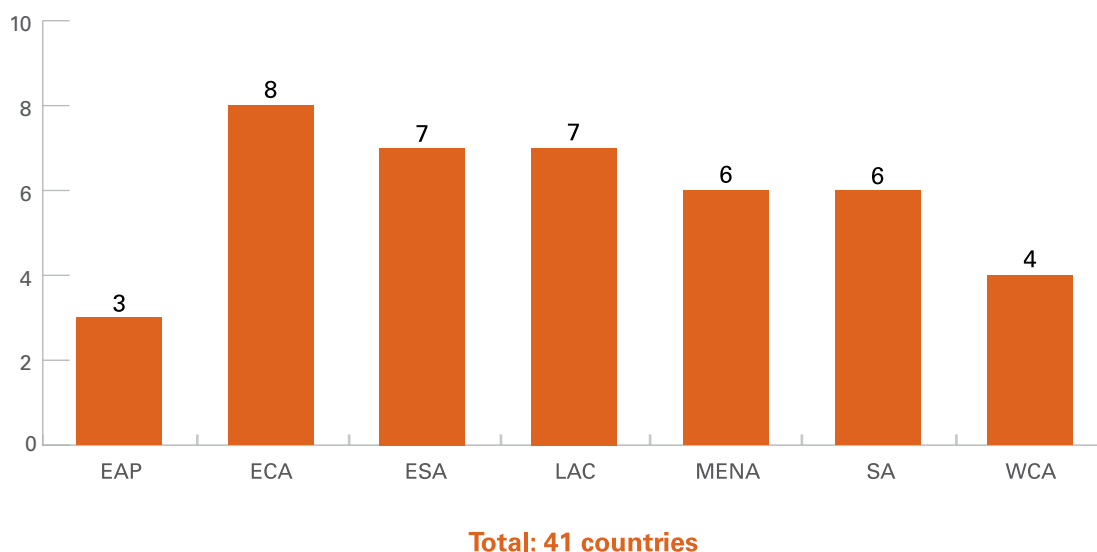
Support for caregivers' mental health puts them in a better position to support their children's development. UNICEF established integrated mental health services for caregivers as a priority under its new Strategic Plan and global multisectoral operational framework for MHPSS for children, adolescents and caregivers across settings. In 2022, 41 countries, including four Level-2/ Level-3 emergency countries, are implementing support for caregiver mental health through at least two sectoral platforms (e.g., health, education, nutrition, child protection) and policies/plans (see *Figure 31*). Overall progress towards the output indicator (1.5.2) reflects the immediate and ongoing impacts of the COVID-19 pandemic. A total of 56 country offices reported on the indicator.



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A mother and her child, in the Grocka suburb of Belgrade, Serbia. UNICEF promoted playful parent-child interactions and support for caregiver mental health through the Playful Parenting programme in Serbia.

FIGURE 31. Countries with multisectoral approaches to caregiver mental health, by region, 2022*



* Countries in which at least two sectors have a national policy/strategy that addresses the provision of mental health services for caregivers and actually deliver such services.

Notes: 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.

UNICEF did not require country offices to report on this indicator in 2022 (unlike in previous years, when it was considered a sectoral intervention). Therefore, fewer countries reported on it in 2022 than in 2021. Results of mental health service delivery – through various sectoral platforms – are captured across UNICEF goal areas. UNICEF’s midterm review of the Strategic Plan may offer an opportunity to clarify and potentially consolidate platforms under Goal Area 1, and to harmonize indicators across the goal areas.

Momentum and demand for caregiver mental health interventions have increased. Several countries are beginning to address caregiver mental health through a range of sectoral platforms, including PHC and child protection. The following are just a few examples of how UNICEF assisted the integration of caregiver mental health across sectors.

In Bhutan, UNICEF and WHO supported the development of a joint action plan in connection with a new, multisectoral programme that aims to strengthen MHPSS interventions for caregivers. UNICEF also supported the development of a mental health screening tool, to be used with mothers during antenatal care visits. The tool is being piloted in the national referral hospital in Thimphu, the capital.

Cambodia’s Nurturing Care Parenting programme includes provision for caregivers’ mental health and well-being. It offers counselling and other support in all five areas of the nurturing care framework (i.e., early learning, responsive

care, safety and security, good health and nutrition). It also covers caring for young children with developmental delays and disabilities. UNICEF collaborated with ministries of education and health to develop and roll out the programme in 2022.

In the Islamic Republic of Iran, UNICEF supported the development of a toolkit for providers of mental health services for pregnant and breastfeeding women. UNICEF also supported capacity-building of public health centres across the country, providing social harm prevention and MHPSS services to adolescents, and their parents and caregivers.

Support for the mental health and well-being of parents and caregivers is one of three core pillars of Serbia’s universal ECD parenting programme, which is implemented through the health, education and social welfare sectors (the other two pillars are responsive caregiving and gender-balanced parenting). The parent/caregiver support pillar is based on Caring for the Caregiver, a UNICEF package of resources designed to help parents and caregivers cope with daily stress and connect them with the support and services they need to be able to address the ECD needs of their children. UNICEF supported implementation of the Caring for the Caregiver package, for use by front-line health workers, as well as for advocacy, awareness-raising, data collection and evidence generation.

Caregiver mental health in emergencies

Exposure to conflict, violence and insecurity can have an impact on the mental health of both children and their caregivers. In Ethiopia, UNICEF supported training activities for front-line workers in the delivery of MHPSS in conflict-affected regions. Nearly 300 social workers, health personnel, psychologists and educators were trained as trainers. In the Afar and Amhara regions, workers who completed the training have already begun delivering MHPSS services. Three ministries (i.e., education, health, and women and social affairs) coordinated the training, which sought to increase access to MHPSS services for children and caregivers in their communities. Referrals to specialized services would be made in, for example, cases of GBV. UNICEF supported service provision for MHPSS and GBV in the Afar and Amhara regions through additional capacity-building.

In Ukraine and countries hosting Ukrainian refugees, caregiver mental health is integral to UNICEF's support to children and families who have been displaced by the crisis. In 2022, UNICEF supported 'masters' training of 137 educators in Ukraine and host countries (Bulgaria, Czechia, Hungary, the Republic of Moldova, Poland, Romania and Slovakia) to address young children's MHPSS needs in

preschool and childcare settings. These 'masters' will train other educators to address the MHPSS needs and well-being of young children in emergency settings.

Reflections and challenges

Even before the COVID-19 pandemic, mental health had emerged as a critical issue for children and adolescents. More research and evidence are needed for UNICEF to coherently define appropriate policies, services and programmes in specific contexts. Data on children's and adolescents' mental health remain sparse, especially in LMICs. To optimize the potential of every child, increased investment is needed in child and adolescent mental health programmes.

Given the importance of caregiver mental health and the value of an integrated approach to it, many governments and countries have demonstrated interest in multisectoral service delivery, and have requested technical assistance and support. UNICEF's cooperation on ECD – as an organizational outcome – will address the challenges in taking such interventions to scale, given that human resources, as well as financial resources, are often limited. Additional investment in integrated mental health services for caregivers will contribute to the mental health and well-being, not only of those parents and caregivers engaged in programmes, but of their children too.



Abir, 22, and her son Ishak, aged 18 months, at home in the Jarba village of East Ghouta, Damascus, Syrian Arab Republic. The country has been at war for over 10 years; the effects can be detrimental to the mental health of both children and their caregivers.



Results: Maternal and child nutrition

Hajara Husseni, age 23, and her four-month-old son Yunusa Abubakar, attend a support group meeting on infant and young child feeding in Madaki, Kwami Local Government Area of Gombe state, Nigeria. During the meeting, Hajara is learning about the nutritious foods that babies can begin eating at the age of 6 months.

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Context and overview of nutrition results

Malnutrition, in all its forms, is a violation of children's rights. UNICEF prioritizes interventions to prevent malnutrition in children, adolescents and women – including stunting, wasting, micronutrient deficiencies, overweight and obesity. Where prevention falls short, the early detection and treatment of life-threatening wasting is critical to saving lives and setting children on a path towards healthy growth and development.

The past decade has seen important gains in improving maternal and child nutrition. The prevalence of child stunting has fallen by one third since 2000, which means that the number of stunted children today is 55 million lower than it was in 2020, and this is without considering population growth. Significant declines in stunting have been reported in many regions and countries. Despite this progress, however, malnutrition is still jeopardizing children's potential to survive and thrive. About 45 million children under 5 years of age suffer from wasting; 149 million children under 5 experience stunted growth and development; 136 million children aged 5–9 years are living with overweight or obesity;^{62,63,64} and at least 340 million children under the age of 5 suffer from anaemia and micronutrient deficiencies.⁶⁵

Progress towards ending malnutrition faced significant threats in 2022, as many countries plunged into a global food and nutrition crisis fuelled by poverty, conflict, climate change and the enduring impacts of the COVID-19 pandemic. Since the beginning of the crisis, the number of children suffering from severe wasting in the 15 worst-affected countries has increased at an alarming speed;⁶⁶ one child becomes severely wasted every minute.⁶⁷

In the first year of the Strategic Plan, 2022–2025, UNICEF continued full-scale roll-out of its global Nutrition Strategy 2020–2030, which prioritizes the scale-up of policies and programmes to deliver nutritious and affordable diets, essential nutrition services, and positive nutrition practices that support good nutrition for children, adolescents and women everywhere. In addition, UNICEF spearheaded an immediate response to the global food and nutrition crisis – the No Time to Waste acceleration plan for the early

prevention, detection and treatment of child wasting – to save lives and protect the gains made in nutrition over the last decade (*see Results Area 8*).

To contribute to the Goal Area 1 outcome, UNICEF nutrition programmes cover three results areas: (1) nutrition in early childhood; (2) nutrition of adolescents and women; and (3) early detection and treatment of malnutrition. The results achieved in these three areas during the Strategic Plan, 2022–2025 are expected to contribute towards the SDG 2 targets for ending hunger and all forms of malnutrition by 2030.

In 2022, UNICEF implemented nutrition programmes in 141 countries, in development and humanitarian settings and in fragile contexts, with the support of 750 staff members and more than 1,500 consultants. These country-driven programmes aimed to improve maternal and child nutrition at key moments, from early 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.

With the support of global thematic partners, and building on progress achieved during the previous Strategic Plan period, UNICEF achieved the following headline results in 2022:

- 356.3 million children under 5 years of age benefited from programmes for the prevention of malnutrition, compared with 336.4 million in 2021.
- 116.1 million children 5 to 19 years of age benefited from gender-responsive programmes for the prevention of anaemia and other forms of malnutrition, from 67.4 million in 2021.
- 182.4 million children under 5 years of age benefited from services for the early detection of child wasting, from 154.4 million in 2021; of these, 7.3 million children with wasting received life-saving treatment, from 5.4 million in 2021.

Results Area 6: Nutrition in early childhood

The primary objective of UNICEF nutrition programmes is to prevent malnutrition in all its forms. As such, most nutrition programming and expected results fall under Results Area 6: “Children are protected from malnutrition in early childhood – stunting and wasting, micronutrient deficiencies, and overweight and obesity – in development and humanitarian contexts.”

Globally, most children are not being fed enough of the right foods at the right time in their development. Even before the current global food and nutrition crisis, only 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 received foods from the minimum number of food groups needed for healthy growth and development.⁶⁸ Further, 202 million children under 5 globally live in severe food poverty, with extremely poor diets that include, at most, two food groups, putting them at risk of stunting, wasting and even death.⁶⁹

To prevent malnutrition in early childhood and provide children with the diets, services and practices they need to survive and thrive, UNICEF works with governments to: protect, promote and support recommended breastfeeding practices from birth; promote and support age-appropriate complementary foods and feeding practices in the first two years of life; promote the use of adequate foods and feeding practices for children aged 3–5 years; support the use of nutrient supplements where nutrient-poor diets and micronutrient deficiencies are common; and improve children’s food environments.

In the first year of its Strategic Plan, 2022–2025, UNICEF met the milestones for all output level indicators under Results Area 6 (see *Figures 32 and 33*).



A mother breastfeeds her child at the UNICEF-supported Mangobo General Referral Hospital in Kisangani, Tshopo Province, Democratic Republic of the Congo.

FIGURE 32. Outcome results for nutrition in early childhood, 2022

Outcome indicator	Source	Baseline (2021)	2022 value	2025 target
1.17 Percentage of infants under 6 months of age who are exclusively breastfed	UNICEF IYCF database	44.1% (2014–2020)	48.4%	50
1.18 Percentage of children aged 6 to 23 months who are fed a minimum diverse diet	UNICEF IYCF database	28.9% (2014–2020)	30.5	35
1.19 Percentage of young children who benefit from vitamin A supplements twice yearly	NutriDash	41% (2020)	63%	55%

IYCF, infant and young child feeding.

FIGURE 33. Output results for nutrition in early childhood, 2022

Output indicator	Source	Baseline (2021)	2022 milestone	2022 value	2025 target
1.6.1 Number of children under 5 years of age who benefit from programmes for the prevention of stunting, wasting, micronutrient deficiencies and/or overweight and obesity	NutriDash	336.4 million	≥300 million	356.3 million	≥300 million
1.6.2 Number of countries with a nutrition policy or strategy to prevent undernutrition and micronutrient deficiencies in children under 5 years of age	Country strategic indicators	66	70	71	≥80
1.6.3 Number of countries with strategies and programmes to improve diet diversity among children aged 6 to 23 months	Country strategic indicators	63	66	67	≥80
1.6.4 Number of countries with a national policy for the protection, promotion and support of optimal child nutrition, including legislation to protect children from harmful promotion/marketing of breastmilk substitutes and/or foods and beverages	NutriDash	66	68	68	88

Scaling up services for the prevention of all forms of malnutrition in early childhood

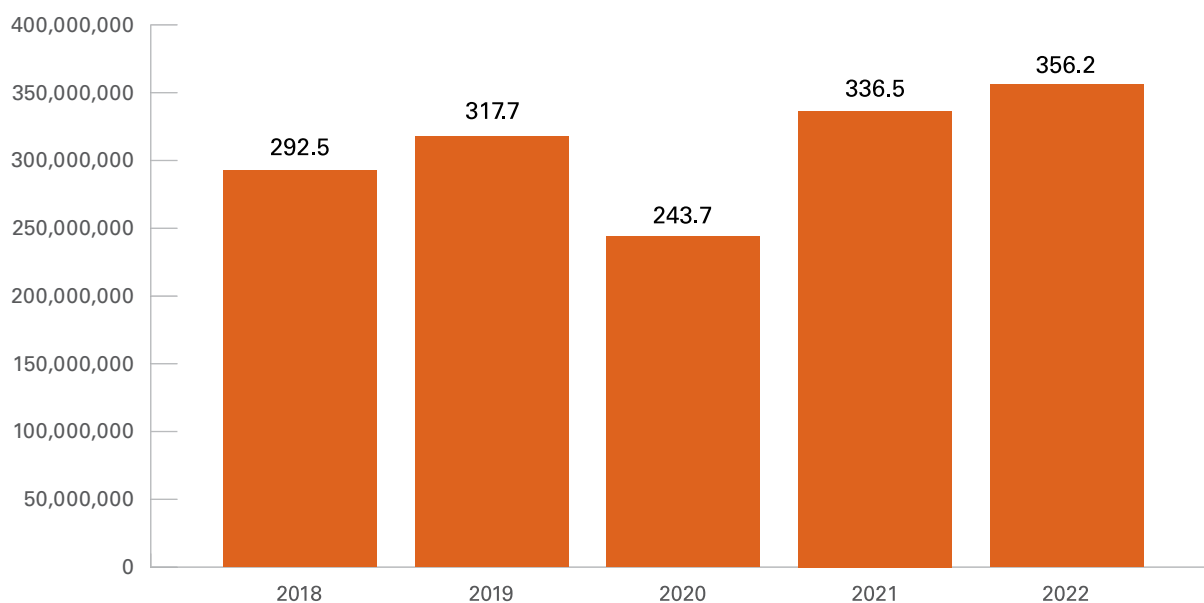
UNICEF tracks the number of children reached with essential services to prevent malnutrition in early childhood – such as infant and young child feeding (IYCF) counselling, vitamin A supplementation, home-based fortification with micronutrient powders and programmes for the prevention of overweight. With UNICEF’s support to mitigate service disruptions caused by the COVID-19 pandemic in 2020, these programmes had regained, and even increased, their coverage by the end of 2021. Building on these achievements, UNICEF continued to support strengthening and expanding these services in 2022, reaching 356.3 million children under 5 years of age with these key preventive programmes in early childhood. This is an increase from 336.4 million in 2021 (Strategic Plan [SP] target 1.6.1) (see Figure 34).

UNICEF has played a key role in generating evidence, advocating and providing technical support to national nutrition policies, programmes, guidelines and services that have created an enabling environment to improve nutrition at scale. With UNICEF support over time, investments in policies and programmes, and the scale-up of key preventive services, Kenya has made significant gains in reducing stunting in early childhood, the prevalence of which declined by one third – from 26 per cent to 18 per cent – between 2014 and 2022. UNICEF continued its support for programme scale-up in 2022. More than 7.2 million children were reached with essential services to prevent stunting and other forms of malnutrition (a 44 per cent increase, from 5 million in 2018). This includes 2.1 million caregivers of children 0–2 years of age benefiting from IYCF counselling and more than 5 million children (83 per cent) under 5 years of age reached with life-protecting vitamin A supplementation.



A community health volunteer weighs a child at Sopol Dispensary in Sopol Village, Turkana County, Kenya. The dispensary receives water from a solar-powered system that has been rehabilitated by UNICEF and alleviates the impacts of the ongoing drought on service delivery. With support from UNICEF and the Government of Turkana County, the dispensary provides health and nutrition services to the community, including screening for malnutrition, treatment for wasting, immunization and other services.

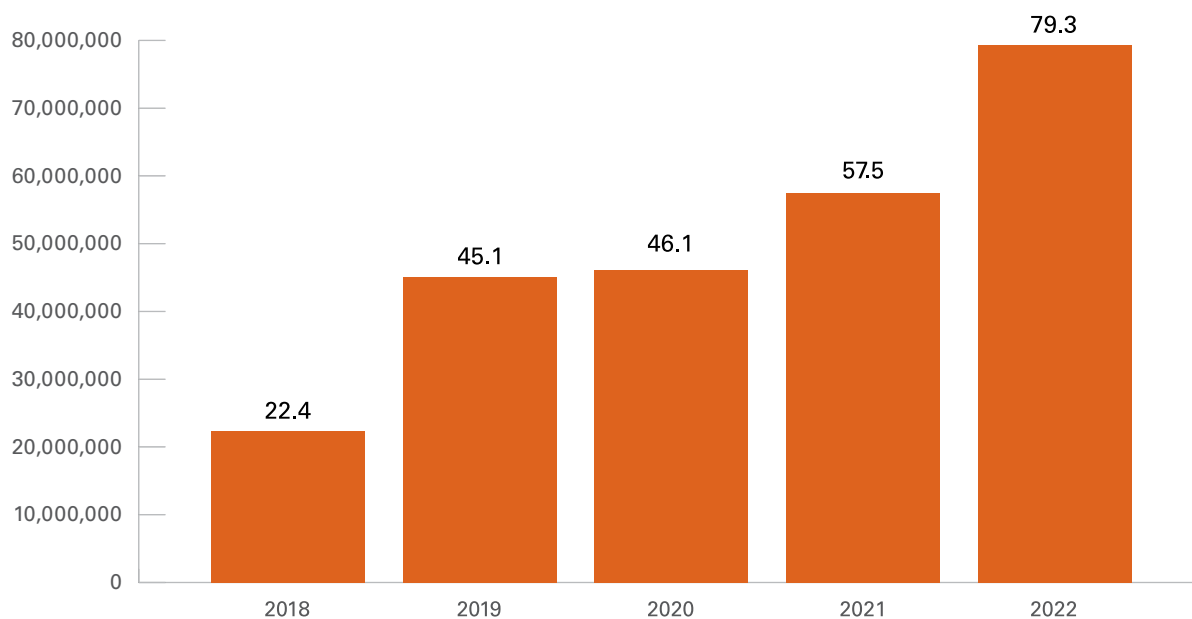
FIGURE 34. Children under 5 years of age (millions) reached with services for the prevention of stunting, wasting, micronutrient deficiencies and/or overweight in UNICEF programme countries (SP 1.6.1)



IYCF counselling, provided through health-care facilities and community platforms, is a key service that equips mothers and other caregivers with the knowledge and skills to improve child feeding practices. In 2022, UNICEF supported IYCF counselling for more than 79.3 million

caregivers globally, a 37 per cent increase from the 57.5 million reached in 2021. These numbers have increased year upon year, including during the COVID-19 pandemic and the global food crisis, as programmes continued to scale up with UNICEF support (*Figure 35*).

FIGURE 35. Primary caregivers (millions) reached with IYCF counselling in UNICEF programme countries, 2018–2022



Through the scale-up of IYCF counselling across countries, along with stronger policies and legislation to protect breastfeeding, the global prevalence of exclusive breastfeeding has increased by 37 per cent since 2000. This means that, in the two decades since 2000, an estimated 655 million additional infants have experienced the nutrition and development benefits of exclusive breastfeeding. Some of the greatest progress has been made in Sierra Leone, Togo, Lesotho and Turkmenistan, where exclusive breastfeeding rates increased by 48, 47, 45 and 44 percentage points, respectively, during this period.^{70 71}

In Pakistan, UNICEF supported 2.1 million mothers and caregivers with IYCF counselling and more than 27,700 health workers, including 500 paediatricians, received training to improve their skills in IYCF counselling provision in 2022. Parenting support training packages were also integrated within counselling services in 24 districts. This has contributed to an increase in exclusive breastfeeding, with the country now on track to meet the national target rate of 50 per cent and above, by 2025. Further, UNICEF supported a nationwide awareness-raising campaign during World Breastfeeding Week, which reached more than 12 million people with information about the protection, promotion and support of breastfeeding. With UNICEF support, the Breastmilk Substitutes Act was also revised and submitted for endorsement by government bodies in Baluchistan, Khyber Pakhtunkhwa and Sindh provinces.

Developing the capacities of health and community workers to support breastfeeding is critical to sustaining programme scale-up. In Burkina Faso, UNICEF support helped expand the reach of IYCF counselling both at health-care facility and community levels, reaching more than 937,000 pregnant women and breastfeeding mothers in 2022, compared with about 791,000 in 2021 (an 18 per cent increase). This rapid scale-up was due to UNICEF-led efforts to strengthen the capacities of community-based health and nutrition workers, which increased the trained workforce by nearly 34 per cent, from 8,870 in 2020, to more than 11,850 in 2022.

UNICEF is working to make its maternal and child nutrition programmes gender-transformative by tackling harmful gender and social norms related to child feeding. In Indonesia, UNICEF worked with AyahASI – a breastfeeding support network for fathers – to develop a training module that explores how fathers can more actively participate and share in child feeding, childcare and domestic work. The training has been rolled out by AyahASI through more than 100 workshops in rural and urban Indonesia. Previously, UNICEF had adapted the Community Infant and Young Child Feeding Counselling Package to include images of fathers in the counselling cards, alongside messages addressing the role that men can play in supporting maternal and young child nutrition, to challenge deep-rooted social and gender norms and power dynamics related to infant feeding. The package has now been rolled out in all 34 provinces of the country.

UNICEF is the main provider of vitamin A supplements globally, and has supported governments worldwide to implement vitamin A supplementation (VAS) programmes for more than two decades. UNICEF delivered 475.9 million vitamin A capsules to 71 countries in 2022, of which more than 91 per cent was through in-kind donations. In-kind donations from the Government of Canada were implemented by UNICEF and Nutrition International. With UNICEF support, 256.2 million children were reached with two doses of VAS in 2022, compared with 252.5 million in 2021.

UNICEF works with governments to integrate VAS and other essential nutrition services within routine health systems to strengthen systems, improve coverage and foster sustainability. Routine approaches to distributing VAS became particularly important at the start of the COVID-19 pandemic, when mass VAS campaigns were suspended due to concerns about social gatherings. Countries delivering VAS via routine health systems contacts were able to maintain and even increase VAS coverage for children. For example, Kenya, Madagascar, Mali and Papua New Guinea increased VAS coverage by more than 10 percentage points using routine delivery.⁷² These investments in integrating VAS delivery within routine health services for children will make programmes more resilient to respond to future shocks and crises.

Through investments in systems-strengthening, UNICEF supported countries to adapt, respond to and bounce back from the VAS delivery challenges posed by the COVID-19 pandemic. In Nigeria, for example, only one round of VAS was carried out in 2021 via campaigns. However, two rounds were completed in 2022 via routine delivery, reaching nearly 23 million children aged 6–23 months (72 per cent coverage). This was achieved by convening stakeholders at various levels to integrate VAS delivery within routine health services, including immunization against measles, yellow fever, meningitis A, and COVID-19.

UNICEF generated evidence to inform VAS programme planning by publishing analyses on the consumption of vitamin-A-rich foods and VAS for children under 2 years, and age distribution of all-cause mortality among children under 5 in LMICs. UNICEF also developed specifications for a prospective redesign of vitamin A capsules, to make them easier to administer by health workers and to improve the integration of VAS delivery within PHC.

The completion of the six-year Government of Canada-funded Enhanced Child Health Days project coincided with the documentation of lessons learned from VAS implementation in 15 countries. While VAS coverage does not differ significantly between boys and girls, analysis of survey data shows that some VAS programmes are insufficiently gender-responsive, meaning that the reach of these programmes to households with low levels of women's empowerment is restricted. This indicates a need to better understand and address gender-based barriers within VAS programmes, as well as the impact of these barriers on coverage and equity, to reduce risks to children.



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Thirty-year-old Aisha Mohammed Taher, a mother of six, carries her youngest child, Miriam. Aisha is a participant in the UNICEF Mother and Child Cash Transfer Plus programme in the Sudan, through which she received unconditional cash grants and was linked with essential nutrition and health services for herself and her children.

Improving the quality and diversity of children's diets

Young children need to eat a diverse range of nutritious foods to prevent malnutrition and ensure healthy growth and development. However, progress in improving the quality of children's first foods has remained stubbornly slow for more than a decade. UNICEF is tackling this slow progress by supporting the scale-up of programmes to improve children's access to nutritious and diverse complementary foods: In 2022, 69 countries implemented programmes to improve dietary diversity among children aged 6–23 months, an increase from 63 countries in 2021 (SP 1.6.2). Many of these programmes leverage the food system to improve the availability of and access to the nutrient-dense foods that children need to grow up healthy.

At the federal and state levels in Nigeria, UNICEF helped strengthen institutional capacity for improving child diets in 2022, which culminated in the release of funding for the

roll-out of costed multisectoral programmes to improve dietary diversity. Seventeen states developed state-specific costed plans and 14 states implemented programmes to improve dietary diversity in children. This contributed to an increase of 8 percentage points in the proportion of children eating the minimum diverse diet, from 23 per cent in 2018 to 31 per cent by 2022. To enable food systems to deliver good-quality, diverse, affordable diets year-round in Kano State, UNICEF also partnered with the Kano Emirate Council (an institutionalized religious structure), to advocate for children's right to nutrition, influence heads of households to make land available to caregivers for home gardening and livestock rearing, improve the availability of diverse foods, and enable access to micronutrient powders. In 2022, UNICEF also distributed an innovative tool for promoting quality diets – the complementary feeding bowl and spoon – to 75,000 households in Nigeria, alongside counselling on adequate diverse diets for young children and handwashing. The UNICEF-developed bowl and spoon, which includes messages about food diversity, quality,

consistency and age-appropriate quantities, is now being used globally by more than 500,000 households in 13 countries (compared with eight countries in 2021).

UNICEF's work to leverage social protection systems for nutrition has been a critical strategy for improving the quality of children's diets in contexts of severe food and nutrition insecurity. The Maternal and Child Cash Transfer Plus programme was launched in the Red Sea and Kassala states of the Sudan to support pregnant and breastfeeding women and their children with regular cash assistance. Social and behavioural change interventions were also supported by the programme, to improve nutrition knowledge and skills and facilitate access to nutrition, health, WASH, child protection and other essential services. The programme was supported by UNICEF and state and local partners, and benefited 52,000 mothers in 2022. Participants reported better knowledge of nutritious foods, and more than half of cash transfers were spent on purchasing nutritious foods for the household. Increases in antenatal care visits, as well as improvements in breastfeeding and complementary feeding practices were observed among programme participants. Specifically, 94 per cent of households reported an acceptable food consumption score and more than 90 per cent reported making positive changes in child feeding practices. The programme will be scaled up to other states facing severe food and nutrition insecurity, with efforts to strengthen integration and build local-level capacities.

UNICEF supports home-based fortification with micronutrient powders as a critical strategy for improving the nutrient quality of children's diets in settings where micronutrient deficiencies are common. In 2022, 14.2 million children aged 6–59 months in 41 countries received micronutrient powders to improve the quality of home-prepared foods, compared with 13.6 million children from 30 countries in 2021. UNICEF also developed the first programming guidance for country offices, governments and partners on small-quantity lipid-nutrient supplements (another form of home-based fortification), which are designed to fill nutrient gaps in the diets of the most vulnerable children.

Building an enabling environment for the prevention of malnutrition in early childhood

UNICEF supports countries to develop strong national strategies and plans for the prevention of malnutrition. The adoption of a national strategy signals government commitment. Its effectiveness is measured by having key elements in place, such as a focus on evidence-based nutrition interventions, dedicated budgets, and an emphasis on coverage and service delivery provided at scale. In 2022, 71 countries had a nutrition policy or strategy to prevent stunting, wasting and/or micronutrient deficiencies in children under 5, compared with 66 countries in 2021 (SP 1.6.2).

Many countries adopted new national strategies for stunting reduction in 2022 with UNICEF support. In the United Republic of Tanzania, UNICEF and partners contributed to the signing of a new nutrition compact (2022–2030), which is expected to benefit more than 10 million children under 5 years of age every year and, at the same time, will contribute to building government ownership of and accountability for nutrition results. With UNICEF advocacy, the proportion of local government authorities that have multisectoral council steering committees for nutrition increased from less than 10 per cent in 2016 to 99 per cent in 2022. Further, UNICEF supported evidence-based planning and budgeting training sessions for multisectoral nutrition interventions in 184 councils. This training led to a 23 per cent increase in the number of councils allocating a minimal budget for nutrition for each child under 5 years of age, from 112 in 2021/2022 to 138 in 2022/2023.

In 2022, UNICEF supported countries to strengthen national frameworks, establish coordination structures and reinforce public financing for maternal and child nutrition. In Nepal, UNICEF supported scale-up of the Multisector Nutrition Plan, which leverages a multisystem approach to deliver nutrition interventions for children and women in all 753 local government areas. UNICEF's support improved governance and strengthened the capacities of the National Nutrition and Food Security Secretariat, which coordinates nutrition services across line ministries, agencies and partners. UNICEF also worked with provincial coordinators to integrate nutrition objectives within local government workplans and budgets, and influenced the high-level Nutrition and Food Security Steering Committee's policy decision to endorse the formulation of a gender and disability-friendly 2023–2030 Multisector Nutrition Plan. Through these efforts to foster an enabling environment for nutrition over the past several years, the number of children affected by stunting fell 22 per cent between 2019 and 2022.

UNICEF has also made strides in strengthening public financing for nutrition at the regional level. The East Asia and Pacific Regional Office developed a global online learning platform on public finance for nutrition, in which more than 500 people have already enrolled. In Eastern and Southern Africa, UNICEF held face-to-face training workshops on public financing for nutrition for eight countries, and is pursuing further capacity-strengthening and country-focused assessment and planning on public finance for nutrition.

Integrated social protection and nutrition policies strengthen the humanitarian–development–peace nexus, ensuring that systems and services are resilient and able to adapt, expand and respond in times of crisis, to support children's nutrition needs. As a result of nutrition-responsive social protection policies, more than 12.5 million households received cash transfers together with IYCF counselling or other nutrition interventions in 2022, particularly in Bangladesh, Burundi, Cambodia, Egypt, Pakistan and Rwanda

Nutrition objectives were integrated within the Government of Burundi's national social assistance plan, implemented between 2018 and 2022, with the support of a partnership between the World Bank and UNICEF. Almost 60,000 poor and vulnerable households with children in four provinces facing food and nutrition insecurity were reached with cash transfers and nutrition interventions, including social and behavioural change focusing on nutrition, hygiene and care practices. Behaviour change was reinforced through participatory food preparation and feeding demonstrations delivered by community agents. A community-based transformative approach known as 'solidarity groups' was also integrated, which engaged participants in small livelihood interventions, including savings and income-generating activities beyond social transfers. Household monitoring demonstrated positive results among participating households, including increased access to health care (+13 percentage points), increased exclusive breastfeeding rates (+5 percentage points, to reach nearly 92 per cent), decreased food insecurity for children (-20 percentage points), increased availability of a handwashing point with soap (+14 percentage points), increased presence of improved pit latrines (+18 percentage points) and increased joint decision-making between women and men in households (+13 percentage points). This national programme will be extended to reach 145,000 poor and vulnerable households in 18 provinces from 2022 to 2026.

Protecting children's right to nutrition through stronger legislation

UNICEF supports governments in adopting and strengthening legal measures to protect children's right to nutrition. This includes legislation to: restrict the marketing of breastmilk substitutes; adopt maternity leave and other family-friendly policies; mandate food fortification; establish taxes on sugar-sweetened beverages and other unhealthy foods; and impose front-of-package food labelling measures and comprehensive restrictions on the marketing of unhealthy foods and beverages to children. In 2022, 62 countries had adopted legislation to protect children from harmful promotion and marketing of breastmilk substitutes and/or foods and beverages (SP 1.6.4). In 2022, 19 countries implemented front-of-package warning labels to identify foods high in saturated fats, trans-fatty acids, free sugars and/or salt; while 16 countries reported applying taxes to unhealthy foods or beverages (e.g., 'soda taxes').

In 2022, UNICEF leveraged evidence-driven advocacy, policy dialogue and partnerships to drive food systems transformation for children, through stronger legislation. Latin America and the Caribbean is a front-runner region in this area, with 12 UNICEF country offices supporting national governments with policies and measures aimed at improving children's food environments. In Argentina, UNICEF successfully advocated for the approval of the Healthy Eating Law (which regulates front-of-package labelling and marketing practices) and developed a study

and evidence-based policy paper outlining the impacts of the food and beverage industry on child rights. In Mexico, UNICEF advocated successfully with the Supreme Court to enforce the regulation on front-of-package warning labelling and restrict the use of cartoon characters, celebrity endorsements and marketing techniques that aim to persuade children to consume nutrient-poor, unhealthy ultra-processed foods and beverages. UNICEF also supported the Government of Mexico to strengthen measures restricting the marketing of breastmilk substitutes.

Most countries lack national legislation to appropriately regulate the nutrient composition and labelling practices of commercially produced complementary foods (CPCF) for young children. This means that these products may exceed recommended levels of sugar, salt or fat, and may be labelled in ways that mislead caregivers. UNICEF is a member of the Consortium for Improving Complementary Foods in Southeast Asia (COMMIT), which was established in 2022 to help ensure that the CPCF sold and consumed in the region contribute to healthy diets, instead of unhealthy ones. This includes supporting governments to set up regulatory environments that enable access to healthy food, adequately regulate unhealthy products and protect consumers from inappropriate marketing practices. In 2022, COMMIT began implementing a series of research activities to help identify current consumer CPCF preferences, examine current CPCF nutrient composition and labelling practices, and analyse the strength of existing national legislation regulating CPCF. This research aims to equip governments with the information they need to implement robust and enforceable regulations on CPCF nutrient composition, labelling and marketing practices.

As part of efforts to protect breastfeeding, UNICEF provides technical support to governments to adopt, monitor and enforce national legislation reflecting the International Code of Marketing of Breast-milk Substitutes. In 2022, UNICEF and WHO released a report providing updated information on the status of implementation of the Code in countries, including the extent to which the provisions of the Code have been incorporated into national legislation. The report highlights that in the past five years, 26 countries have updated their legal measures or enacted new ones, whereas 86 countries continue to implement older laws and regulations. In Tajikistan, UNICEF and WHO advocated for members of the national parliament and key ministries to bring national legislation in line with the Code. The amendment will be reviewed by parliament in early 2023. In Côte d'Ivoire, new legislation on the marketing of breastmilk substitutes was adopted with UNICEF support in 2021, and, in 2022, UNICEF supported the training of 105 agents from the Ministry of Commerce to carry out monitoring of the new legislation.

Mandatory large-scale food fortification is a proven and cost-effective strategy for preventing micronutrient deficiencies across a broad population, and is central to food systems transformation. UNICEF supports these efforts by working with governments to strengthen national

fortification policies and legislation, develop technical standards and monitor quality and compliance. A total of 143 countries mandated the fortification of maize flour, wheat flour, rice, edible oil or salt in 2022, compared with 142 in 2021. Of these countries, 83 reported fortifying staple foods with iron to prevent anaemia and micronutrient deficiencies, compared with 38 in 2021.⁷³

In Tajikistan, UNICEF supported the launch of a national programme for the prevention of micronutrient deficiencies, 2022–2027, to accelerate progress towards universal salt iodization. A UNICEF-supported bottleneck analysis revealed that a sustainable supply of potassium iodate was the most important challenge for salt producers in producing adequately iodized salt. To resolve this challenge, UNICEF convened regional roundtable discussions with key stakeholders to introduce them to global mechanisms for accessing a legal, quality-assured product with preferential payment modalities. This resulted in an agreement to establish a central coordinating body for procurement and distribution of potassium iodate throughout the country, including a revolving fund managed by the government, with resources from the World Bank and the European Union. In 2022, UNICEF also helped develop national salt iodization standards to eliminate ambiguity and improve quality.

Global thought leadership and partnerships for nutrition

Through evidence generation, advocacy and communication, UNICEF prepared and published its first-ever global database and brief on Child Food Poverty: A Nutrition Crisis in Early Childhood.⁷⁴ The 2022 report draws on data from the UNICEF global database on IYCF to draw attention to the one in three children under 5 years of age (202 million children in total) living in severe food poverty in early childhood, which puts them at risk of stunting and life-threatening wasting. The report outlines recommendations for bolder action and accountability from governments and the global community to prevent food poverty by making food, social protection and health systems more accountable for protecting children's rights to food and nutrition.

In 2022, UNICEF accelerated its work to strengthen the capacity and accountability of social protection systems to improve nutrition across 25 countries. It published a position paper on Leveraging Child Nutrition and Social Protection Programming to Address Malnutrition and Poverty, Including in Fragile and Humanitarian Contexts. Social protection for nutrition is also a key programme component of the UNICEF No Time to Waste acceleration plan in 15 countries that have been badly affected by the global nutrition crisis (*see Results Area 8*).

UNICEF continued to lead on global breastfeeding advocacy through the UNICEF–WHO Global Breastfeeding Collective. In 2022, UNICEF and WHO carried out a

multi-country study⁷⁵ documenting how the formula milk industry influences decisions on infant feeding. The report draws on the experiences of more than 8,500 women and 300 health-care professionals in eight countries, to expose the aggressive marketing practices used by the formula milk industry to undermine breastfeeding. In addition, the partners hosted advocacy webinars during World Breastfeeding Week, where country experiences in adapting the 10 steps to successful breastfeeding⁷⁶ were shared with more than 1,000 participants from 140 countries.

In 2022, UNICEF generated evidence and developed guidance to strengthen emerging areas of programming related to child feeding. UNICEF partnered with the Emergency Nutrition Network to address gaps in knowledge about young children's diets during emergencies, by consolidating experiences and learning from 18 countries across seven regions.⁷⁷ Through its partnership with the Infant Feeding in Emergencies Core Group, UNICEF also produced guidance on complementary feeding for the Ukraine humanitarian response. Based on the gaps in community IYCF counselling identified during a 2019 review, UNICEF began updating its community IYCF counselling package to include new content on responsive feeding and care, feeding of children with disabilities, and IYCF in emergencies. Finally, in 2022, UNICEF published 'Essential actions on disability-inclusive nutrition',⁷⁸ which provides a checklist of actions during humanitarian crises.

As the designated lead agency in rolling out the Inter-Agency Standing Committee's guidelines on mitigating GBV, UNICEF led a global evidence review on GBV and nutrition that showed the important linkages between maternal caregivers' exposure to intimate partner violence and poor nutrition outcomes for children. UNICEF is also leading the first ever effectiveness study on GBV risk mitigation, with a focus on the nutrition sector. The baseline findings of research undertaken in South Sudan in 2022 show that gender norms and GBV-related safety considerations have important implications for women's ability to access life-saving nutrition services.

The Global Nutrition Cluster Technical Alliance provides global support to UNICEF as the Cluster Lead Agency for Nutrition. At the end of 2022, the Alliance carried out an external evaluation of its appropriateness, sustainability and structure, and the final report was released in early 2023. In 2022, UNICEF developed a nutrition information systems diagnostics document to identify gaps and challenges in fragile and conflict-affected states, and to inform a new road map towards more resilient and reliable nutrition information systems. UNICEF also launched the Nutrition Vulnerabilities in Crisis project in 2022, which it now co-leads with the World Food Programme. The project is a multi-year strategy for strengthening nutrition information systems in fragile and conflict-affected states. It aims to optimize the impact of humanitarian nutrition responses through predictable and reliable information on nutrition vulnerabilities, to ensure better decision-making.

Reflections and challenges

UNICEF nutrition programmes have been able to adapt and recover from the challenges of the COVID-19 pandemic and other shocks in recent years, while leveraging the crisis to develop new ways of working. This is the result of years of investments in nutrition systems-strengthening and efforts to leverage programme innovations to maintain and re-establish essential programmes and services. For example, the shift towards routine approaches to distributing VAS via PHC, which began before the pandemic, made this programme more resilient to disruptions and better equipped to adapt and respond to the next crisis.

In 2022, UNICEF nutrition programmes faced an increasing number, scale and intensity of emergencies, including an unprecedented global food and nutrition crisis that is still unfolding. The crisis has amplified the nutrition challenges facing the most vulnerable children and families, making it more important than ever to reach children and women with the nutrition services and support they need to survive and thrive. It also underscores the importance of leveraging social protection systems to protect the nutrition rights of the most vulnerable, particularly in fragile and humanitarian contexts. These investments in and linkages between social protection and child nutrition strengthen the humanitarian–development–peace nexus and build resilient systems and services that can be scaled up or down in response to shocks, to support children’s nutrition.

Results Area 7: Nutrition of adolescents and women

During middle childhood and adolescence, good nutrition fuels growth and development, improves learning, helps establish positive dietary practices that extend into adulthood. This contributes to breaking the intergenerational cycle of malnutrition. For women, good nutrition is essential for their own health and well-being, as well as being strongly linked to the survival, growth and development of their children.

Today, too many adolescents and women are deprived of the nutritious diets, essential services and positive nutrition practices they need to prevent malnutrition in all its forms. Gender inequalities can deny girls and women the resources and power to access nutritious foods, physical activity, essential health and nutrition services, and educational opportunities. Women and adolescent girls are particularly vulnerable to malnutrition during the nutritionally demanding periods of pregnancy and breastfeeding and because of gender-based discrimination and harmful gender norms, which can exclude them from receiving the diets, services and care they need.

In many settings, the secondary impacts of the COVID-19 pandemic and the escalating global food and nutrition crisis have constrained access to nutritious foods, with disproportionate consequences for adolescent girls and women.⁷⁹ As families increasingly face challenges in securing nutritious and affordable food, the widespread availability of cheap, nutrition-poor, ultra-processed foods poses an ever-increasing threat to good nutrition for children, adolescents and women everywhere.

UNICEF programming to prevent all forms of malnutrition in school-age children, adolescents and women is covered under Results Area 7: “Adolescent girls and women benefit from gender-responsive diets, services and practices



Thirteen-year-old Keria is attended by members of a mobile health and nutrition team in the internally displaced persons site of Guyah, Afar Region, Ethiopia. Mass displacement due to drought and conflict has resulted in devastating food insecurity in the Afar region, pushing children, adolescents and their families to the brink.

for the prevention of anaemia and poor nutrition, in development and humanitarian contexts.” Work in this area is aligned with the UNICEF Gender Action Plan, 2022–2025.

In the first year of its Strategic Plan, 2022–2025, UNICEF met the majority of milestones for the output level indicators under Results Area 7 (see Figure 36).

FIGURE 36. Outcome results for adolescent and maternal nutrition, 2022

Outcome indicator	Source	Baseline (2021)	2022 value	2025 target
1.20 Percentage of pregnant women who benefit from gender-responsive programmes for the prevention of anaemia (proxy indicator percentage of women reached with iron and folic acid supplementation)	DHS STATcompiler	37.4% (2014–2020)	43.5	45
1.21 Percentage of population consuming at least one cereal fortified with iron and folic acid	NutriDash	20.5%	29.4%	30%

DHS, Demographic and Health Surveys.

FIGURE 37. Output results for adolescent and maternal nutrition, 2022

Output indicator	Source	Baseline (2021)	2022 milestone	2022 value	2025 target
1.71 Number of children 5 to 19 years who benefit from gender-responsive programmes for the prevention of anaemia and all forms of malnutrition	NutriDash	67.4 million	75 million	≥116.1 million	≥100 million
1.72 Number of countries with programmes to prevent overweight and obesity in school-age children and adolescents	NutriDash	31	35	33	50
1.73 Number of countries with gender-responsive programmes to prevent anaemia in adolescent girls and boys through school- and community-based approaches	Country strategic indicators	28	30	30	45
1.74 Number of countries implementing integrated anaemia prevention and nutrition counselling in their pregnancy care programmes for women	Country strategic indicators	30	35	40	≥45

Preventing all forms of malnutrition in school-age children and adolescents

UNICEF’s gender-responsive programmes for the prevention of all forms of malnutrition in middle childhood and adolescence 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 in settings where nutrient-poor diets are common; enhance children’s knowledge about good nutrition and physical activity; and promote good diets and active lifestyles through large-scale communication programmes.

Schools are the primary platform for reaching school-age children and adolescents with essential nutrition interventions. In 2022, UNICEF continued to support

countries in re-establishing school-based nutrition programmes, which had been disrupted during the pandemic-related school closures of 2020 and 2021. UNICEF also worked to expand some of the innovative strategies used to maintain service delivery during school closures, and to leverage them to reach out-of-school adolescents via community platforms.

In Bangladesh, UNICEF, the World Bank and partners advocated for and supported the Government to scale up a comprehensive programme for the prevention of malnutrition in adolescent girls. Based on evidence showing persistent thinness, emerging overweight and obesity, and declines in dietary diversity in adolescent girls in the country, UNICEF developed a series of advocacy briefs detailing: findings from the situation analysis and recommended enabling actions; a cost-effectiveness analysis of six priority interventions; and a call to action to support investment and implementation. These were presented in a series of workshops with the Ministries of Health and Education to prioritize a package of nutrition



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An adolescent girl smiles and shows the iron folic acid tablets she received at school. The Government of Nepal's weekly iron folic acid supplementation programme, delivered via schools, aims to address the high prevalence of anaemia among adolescents in the country.

interventions to be delivered nationwide through schools, including nutrition education, iron and folic acid (IFA) supplementation, deworming and regular physical activity. All secondary schools in Bangladesh implemented the programme in 2022, reaching 3.5 million school-age children and adolescents with services to prevent anaemia. Evidence-based advocacy and capacity development across government, educational institutions and communities have been critical to facilitating ownership and mobilizing funds. The country has also expanded service delivery through community-based platforms, such as adolescent clubs, to reach out-of-school adolescent girls with the package of interventions.

IFA supplementation is the leading intervention for tackling anaemia in school-age children and adolescents. Adolescent girls are particularly vulnerable to iron deficiency anaemia, a form of malnutrition that remains stubbornly high globally, and is exacerbated by gender inequality. More than 116.1 million children and adolescents aged 5 to 19

years benefited from programmes for the prevention of anaemia and other forms of malnutrition in 2022; a 72 per cent increase from 2021, when 64.7 million were reached (SP 1.7.1). Gender-sensitive anaemia prevention programmes were implemented for adolescent girls and boys using school- and community-based approaches in 30 countries in 2022, compared with 28 (SP 1.7.3) in 2021. For these programmes to be considered, gender-sensitive countries must: have conducted a gender-based analysis of adolescent nutrition programmes; have a gender action plan addressing the differential nutritional needs and risks among girls and boys; or have sex-disaggregated data for anaemia available.

In Malawi, UNICEF implemented a participatory approach to IFA supplementation in schools. Adolescent girls were empowered to record their own weekly consumption of IFA supplements and assist teachers in tracking IFA supplementation in classrooms. Nutrition education and counselling were also provided. To reach out-of-school

adolescent girls, community volunteers and front-line workers convened adolescent nutrition groups. Through the programme, both in-school and out-of-school adolescent girls learned about improved dietary diversity and harvesting produce through demonstration plots. These plots are parcels of land allocated to adolescents by local leaders to facilitate experiential learning around integrated homestead farming, natural resource management, financial skills, and food processing and utilization. More than 845,000 adolescents benefited from this programme in 2022.

In response to the rising prevalence of overweight globally, UNICEF has been working to strengthen and scale up programming in this area, building on the important foundations set during the previous Strategic Plan period. Policies and programmes to prevent overweight and obesity in school-aged children and adolescents were implemented in 33 countries in 2022, compared with 31 in the previous year (SP 1.7.2). In Jamaica, for example, UNICEF and the Ministry of Education convened more than 2,000 stakeholders, including school principals, food vendors, parents, students and advocates to contribute to the draft National School Nutrition Policy, which aims to ensure that standards for healthy foods in schools are established and monitored. UNICEF also supported the institutionalization of the Jamaica Moves in Schools programme in 53 schools, and sensitized school stakeholders on the programme's objective to integrate physical activity into the school day.

Children are increasingly exposed to the marketing of unhealthy foods and beverages across multiple channels, including online. These marketing practices impact children's food choices and dietary intake, and are linked to childhood overweight and obesity. In addition to being a public health concern, there is growing consensus that food marketing undermines children's rights. UNICEF's advocacy and technical support to governments to strengthen legal measures that protect children from the marketing of unhealthy foods and beverages are described in Results Area 6.

UNICEF fosters opportunities for adolescents to share their perspectives related to nutrition and engages young people in the design and implementation of nutrition programmes. In South Africa, UNICEF co-created a campaign with adolescents aimed at preventing non-communicable diseases, reaching more than 2 million adolescents and young people (see *'Case Study: South Africa: Engaging adolescents in promoting healthier diets and lifestyles'*, page 59). In Mongolia, the second session of the Teen Parliament in 2022 aimed to bring the voices of young people into decision-making under the theme of 'Healthy Diets, Healthy Futures'. Topics included actions to improve food environments and to restrict the marketing of unhealthy foods to children. Training was given to 90 young parliamentarians, who then shared their views, with the goal of reaching an additional 9,000 adolescents through peer-to-peer advocacy. Adolescents from across Mongolia, along with parents, decision makers, government

officers, researchers and representatives of international organizations gathered to present evidence, and to share success stories and lessons learned.

Preventing malnutrition in women during pregnancy and breastfeeding

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 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.

IFA supplementation is a critical strategy for preventing anaemia during pregnancy, a period when women are particularly nutritionally vulnerable. In 2022, 92 countries included preventive IFA supplementation for pregnant women as part of an antenatal care package, an increase from 85 in 2021 and 73 in 2020. A total of 61.6 million pregnant women from 52 countries received IFA supplementation in 2022. The countries with the greatest number of women reached are India, Bangladesh, Ethiopia, Indonesia, Mali, Nepal, Nigeria, Pakistan, the United Republic of Tanzania and Yemen.

In the United Republic of Tanzania, UNICEF supported a gender-responsive anaemia prevention programme, reaching more than 2 million pregnant women (94 per cent) with IFA supplementation, an 11 per cent increase from 2021. UNICEF contributed to this result by working to address barriers hindering pregnant women from using antenatal care services, such as distance and difficult topography, low demand, lack of support from spouses and traditional beliefs associated with pregnancy. As part of efforts to increase the coverage of adequate equitable and quality maternal nutrition services at the community and facility levels, UNICEF supported a maternal nutrition social and behavioural change campaign, fostered men's engagement in supporting maternal nutrition, and supported nutrition assessment, haemoglobin testing and nutrition counselling for pregnant women on diverse, safe, nutritious and adequate foods. In addition, UNICEF advocacy and training to 184 government authorities on evidence-based planning and budgeting contributed to increasing domestic procurement of IFA.

Alongside supplementation, UNICEF supports countries in strengthening the routine provision of nutrition counselling within pregnancy care programmes. The integration of nutrition counselling and other nutrition services within antenatal care is a critical step towards strengthening health systems, improving the quality of nutrition care and fostering sustainable access to care for pregnant

women. Anaemia prevention and nutrition counselling were integrated into pregnancy care programmes in 42 countries in 2022, compared with 30 countries in 2021 (SP 1.7.4).⁸⁰

In collaboration with the National Health Commission in China, UNICEF launched a programme to strengthen maternal nutrition through health systems in 60 maternity health facilities across 10 provinces. With UNICEF's technical and financial support, the Government developed an implementation plan and a technical guideline on maternal nutrition to standardize maternal nutrition counselling and ensure on-demand provision of early screening, referral and treatment for pregnant women at risk of nutrition-related diseases, such as anaemia, overweight and obesity, and hyperglycaemia. In addition, China adapted and tested UNICEF's regional maternal nutrition counselling tool, which was used to counsel some 300,000 pregnant women in pilot health facilities on an annual basis. The tool serves as a job aid for health-care providers in explaining healthy diets, optimal weight gain, breastfeeding practices and disease prevention during antenatal and postnatal care visits, along with targeted information for those with nutrition-related pregnancy complications. Based on these experiences, the National Health Commission will issue and scale up national standards for comprehensive maternal nutrition services in health facilities in 2025, which will serve more than 12 million pregnant women annually.

In 2022, UNICEF continued its support to governments to scale up MMS to prevent micronutrient deficiencies, anaemia and low birthweight among pregnant women in LMICs. In 2022, 30 countries included MMS as part of the

antenatal care package. Through the advocacy of UNICEF and other agencies, MMS was added to the WHO Essential Medicines List in 2021 and, as of 2022, eight countries are including MMS within their national lists: Afghanistan, Azerbaijan, Belize, Botswana, Chile, the Islamic Republic of Iran, Madagascar and Paraguay.

In 2022, UNICEF continued its implementation research on the use of MMS in Bangladesh, Burkina Faso, Madagascar and the United Republic of Tanzania to demonstrate how this product can improve the quality of care, strengthen systems, and improve access to and uptake of quality antenatal care services. Research shows that training community health workers in basic antenatal care and safe provision of MMS has brought services closer to the community, increased health-care seeking, promoted positive attitudes towards antenatal supplement use, and engaged men and other influential family members in facilitating women's access to quality services.

As part of the MMS implementation research in Burkina Faso, UNICEF supported a qualitative behavioural insights analysis to identify social and psychological barriers to maternal nutrition programmes. The insights from this exercise were used to design interventions and messaging to help improve pregnant women's knowledge of, willingness to seek and access to antenatal care and MMS. Adapted communication materials were also designed for CHWs, with appropriate messaging and a calendar to remind pregnant women to take their MMS tablets. In the initial phase of the programme, 52,768 pregnant women (101 per cent of the target) were reached with MMS across two health districts.



Kavita Vinod is nine months pregnant and lives in Bijawada Village, Dungarpur, Rajasthan, India. She grows vegetables in her kitchen garden, consumes a healthy diet and is frequently visited by a community health worker for nutrition and health services.

Global advocacy, thought leadership and partnerships to improve the nutrition of adolescents and women

UNICEF generated evidence and strengthened its thought leadership in 2022, including through collaborations with a range of agencies, academic institutions and other partners. These efforts were critical to mobilize global and national investments in adolescent and maternal nutrition, areas which are often under-prioritized and under-resourced.

To combat the lack of progress in reducing anaemia prevalence in women, UNICEF and WHO jointly established the Anaemia Action Alliance in 2022. The Alliance aims to bring together relevant stakeholders across disciplines, sectors and geographies to accelerate integrated and collective anaemia action among researchers, implementers, funders and policymakers. UNICEF is represented across all four of the Alliance working groups and chairs the national actions group. Through its dynamic research and learning agenda, the Alliance will be able to translate the scientific evidence faster into more effective, multisectoral, context-specific actions.

To address the neglect of women's nutrition in humanitarian contexts, UNICEF worked with the Emergency Nutrition Network to summarize policy and programming approaches, evidence around what works, and current gaps and recommendations. The report was supplemented with a case study from Madagascar, describing the response to the droughts and cyclones experienced in the south of the country, and was presented at a webinar, where senior government staff from two countries (Madagascar and Pakistan) described their experiences in humanitarian programming for women.

In 2022, UNICEF and the Food and Agriculture Organization of the United Nations (FAO) collaborated to strengthen institutional capacities for nutrition education in schools, with support from the education, health and water and sanitation systems. Through this collaboration, schools are being supported to develop context-specific, behaviour-focused food and nutrition education along with other interventions, such as school meals, school food environment policies and micronutrient supplementation schemes. As part of the health-promoting schools initiative, UNICEF collaborated with WHO and the United Nations Educational, Scientific and Cultural Organization to strengthen uptake of the initiative across regions, by drafting technical guidance on nutrition and physical activity, and developing a comprehensive set of monitoring indicators to track programme implementation.

During the 2022 Transforming Education Summit, UNICEF collaborated with other United Nations agencies to lead a high-level event titled, 'Healthy, Nourished and Educated', with the goal of renewing collective commitments to advance integrated school health and nutrition programmes. This was an important platform for engaging

government and stakeholders across education, health and nutrition to commit to a system-wide approach to promoting the health and nutrition of young learners. The Governments of Argentina, Jamaica, Malawi, Morocco and the Niger expressed their commitment to support an integrated package of services to ensure children's well-being. To improve the evidence base for designing effective policies and programmes, UNICEF also developed a social and behavioural change communication toolkit, a landscape analysis tool, technical advocacy packages for UNICEF's priority food environment regulatory policies, a global report on school health and nutrition, and resource materials on school food and nutrition education and physical activity.

The problem of childhood overweight and obesity is often clouded in misconceptions and social stigma, and can be complicated to communicate. UNICEF is working to shift the narrative away from a focus on the individual behaviour of children and their families, and towards generating demand for policy action that supports enabling food environments where all children have access to nutritious, affordable foods and exercise, and where nutrient-poor, ultra-processed foods and beverages are absent. As part of this work in 2022, UNICEF launched 'Shifting the Narrative: A playbook for effective advocacy on the prevention of childhood overweight and obesity' to support country teams with rights-based policy and programme actions.⁸¹ The publication was informed by a global audience segmentation study involving 7,000 people across seven countries.

In 2022, UNICEF collaborated with academics in the Philippines, South Africa and Tunisia to conduct deep lived-experience research to better understand how the systems in which children live influence their diets. The findings were disseminated via a new publication, 'A Systems Approach to Improving Children's Diets: Learning from lived experience', which demonstrates how children's lived experience can be translated into policy solutions to improve children's enabling environments.⁸²

During the seventy-fifth World Health Assembly in 2022, Member States asked WHO to develop an acceleration plan to stop obesity, in response to the lack of progress towards the obesity-related SDG targets. UNICEF was approached to be a key implementing partner for the acceleration plan, which has thus far been adopted by 29 countries. UNICEF engaged in the initial phase of inter-country dialogues in Eastern and Southern Africa and in Latin America and the Caribbean, and provided support to 13 countries to complete national road maps for action: Argentina, Botswana, Brazil, Chile, Eswatini, Mauritius, Mexico, Panama, Peru, Seychelles, South Africa, Trinidad and Tobago, and Uruguay.

Reflections and challenges

Nutrition policies and programmes must recognize gender inequality as an important barrier to ending malnutrition in all its forms in children and women. Rather than falling

outside the realm of nutrition programmes or being considered an add-on to existing actions, a gender-transformative approach to nutrition programming is an opportunity to tackle the underlying determinants of malnutrition more effectively and drive faster progress towards improved nutrition outcomes, while contributing to the broader movement towards gender equality and human rights. This approach to programming requires intentionally overcoming gender barriers related to adolescent girls' and women's agency, care burden and access to resources. It requires consideration of how gender norms and unequal power relations undermine access to nutritious diets, essential services and positive practices throughout life.

Barriers related to gender discrimination, early marriage, poverty and disability continue to keep millions of children out of school. These children are not only missing out on education; they also face greater challenges in accessing the essential nutrition services they need. Interventions to reach out-of-school children are often siloed, fragmented and poorly coordinated. Changing this requires improved

collaboration between governments, the private sector, non-governmental organizations (NGOs) and community structures across the multiple systems that impact nutrition. Strengthened social protection systems are also critical to support vulnerable children and families, and enable access to schools.

Supporting the scale-up of MMS together with a package of nutrition interventions for pregnant women is an important strategy for driving country-level progress towards global targets to improve anaemia and low birthweight. Experience shows that MMS can also be an entry point for strengthening the integration and delivery of nutrition services in antenatal care and improve quality. Programming design choices and improved understanding of the target population can help ensure that MMS are accepted and used by pregnant women across a range of cultural contexts. Addressing the needs of pregnant and breastfeeding women in humanitarian contexts is an important area of work that requires further attention.

Results Area 8: Early detection and treatment of malnutrition

Protecting children from the risk factors that lead to undernutrition in early childhood is a key UNICEF priority, as highlighted in Results Area 6. But when efforts to prevent undernutrition fall short, the early detection and treatment of child wasting – in health-care facilities and communities – are essential for children to survive and thrive.

UNICEF programmes for the early detection and treatment of malnutrition are covered under Results Area 8: “Children benefit from timely and quality supplies and services for the early detection and treatment of wasting and other forms of life-threatening malnutrition, in development and humanitarian contexts.”

To detect and treat wasting in children under 5 years of age, UNICEF: supports the development of evidence-based protocols and strategies; strengthens the capacities of caregivers and facility- and community-based workers to identify and provide care for children with wasting; supports the scale-up of routine services for children affected by wasting; integrates nutrition supply chains into national supply systems to improve care for children with wasting; and promotes the cost-effective and sustainable production and delivery of ready-to-use therapeutic foods (RUTF).

In 2022, the risk of wasting increased dramatically for children, as a result of conflict, climate shocks, child food poverty, the COVID-19 pandemic and the rising costs of living. These crises led to many more children becoming acutely undernourished. At the same time, key nutrition and other life-saving services also became less accessible.



Hang Thi Yeu was diagnosed with severe wasting at age 1. She and her mother Giay Thi Dua are at the UNICEF-supported Pu Nhi commune health centre in Dien Bien Dong District, Dien Bien Province, Viet Nam, where she is recovering after being treated with ready-to-use therapeutic food.

In the 15 countries that were worst affected by the global food and nutrition crisis, UNICEF estimated that 8 million children were suffering from severe wasting, the deadliest form of undernutrition, and 40 million were living in severe food poverty.⁸³

In response to the deteriorating nutrition situation, UNICEF launched the No Time to Waste acceleration plan for the early prevention, detection and treatment of child wasting, 2022–2023.⁸⁴ This plan aimed to reach more than 26 million children and women with a package of essential maternal and child nutrition, and social protection actions to prevent, detect and treat child wasting at a cost of US\$1.2 billion.

Despite the immense challenges of 2022, UNICEF met 100 per cent of its milestones for output level indicators under Results Area 8 in the first year of its Strategic Plan, 2022–2025 (see Figures 38 and 39).

FIGURE 38. Outcome results for early detection and treatment of malnutrition, 2022

Outcome indicator	Source	Baseline (2021)	2022 value	2025 target
1.22 Percentage of children under 5 years of age with severe wasting and other forms of severe acute malnutrition who are admitted for treatment	Joint Malnutrition Estimates; NutriDash	39%	53%	55%
1.23 Percentage of children under 5 years of age with severe wasting and other forms of severe acute malnutrition who are admitted for treatment and recover	NutriDash	89%	89%	>75% [Target is to remain above the recommended SPHERE standard ⁸⁵]

FIGURE 39. Output results for early detection and treatment of malnutrition, 2022

Output indicator	Source	Baseline (2021)	2022 milestone	2022 value	2025 target
1.8.1 Number of children under 5 years of age who benefit from services for the early detection and treatment of severe wasting and other forms of severe acute malnutrition	NutriDash	154.4 million	160 million	182.4 million	200 million
1.8.2 Number of countries that provide services for the early detection and treatment of severe wasting as a regular service for children	Country strategic indicators	67	70	73	≥65
1.8.3 Number of countries that have adopted simplified approaches for the early detection and treatment of child wasting	NutriDash	30	32	33	≥45

Delivering life-saving treatment and care to children with wasting

In 2022, amid the worst food and nutrition crisis in modern history, governments, donors, United Nations agencies and implementing partners quickly came together. The goal was to maximize existing resources and leverage additional funds to reach the children with wasting who were at the highest risk of death. By leveraging global initiatives that had been established between 2019 and 2021 – such as

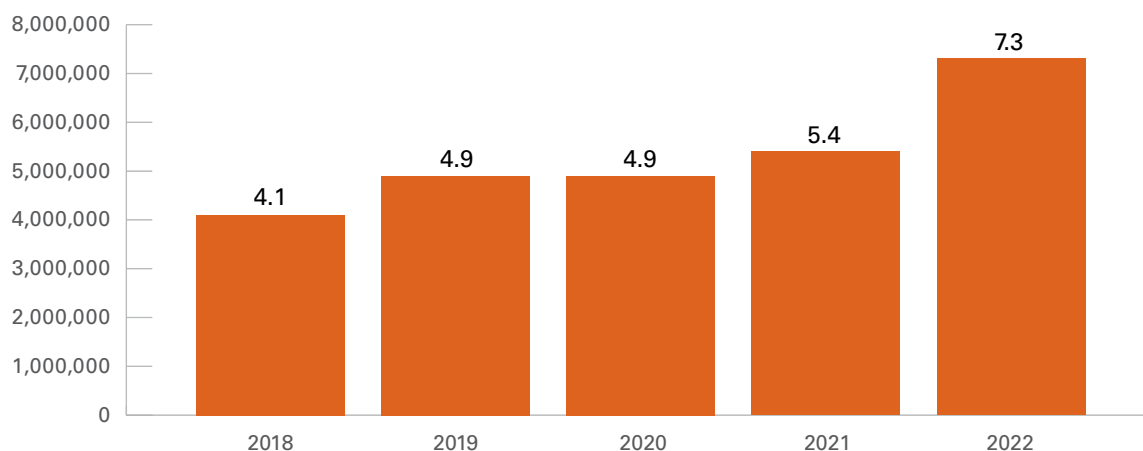
the United Nations Global Action Plan on Child Wasting and the UNICEF No Time to Waste strategic guidance – UNICEF was able to mobilize key stakeholders and help generate an unprecedented amount of funding to respond to the increased number of children affected by wasting, thereby averting deaths and expanding early detection, treatment and care.

Globally, UNICEF screened more than 182.4 million children for wasting in 2022; this was 28 million more than in 2021, and 22.4 million beyond the target (SP 1.8.2). Of these, 7.3

million children with severe wasting received life-saving treatment and care – a 33 per cent increase from 2021 and the highest number ever reported in UNICEF programming. This means that 53 per cent of all children suffering from severe wasting accessed life-saving treatment in

2022, compared with 39 per cent in 2021 (SP1.22). This achievement is a significant leap towards the Strategic Plan target of treating 55 per cent of all children who are estimated to be affected by severe wasting by 2025 (see *Figure 40*).

FIGURE 40. Number of children under 5 years of age (millions) admitted for treatment of severe wasting, 2018–2022



UNICEF programmes have maintained a consistently high quality of treatment and care in all contexts. In 2022, 88 per cent of children fully recovered from wasting (the same proportion as in the previous three years); this result exceeds global performance markers and the quality targets set in the Strategic Plan (SP1.23).

Countries with the greatest burdens of child wasting admitted the greatest numbers of children for treatment in 2022, including Afghanistan, Chad, the Democratic Republic of the Congo, Ethiopia, India, the Niger, Nigeria, Pakistan, Somalia, the Sudan and Yemen (see *Case Study: Yemen: Scaling up life-saving services while building stronger, more sustainable systems*). In Somalia, UNICEF leveraged its network of partnerships with NGOs to scale up its nutrition response in the context of a severe drought, ongoing insecurity and conflict, and the global food and nutrition crisis, which led to a dramatic increase in wasting prevalence beyond the global threshold for emergency. This enabled UNICEF-supported programmes to reach 3.4 million children with services to prevent undernutrition in 2022. In addition, UNICEF screened more than 9 million children for wasting and almost 460,000 children were treated for severe wasting. This represents a 75 per cent increase with respect to the number of children reached in the previous year and almost 90 per cent of the estimated number of children with severe wasting.

UNICEF supports governments to leverage programmatic innovations – including simplified approaches for early detection and treatment⁸⁶ – to identify and treat more

children with wasting and expand coverage to reach the most vulnerable children. Many countries adopted simplifications in the context of COVID-19 to successfully maintain and expand services, despite service disruptions and pandemic-containment measures. Simplified approaches continued to be important in 2022, particularly in the context of the global food and nutrition crisis, and were implemented in 33 countries. UNICEF is working closely with national governments to determine which simplifications are appropriate to adopt for longer-term use in national guidelines or emergency protocols, depending on the evidence in a given context.

One of the most common programme adaptations is empowering families and caregivers in the use of mid-upper arm circumference (MUAC) measurement tapes to identify children with wasting as early as possible. These colour-coded tapes allow families to visualize if children are ‘in the green’ and therefore growing well, or if they are ‘in the yellow or the red’ and require close attention or therapeutic treatment and care. This approach, known as ‘Family MUAC’ was implemented in 32 countries in 2022, compared with 30 in 2021 (SP 1.8.3). More than 2.1 million caregivers were trained in this approach.

In 2022, there was rapid deterioration in the nutritional status of children across the Horn of Africa. UNICEF embarked on a coordinated, multi-country effort that demonstrated its capacity to sustain nutrition services to prevent child wasting while expanding more targeted, life-saving treatment for children with severe wasting. In

Ethiopia, UNICEF provided services for the prevention of wasting, reaching almost 7 million children and 2 million women living in the most vulnerable parts of the country. UNICEF also supported the early detection and treatment of 710,000 children with severe wasting, which was an increase of almost 50 per cent from 2021. This was made possible as a result of 'find and treat' campaigns to reach underserved or displaced populations, the rapid scale-up of decentralized treatment through health extension workers, the increased number of caregivers of children under 5 who were trained in Family MUAC to detect wasting at home, and increased access to RUTF.

In the Democratic Republic of the Congo, UNICEF established strategic partnerships with the Government, and national and international NGOs to accelerate the delivery of programmes and services for the prevention, early detection and treatment of severe wasting. Through these partnerships and with UNICEF support, 3.1 million children were screened for wasting in 17 provinces (compared with 14 provinces in 2021). UNICEF facilitated the roll-out of Family MUAC screening, which was effective in increasing the number of children receiving treatment. In 2022, more than 578,100 children with wasting were treated, compared with about 417,300 in 2021.



As part of UNICEF's 2022 urban nutrition strategy in Afghanistan, 50 day-care centres and 68 outpatient sites have been established to provide treatment to children under 5 years of age with severe wasting, as well as growth monitoring, infant and young child feeding counselling and food demonstrations.

Strengthening systems and integrating treatment within routine primary health care

Services for children with wasting should be universally available and accessible to every child in need, in line with the universal health coverage agenda. The most effective and sustainable path for achieving this is by integrating the prevention, early detection and treatment of wasting within routine PHC services for children. UNICEF supports governments to foster such integration across the six building blocks of the health system; that is, service delivery, workforce, information systems, access to essential medicines (including RUTF), financing and leadership/governance.

With UNICEF support, the number of countries integrating care for children with wasting as part of an essential package of regular health and nutrition services has risen steadily. A total of 73 countries provided these integrated services in 2022, compared with 67 in 2021 (SP 1.8.2). For example, 73 countries included the early detection and treatment of severe wasting as part of a training package for CHWs; 51 countries included care for children with severe wasting within national health and nutrition budgets; and 42 countries included RUTF on the essential medicines list.

In Indonesia, UNICEF supported the Government to strengthen systems and integrate screening for wasting and referral services within PHC centres and community platforms, including ECD centres, as a strategy for identifying more children in need of care (see 'Case Study: Indonesia: Leveraging ECD centres to improve the early detection and referral of children suffering from malnutrition'). Overall, in the country, integrated services for the prevention and treatment of wasting were scaled up to an additional 25 districts in 2022, reaching 95 districts in total, across seven provinces. More than 13 million children were screened for child wasting, and over 87,000 children received treatment. UNICEF disseminated the findings of the first study on the acceptability and efficacy of local recipes for RUTF, and efforts are being made to support the development of national regulations on local RUTF production, to facilitate mass production in partnership with local food companies. In addition, a costing analysis was also undertaken of child wasting treatment services in Indonesia to advocate for increased allocation of local resources.

UNICEF invests in strengthening the skills and capacities of health and nutrition workers, in facilities and communities, to improve care for children with wasting. This includes developing curricula, providing training and supervision, and strengthening protocols for managing child wasting as part of a continuum of care to support growth and development. In South Sudan, UNICEF's investments in strengthening the capacities of front-line workers and providing on-the-job mentorship and supportive supervision helped foster continuous improvements in the quality of treatment

provided to children with severe wasting. This resulted in an increase in the cure rate from 95 per cent in 2021 to 96.3 per cent in 2022. Overall, 23 per cent more children with severe wasting were admitted for treatment in South Sudan in 2022 than in 2021.

Sustainable self-financing by governments is critical to ensure timely care for children with wasting. However, many governments are not providing sufficient domestic financing for RUTF. At the same time, the global response to the COVID-19 pandemic has diverted donor commitment away from national nutrition programmes. To tackle this problem, UNICEF and partners, including the Government of the United Kingdom of Great Britain and Northern Ireland, the Children's Investment Fund Foundation and the Bill & Melinda Gates Foundation established a number of financing instruments, including the Match Window of the Child Nutrition Fund (CNF), which was set up to incentivize greater resource allocation to nutrition supplies by matching governments' contributions on a 1:1 basis.

The potential of the Match Window of the CNF to drive national investments is already becoming clear in Cambodia, Kenya, Mauritania, Nigeria, Pakistan, Senegal and Uganda, where more than US\$6 million in domestic investments has already been matched. In Mauritania, UNICEF and partners delivered more than 36,300 boxes of RUTF in April 2022 to treat more than 35,000 children suffering from severe wasting. Half of the total RUTF consignment was paid for by the Government of Mauritania and the remainder was covered by the Match Window. Similarly, in Uganda, the Government allocated US\$1

million to procure commodities for children with severe wasting in 2022 and leveraged the match instrument, allowing an additional 22,000 children with severe wasting to be treated. The budget voted through by Parliament is expected to be maintained, which will improve programme sustainability and government ownership.

Through the CNF, UNICEF targets the reasons for insufficient budget allocations and supports countries in transitioning away from reliance on donors for the procurement of essential nutrition commodities and services and towards self-financing sustainability. This includes supporting governments to improve public procurement budgeting processes, annual and multi-year planning for nutrition supplies, and capacity-building in forecasting and budgeting.

UNICEF recognized that many governments and partners may not be able to provide adequate advance funding to secure timely access to RUTF supplies. To address this, in conjunction with the Vaccine Independence Initiative (VII) programme, a pre-funded window (the RUTF Window) was introduced to provide a guarantee against advance payment to suppliers that face liquidity constraints in the production of RUTF. The RUTF Window supports an increase of RUTF production and improves the availability of supplies. At the same time, VII addresses countries' temporary cash flow timing issues by providing pre-financing support. This process helps countries get the RUTF they need, when they need it, while giving RUTF suppliers the liquidity to increase production and meet rising global demand.



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Brianna's height is measured by a health worker as part of a screening for malnutrition in Caracas, Venezuela.

Mobilizing partnerships and action to put child wasting on the global agenda

UNICEF's US\$1.2 billion No Time to Waste acceleration plan for the early prevention, detection and treatment of child wasting aims to support efforts across 15 countries that have been hardest-hit by the global food and nutrition crisis. With a clear programmatic response plan at hand, UNICEF was able to successfully leverage global support to governments facing the brunt of the food and nutrition crisis. In July 2022, USAID announced that the United States would provide US\$200 million to UNICEF. This is the largest contribution ever made by a government for the scale-up of life-saving treatment. In addition, philanthropic organizations committed an additional US\$50 million, while USAID called on others to raise an additional US\$250 million. At a United Nations General Assembly side event in September 2022 – which was co-hosted by USAID, UNICEF, the Government of Senegal and the Children's Investment Fund Foundation – an additional US\$280 million was pledged from the Governments of Canada, Ireland, the Netherlands and others. Through these global efforts and country-level action, more than US\$600 million was raised by December 2022, with about US\$300 million more raised by April 2023. UNICEF will build on this success and prioritize efforts to mobilize the remaining resources to sustain these achievements.

The acceleration plan was built on the foundation of the Global Action Plan on Child Wasting – a broad coordinated effort among United Nations agencies to drive progress on the prevention, early detection and treatment of child wasting. After its official launch in 2021, UNICEF worked closely with governments and partners throughout 2022 to develop and implement comprehensive road maps for action in 23 high-burden countries, particularly those hardest hit by the global food and nutrition crisis.

A number of strategic partnerships were established in 2022, including a new UNICEF–WHO Technical Advisory Group on Wasting, with a mandate to support the operationalization of the forthcoming revised WHO guideline on the prevention and management of child wasting and provide strategic direction for all research on the topic. UNICEF also served as co-chair of the Action Review Panel, which aims to promote accountability and improve the impact and sustainability of services to prevent and treat child wasting.

As part of its support to governments in scaling up simplified approaches, UNICEF commissioned the development of a training toolkit and a decision-making tool to facilitate implementation. It also continued to convene the global coordination group for simplified approaches.

Reflections and challenges

The global food and nutrition crisis – and its impact on the most vulnerable children – posed the greatest threat to nutrition in 2022, including the risk of leaving behind a generation of malnourished children. Yet, with support from key resource partners, and guided by operational research, UNICEF and its partners supported the scale-up of standard and adapted approaches for the early detection and treatment of child wasting, contributing to a significant acceleration in programme coverage in 2022, despite the immense challenges. This achievement is a testament to the strong partnerships that rallied to scale up life-saving interventions, the evidence generated on innovative screening and treatment approaches, the leveraging of new financing opportunities, and years of investments in systems-strengthening together with national governments.

Reductions in unrestricted funding in the context of the global food and nutrition crisis, and the shrinking fiscal space for many donors and host countries, continued to be important challenges in 2022. UNICEF also faced rising programme delivery costs, due to the increased price of essential supplies and raw ingredients, such as those used to produce RUTF.⁶⁷ The innovative financing solutions described in this chapter, particularly the pre-financing facility, will prove critical to support countries in surpassing this hurdle and guaranteeing that life-saving RUTF is available, accessible and affordable to every child in need.

A key reflection is that, while the acceleration of early detection and treatment services has enabled the highest number ever of severely wasted children to be treated, UNICEF, governments and partners need to do much more to prevent wasting in these hard-hit countries. Innovative solutions to improve the availability and access to nutrient-dense foods and expanded social protection schemes are core to effective prevention strategies. More effective resilience strategies for maternal and child nutrition, including in the context of climate change, will also be important. Framing preventive and curative nutrition interventions as important opportunities for climate financing also needs to be pursued.

Case Study: Yemen: Scaling up life-saving services while building stronger, more sustainable systems



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Yasser Ghailan Ahmed, age 41, from Na'awm region, Yemen, holds his nephew, Mohammed Hamzah Ali Mahdi, 6 months of age, at a therapeutic feeding centre, where the child is recovering from wasting. Funding from the Government of Germany has been used to support the therapeutic feeding centre in Raymah governorate since January 2022.

In Yemen, UNICEF and partners are responding to children's immediate health and nutrition needs while strengthening PHC systems and building coherence across the humanitarian–development–peace nexus.

In 2022, UNICEF strengthened PHC service delivery by scaling up the minimum package of health and nutrition services within 2,600 PHC facilities, from 2,000 in 2021. With UNICEF support, more than 4,000 facilities received life-saving medicines, vaccines and supplies. UNICEF ensured high-quality specialized referral services for mothers and newborn babies with medical complications in 24 selected hospitals, an increase from 17 in 2021. Some 5.2 million boys, girls and women were reached with PHC services through UNICEF support in 2022, including 2.5 million who received services for maternal and newborn health, nutrition and the integrated management of childhood illnesses.

Case Study: Yemen: Scaling up life-saving services while building stronger, more sustainable systems (cont'd)

Community systems are critical to bridge gaps between the formal health system and communities, contributing to the attainment of universal health coverage, strengthened community resilience, reduction in malnutrition and for overall improved sustainability. In 2022, UNICEF trained an additional 707 new CHWs across different districts and governorates, bringing the total to 3,600 CHWs who provided basic PHC services and health information to nearly 3 million people in hard-to-reach areas. Of these, most were children under 5 or women.

This expanded cadre of CHWs and nutrition volunteers also screened 4.9 million children for wasting using MUAC measurement, including via door-to-door screening campaigns, which were critical to detect more children with wasting who were in need of life-saving treatment. Through these efforts, more than 22,000 children under 5 and 19,000 women with malnutrition were identified and referred to PHC facilities in 2022.

Working with the Ministry of Public Health and Population and partners, UNICEF helped expand treatment services for child wasting from 4,489 health facilities providing outpatient therapeutic care in 2021, to 4,671 in 2022 (covering 92 per cent of all functional health facilities). These services have proved to be a critical strategy for addressing barriers related to access, disability and gender discrimination. Through these efforts, more than 376,580 children were admitted for treatment of severe wasting in 2022, compared with some 273,000 in 2021. Of these, 91 per cent fully recovered. UNICEF support also helped increase the number of fixed health facilities, CHWs and volunteers who were equipped to provide IYCF counselling to caregivers, reaching 3 million mothers.

Investments in building the capacities of community health and nutrition volunteers, CHWs and community-based midwives have helped drive improvements in the coverage and quality of health and nutrition services. As part of this support, UNICEF provided quarterly incentives and per diem payments to more than 11,000 health staff. UNICEF also supported operational costs for health facilities, provided medical commodities and engaged governorate and district health officers in supportive supervision.

UNICEF also provided support to strengthen health information systems, improving the country's ability to track and report on achievements. In 2022, UNICEF supported the roll-out and implementation of District Health Information Software 2 (DHIS2) in Yemen. This was scaled up to 15 northern governorates through the capacity-building of 74 coordinators and information officers from health and nutrition programmes where data from at least 3,500 health facilities (almost 65 per cent) are being collected. Facility-level data from therapeutic feeding centres, outpatient therapeutic programmes, infant and young child feeding programmes have been integrated into DHIS2, which has strengthened the health system's capacity to streamline health and nutrition reporting from the district level upwards for overall improvement in data validation, quality, timeliness and consistency in reporting and analysis. Further improvements will be observed once the system is fully rolled out across other governorates and to the community level, where reporting gaps prevail.

UNICEF's convening power and decentralized structure in the country, along with its Cluster Lead role across four key programme areas, enabled close coordination with local counterparts and authorities. There were also important challenges, such as logistical obstacles to paying health workers; scarce, low-quality or unavailable data to monitor the health and nutrition situation; and entrenched donor systems and approaches (i.e., short funding cycles, with limited focus on preventive interventions) that can constrain the scope of programmes and run counter to realizing a stronger humanitarian–development–peace nexus.

UNICEF's experience in Yemen highlights important lessons for scaling up life-saving humanitarian interventions while taking steps to strengthen national and local capacities. This includes leveraging community-based services to strengthen PHC towards the goal of universal health coverage and engaging communities to foster ownership and programme sustainability.

Case Study: Indonesia: Leveraging ECD centres to improve the early detection and referral of children suffering from malnutrition

In Indonesia, UNICEF supported the Government to integrate the early detection and referral of children with wasting – the most life-threatening form of malnutrition – within PHC and community platforms, including ECD centres. Interventions based on this innovative approach are a small part of broader national efforts to nearly double the number of children screened for wasting, from 6.6 million in 2021 to more than 13 million by 2022.

Community health outposts (*Posyandus*) play a crucial role in the early identification of child wasting. However, attendance rates often decline after children complete routine immunizations or start attending ECD centres. This typically occurs around the age of 2, when they are still at high risk of becoming wasted. To address this challenge, UNICEF explored alternative ways of reaching these children, and ECD centres emerged as a promising opportunity. Like *Posyandus*, ECD centres are present in almost every village in Indonesia, making them an ideal platform for supporting children with services beyond education. Given the crucial role of nutrition in optimal learning, UNICEF focused on engaging with ECD teachers to empower them in the early detection of nutritional problems in children and to help foster an environment for children to grow and thrive.

In 2022, UNICEF, the Ministries of Health and Education, and other stakeholders, initiated a pilot programme in the provinces of East Nusa Tenggara, Papua and South Sulawesi. The aim of this programme was to build the capacities of ECD teachers to detect and to refer children with wasting to appropriate facilities. Some 6,144 children under 5 were screened for wasting and 1,269 ECD teachers and 9,396 caregivers/community members were trained across the three provinces.

With UNICEF support, operational guidelines were developed to support this programme, and information, education and communication materials were disseminated on integrating early detection and referral of child wasting within ECD centres through cascade trainings. Through these trainings, ECD teachers were empowered to strengthen their capacity to identify and refer children with wasting by:

- Organizing monthly screenings using MUAC tapes to identify children with wasting and refer them to PHC centres for treatment;
- Organizing monthly parenting sessions to ensure that caregivers understood the consequences of wasting and could identify and seek treatment for affected children; and
- Coordinating closely with *Posyandus* cadres and health workers from PHC centres, to strengthen referral mechanisms and share screening data, which enables project monitoring.

Results to date have already demonstrated that ECD centres are key to scaling up capacity for wasting prevention and treatment, and they have a role to play in improving children's nutritional status, health and well-being, in addition to their learning and development. UNICEF and the Ministry of Health are conducting an evaluation to strengthen the evidence-base for policy advocacy, and to support future scale-up. Fifteen districts across seven UNICEF focus provinces have already expressed their commitment to implementing interventions based on this approach, which is expected to result in a substantial increase in the number of children screened for wasting in the country.



Yusmina Puay, age 2 years, has her mid-upper arm circumference measured by nutritionist Ofni Thon to assess her for malnutrition in Seki Village, Kupang Regency, East Nusa Tenggara Province, Indonesia.

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Results: Early childhood development

Mothers bring their young children to the Don Bosco Topater school, in El Alto, Plurinational State of Bolivia, which runs a Care for Child Development (CCD) programme for parents and caregivers.

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Dalisto Banda, aged 2 years, with his mother Mirriam Lungu, in the Kholowa village, Katete District, Eastern Province, Zambia. The Playful Parenting programme in Zambia reaches caregivers and children with integrated ECD and parenting support.

Services to ensure that every child thrives

All children, in every corner of the world, have the right to survive and grow, and develop to their full potential. That right is realized when young children are in good health and provided with good nutrition, stimulation, responsive care and early learning in protective and safe environments.

UNICEF works with countries and partners to guarantee children’s right to survival and development, by supporting early childhood programmes and services, creating enabling environments and opportunities for ECD, even in humanitarian contexts. UNICEF also works to provide parents and caregivers with the tools and support they need to effectively care for their young children, and themselves.

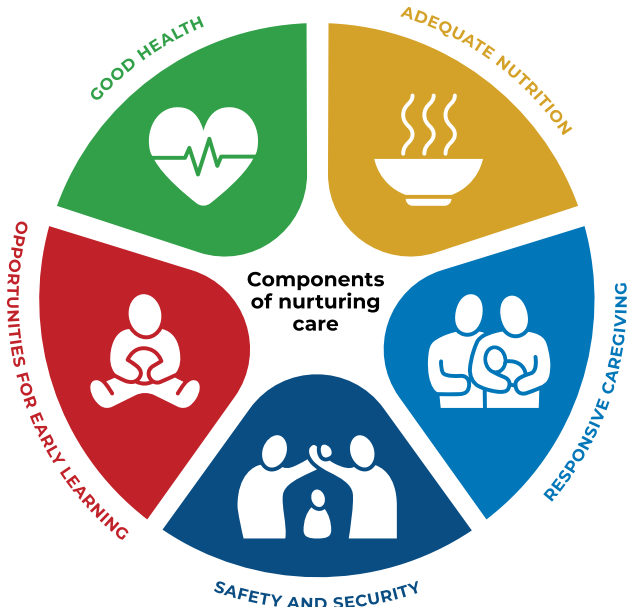
Early childhood is a window of opportunity during which young children’s physical, cognitive, emotional and social development is highly influenced by their interactions with their environments. The millions of young children who are not receiving adequate early stimulation and responsive care, as well as their parents and caregivers, must be reached urgently with the support they need, before this critical window closes.

A holistic, multisectoral approach in early childhood

UNICEF recognizes ECD as an opportunity to focus on the whole child. This is achieved through the delivery of nurturing care, parenting resources, and support for caregivers’ mental health, through health, nutrition, education, and child and social protection platforms. All sectors contribute to ECD results through their regular programming.

UNICEF’s advocacy and assistance helped advance the integration of ECD into PHC and other sectoral and intersectoral programmes and policies, and the implementation of parenting support activities, in countries across all regions, including in emergency contexts. UNICEF’s support for integration efforts reflects the holistic nature of ECD within the Nurturing Care Framework (see Figure 41).

FIGURE 41. The Nurturing Care Framework



Global and regional support under the framework contributed to country-level results against Strategic Plan output 1.4.1, on integrating ECD into PHC, benefiting more than 6.5 million children, their parents and families, in more than 100 countries, in 2022. Some 356.3 million children under 5 years of age benefited from programmes for the prevention of malnutrition, as described in the 'Results: Nutrition' chapter of this Global Annual Results Report, contributing to more than 362 million children benefiting from ECD nurturing care interventions delivered through the health and nutrition platforms in 2022.

In Ghana, an integrated ECD policy framework encompasses health, nutrition, education, child protection, responsive caregiving and WASH, through multisectoral coordination.

In Guinea, a package of child well-being and development services has been integrated across the health, nutrition, WASH, child protection and education sectors. Municipalities (communes) are accountable for its implementation, in collaboration with the decentralized technical services. Early childhood activities, including stimulation, are supported through home visits and in preschools. The approach was piloted in 40 'municipalities of convergence', and is being scaled up to 258 rural communes, with support from the Ministry of Decentralization and sectoral ministries.

Zambia's ECD policy, strategic planning and programmes are multisectoral, bringing together responsive care, health, nutrition and WASH under the Nurturing Care Framework. Several ministries (health, nutrition and WASH) are represented on the national ECD technical committee. The establishment of sectoral accountabilities is helping to ensure a holistic, integrated approach. UNICEF supported capacity-building of nearly 1,000 ECD facilitators in the integrated programming approach in 2022.

Multisectoral work in several countries emphasized particular linkages between ECD and nutrition. Burundi integrated early stimulation in activities to treat severe acute malnutrition in 200 hospitals, equipped 147 nutritional rehabilitation homes with ECD play kits and built 23 ECD community spaces. More than 3,000 children, including those with disabilities, attended the community spaces. Local associations were also trained and supported to manufacture toys.

Indonesia incorporated messages on early stimulation, responsive care and positive parenting into IYCF counselling curricula, and rolled out interactive training materials for use with IYCF counsellors and health workers in 12 provinces.

Sri Lanka incorporated messages on early stimulation, early learning and responsive caregiving into an online training package for use by health workers involved in IYCF counselling and support. The package was produced in the country's two official languages, Sinhala and Tamil.

Zimbabwe established 9,055 care groups in 18 districts, offering integrated nutrition and ECD counselling and support. In 2022, these groups reached nearly 550,000 mothers and caregivers with counselling and support on a range of topics, including nurturing care and the importance of play in child development.

Essential ECD services integrated into PHC include: early stimulation and responsive caregiving; developmental monitoring; early identification and early interventions for children with developmental delays and disabilities; and parenting support programmes. Several countries incorporated ECD into health sector manuals and curricula in 2022.

Early learning and responsive caregiving

Care for Child Development (CCD) is an evidence-based approach designed to promote early learning and responsive caregiving through integration with health, nutrition, education and child protection services.

In 2022, the Islamic Republic of Iran began the roll-out of a national CCD service package, focusing on children's early learning, social-emotional skills, and responsive caregiving. UNICEF supported development of the service package: its roll-out at hospitals, PHC centres and other service delivery points in five provinces; and health system capacity-building. Children are screened for disabilities at PHC centres across the country.



Mothers bond with their infants at the kangaroo mother care unit at the University Hospital Medical Centre, in Treichville, a neighbourhood of Abidjan, Côte d'Ivoire. The skin-to-skin contact helps build an emotional connection, among a range of other benefits for both mother and child.

Egypt incorporated CCD into its Integrated Management of Childhood Illnesses package, which is used at PHC facilities throughout the country. CCD has been incorporated into sectoral and inter-sectoral programmes in at least 10 countries in Latin America and the Caribbean (see *'Case Study: Latin America: The benefits of CCD are wide-ranging'*).

Developmental monitoring

By observing children's growth and development against milestones, monitoring allows for early identification of developmental delays, with interventions being implemented as needed.

Mongolia, in 2022, provided early detection of diseases and disabilities and referral mechanisms as part of integrated services to address the specific needs of children during their first 1,000 days.

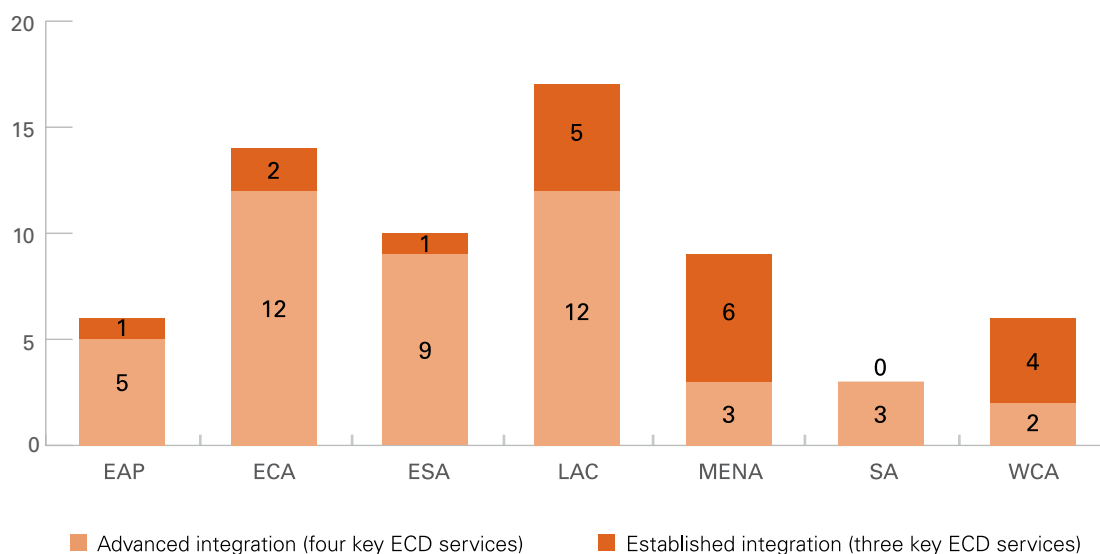
In the Philippines, community development workers trained under the system on prevention, early identification, referral and intervention of delays, disorders and disabilities in early

childhood served over 30,000 children aged 3–4 years, of whom more than 2,000 children at risk of developmental delays were referred to local social welfare offices for higher-tier evaluations and/or specialized interventions.

Turkmenistan offers developmental monitoring at ECD demonstration facilities across the country. In 2022, the programme reached more than 8,000 children, of whom 887 received early intervention support. UNICEF supported the training of 1,400 health-care professionals in developmental monitoring and the launch of a postgraduate ECD course for medical students.

Developmental monitoring, and early identification and early intervention for children with developmental delays and disabilities, are two of the four key ECD services that countries are integrating into PHC (the other two are early stimulation and responsive caregiving, and parenting support programmes). A total of 65 countries have integrated three ('established' integration) or four ('advanced' integration) key ECD services into health sector policy/planning and service delivery through PHC platforms (see *Figure 42*). More than 100 country offices reported on this output indicator (1.4.1).

FIGURE 42. Countries with advanced and established integration of key ECD services in PHC, by region, 2022



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



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Seven-month-old Samina in the arms of her father, in Dushanbe, Tajikistan. Globally, UNICEF-assisted parenting programmes reached at least 855,000 mothers, fathers and caregivers in 2022.

Parenting support programmes

Parenting is foundational to child survival and development. However, many parents and caregivers require support from parenting programmes to fulfil their critical role. These programmes can include information, guidance and financial and psychosocial support. UNICEF-supported parenting programmes focusing on ECD or other stages of the life course reached nearly 885,000 parents and caregivers in 2022.

Parenting support programmes provide parents and caregivers with the tools to adopt good care practices and support them in providing adequate nutrition, stimulation, early learning, health and protection for their children. Programmes emphasize gender-responsive parenting, which promotes positive gender socialization and the engagement of men and fathers in parenting.

Kosovo's ECD home visiting programme expanded in 2022 to seven additional municipalities, to cover all 38. More than 37,000 home visits were made in 2022, a 35 per cent increase from 2021. More than 16,000 children aged 0–3 years and more than 3,000 pregnant women were reached with support for healthy development, adequate nutrition, responsive caregiving, and parental well-being. More than 500 health workers completed the programme training. A high-level event with the president, held in Pristina in February 2022, resulted in a call to action across sectors for better outcomes for young children and their parents.

In Mali, the Child's First 1,000 Days programme aims to educate parents and caregivers about the stages of young children's growth and development (social, emotional and

cognitive) and what to do if any milestones are missed. The programme includes videos and relies on visual aids and images to explain the milestones, to make it accessible to parents who may not read or write.

Serbia's parenting programme seeks to reach all parents with messages and coaching on responsive caregiving, stimulation and communication with young children. This universal component of the programme is combined with targeted support, including early intervention and counselling, for families of children with developmental delays and disabilities. In 2022, UNICEF supported the development of a training package for practitioners that combines support for parents' emotional well-being and mental health, responsive caregiving through play and communication, and gender-balanced parenting. The package is designed to help practitioners integrate playful parenting into their routine practices.

Change strategy

Integrated parenting support programmes that promote children's and adolescents' optimal development are considered an important change strategy leading to outcome-level results. Such programmes can transform, not just individual children's lives, but whole societies.

Following are just a few examples from among the 40 countries that met UNICEF benchmarks for parenting support programmes in 2022.

In Egypt, 300,000 parents were engaged in providing nurturing care for their children. Skills-building and social support were delivered under the new Haya Karima



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Sung Thi Ghenh and her husband with their newborn at home in the Pu Nhi commune, Dien Bien Dong District, Viet Nam. Sung receives postnatal care from the midwife who delivered their baby.

(Decent Life) initiative. It is estimated that some 1 million children now live in a more equitable, protective and supportive household as a result. UNICEF supported the Ministry of Social Solidarity to train over 3,500 service providers and to develop programme contents. Over 2.2 million viewers engaged in online content, in connection with a docudrama on the topic of child rights, and more than 7,000 parents completed a parenting training course online. These activities were part of a positive parenting model, based on formative research and data. An inter-ministerial coordination mechanism is being established, to expand the model nationwide.

In the Lao People's Democratic Republic, the Love and Care for Every Child programme provides parents with resources to provide nurturing care for their young children. Trained volunteers and health workers conduct monthly visits to parents in their homes and coordinate activities with parents in preschools and health centres. These activities focus on topics such as early care and child protection through the use of appropriate teaching strategies and communication tools. In 2022, two educational television programmes helped raise awareness of the value of positive discipline, preventing violence against children, and inclusive education for children with disabilities. UNICEF assisted with the roll-out of the programme, facilitator training and content production.

Pakistan's Key Family Care Practices programme seeks to engage caregivers and families in their children's nutrition, hygiene, early stimulation, early learning, safety and protection, and mental health. The programme has trained and mobilized so-called 'lady health workers' and other front-line workers to act as change agents in their communities. In 2022, UNICEF supported the training of more than 13,000 lady health workers, teachers, nutrition assistants, religious leaders and district managers. The four-hour training sessions covered key practices and engagement strategies. As a result, these workers were deployed to engage more than 200,000 parents and caregivers in 24 districts across the country.

Early childhood development in emergencies

UNICEF worked with partners to reach young children affected by emergencies, including those in complex and protracted situations, through the provision of holistic services, in line with UNICEF's Core Commitments for Children. In several countries and contexts, UNICEF assisted in capacity-building of the ECD workforce, supported parents and caregivers in giving nurturing care to their young children, and promoted caregiver mental health (reported under Results Area 5). ECD services and interventions were delivered through multiple sectoral platforms: health, nutrition, education, child protection and social protection.



Yevheniya, aged 29 years, with her six-month-old son, Yehor, in Ukraine. UNICEF supported mental health and psychosocial support interventions with children and caregivers in Ukraine and seven countries hosting Ukrainian refugees in 2022.

Early childhood programmes have faced major disruptions owing to the conflict in Ukraine. UNICEF organized funding to minimize the negative impact of this on young children. UNICEF is also assisting the governments of Ukraine and countries hosting Ukrainian refugees to keep young children receiving nurturing care, including opportunities to learn. UNICEF is providing support to parents and caregivers of young children, and building the capacity of front-line workers in direct contact with children, in both formal and non-formal settings. Some 378,862 children attending play and learning hubs in host countries received individual learning materials, and more than 40,000 Ukrainian caregivers were reached through the *Bebbo* mobile app, developed by UNICEF, which contains resources and support for responsive caregiving, as well as MHPSS.

Millions of people have migrated in recent years from the Bolivarian Republic of Venezuela amid the economic crisis, which has left many families without access to basic services, including ECD services for young children. In Colombia, UNICEF contributed to the 'children on the move' response by providing parents and caregivers of young children with information on early stimulation, health, nutrition, hygiene and psychosocial support. Some 9,400 girls and boys were reached with recreational and learning activities.

Guyana has expanded its community-based ECD programme, which started in 2018 in response to the regional crisis. The goal is to reach all children aged 0–4 years old and their families, with counselling and support for child development, age-appropriate nutrition and health

practices, and nurturing care. The programme is delivered by CHWs through home visits, and at community-based centres and health-care facilities. In 2022, it was expanded to reach an additional 17 villages in which migrant families are hosted, and in Guyana's hinterlands. UNICEF supported capacity-building for 49 CHWs and ECD paraprofessionals, and the creation of new spaces for early learning and play therapy. This support benefited 1,368 children in the hinterlands.

Across a range of humanitarian settings, UNICEF has delivered stimulating materials to build children's cognitive, social and physical skills. These materials support programmes to promote interaction between children, and their parents and caregivers. For example, UNICEF launched Project Play for children aged 0–3 in Pakistan, Sierra Leone and Uganda in 2022. Project Play is an innovative approach in which boxes containing RUTF for the treatment of malnutrition are recycled as toys. The boxes are printed and pre-cut with toy designs; health and nutrition centres receiving the supplies can turn the boxes into balls, stacking blocks and other toys for use with young children in play and early stimulation and to provide a sense of routine in emergencies.

In 2022, UNICEF delivered nearly 20,000 ECD kits in emergencies, benefiting 100,000 children aged 3–6 years. The kits were used in programmes across 37 countries.

Reflections and challenges

Many countries have made progress towards achieving SDG 4.2.1, on ECD, with about two thirds of the world's children developmentally on track in literacy-numeracy, physical and social-emotional development, and learning. However, additional efforts need to urgently be made to reach the remaining one third of children who are not developmentally on track. Achieving this goal will require countries to adopt more multisectoral policies, with costed action plans, integrated services, and parenting support.

These critical actions need to be put in place immediately, before the ECD window of opportunity closes for millions of young children.

In many settings, ECD programmes are an important entry point for other sectors. Increasingly, those working in health, nutrition, education and child protection are embracing ECD and parenting support as opportunities to reach parents and families of young children with their sectoral services. Such integration, however, requires collaboration among ministries on joint planning, budgets, programme implementation and accountability, to achieve outcomes for children.

UNICEF has spent a substantial amount of money on the delivery of ECD services through health, nutrition and other platforms to address the development needs of the youngest children. In 2022, UNICEF spent US\$79 million on ECD interventions delivered through the health sector, globally. This amount is higher than in 2021, but is still not nearly enough. This is despite greater recognition of the importance of the early childhood period on later life and, in turn, the greater societal returns on ECD investment.

There is increasing demand for ECD programmes in response to increasing need. The private sector, and donors such as the Conrad N. Hilton Foundation, LEGO Foundation and Porticus, have generously stepped in to fill some of the gaps. But governments can do more to allocate public funds and to subsidize childcare provision, at home and in community-based facilities. With the introduction of a new ECD Vision 2030, UNICEF plans to elevate the financing of integrated ECD through existing and new resource mobilization efforts.

UNICEF continues to promote integration into PHC of developmental monitoring, and early identification and intervention for children with developmental delays and disabilities. The need for inclusive programmes and a childcare workforce equipped to address the needs of children with disabilities is being addressed through UNICEF advocacy, capacity-building and technical assistance.

Case Study: Latin America: The benefits of Care for Child Development are wide ranging

UNICEF launched its CCD approach in Latin America and the Caribbean in 2012, as a strategy to engage parents and caregivers in nurturing care practices. The concept was proved feasible, and pilot projects were scaled up. CCD is now in use in at least 10 countries in this region, and it has been incorporated into a range of sectoral and intersectoral programmes. The programmes have a diversity of goals, in addition to young children's healthy growth and development. In some country contexts, they seek to reduce violence in the home, orient caregivers of young children with development delays and disabilities, and involve fathers in their children's parenting.

CCD was introduced in the Plurinational State of Bolivia in 2019 as a key programme intervention, particularly for children in vulnerable situations, including those at risk of violence, abandonment and homelessness. The country operationalizes a multisectoral CCD model and a holistic approach that links actions in health, education and protection; and it is complementary to other programmes and services. To date, 646 facilitators and 19 instructors have been trained in the CCD approach. A total of 15 state and non-governmental institutions have adopted it, and some 35,000 families have benefited from CCD interventions.

CCD was introduced in the Dominican Republic in 2017–2019, within the context of the kangaroo mothers programme, which was adopted in 2009 as a strategy for caring for babies with a low birthweight, or who were born prematurely.⁸⁸ UNICEF supported the piloting of CCD within the kangaroo mothers programme at the San Lorenzo de los Mina Hospital for Mothers and Children. UNICEF assisted the national health service to incorporate CCD into both the programme and hospital policy, and in training service operators in CCD methods. Kangaroo mothers programmes incorporating CCD are now offered at 22 hospitals across the country, having benefited more than 22,000 premature and low-birthweight babies since 2018.

In El Salvador, CCD was introduced as part of the Zika virus response plan in 2017–2019 and adopted by the national health system to promote ECD in 2021. UNICEF continues to support the work of CCD expansion and consolidation. In 2017–2021, CCD 'training of trainers' and other training events directly reached 2,237 individuals (health, education and protection-sector professionals, and university students in public health) and indirectly reached 4,500 service providers. As a result, more than 220,000 families across the country have received guidance and support.⁸⁹

The Dominican Republic and El Salvador recently conducted exploratory studies of CCD, which were general in scope. These were done through literature review, interviews with key stakeholders, analysis and case study preparation. Both studies found that the results of CCD implementation extended well beyond the many thousands of young children and families reached directly, and far exceeded the benefits of ECD that were anticipated. Additional benefits included: the higher positioning of CCD on the public agenda; improved programme quality, multisectoral work and coordination; improved service delivery due to service-provider capacity development; empowerment of families; and the adoption of inclusive approaches for children with disabilities.⁹⁰



In Peru, a baby receives stimulating care as part of an early intervention programme (PRITE). Peru is one of at least 10 countries in Latin America and the Caribbean that have adopted the Care for Child Development (CCD) approach within ECD programmes.

Looking forward

Goal Area 1 envisions a future in which every child survives and thrives, with access to nutritious diets, quality PHC, nurturing practices and essential supplies. To achieve this outcome over the next three years of its Strategic Plan, UNICEF programmes will continue building on the lessons learned from the COVID-19 pandemic and other crises, mobilizing key partnerships, scaling up proven interventions to reach the most vulnerable children and families, and investing in stronger, more resilient systems to leave no child behind.

Health

Under the Strategic Plan, 2022–2025, UNICEF is placing special emphasis on the centrality of PHC, especially at community level, to accelerate progress on child survival. UNICEF prioritizes zero-dose children, who are the most vulnerable and disadvantaged children and face the highest burdens of disease, malnutrition and mortality. For every child, across all countries and contexts, especially in emergencies, UNICEF works to ensure the delivery of essential child survival interventions, in the form of quality maternal, newborn, child and adolescent health and nutrition services, including immunization and interventions to end HIV/AIDS and to eradicate polio.

In response to the evolving burden of disease for children aged 0–19 years, UNICEF is expanding programmes so that PHC addresses key priorities for children, including adolescents, to enable them to reach their full potential in health and well-being. This includes mainstreaming child development and disability into PHC; the prevention and management of non-communicable diseases; adolescent health and well-being programming (which includes mental health and SRHR); climate and environmental health; and injury prevention.

A strong PHC platform remains the cornerstone for sustainable results for child survival, health and well-being, and preparedness for emergencies. The advancement of the PHC agenda is contingent on national ownership and political will to secure the necessary investments, particularly for community-level human resources. UNICEF will prioritize capacity-building of front-line workers, supply chains, digital health information and data, the quality of care, and engagement and regulation of the private sector.

As the COVID-19 Vaccine Delivery Partnership and ACT-A collaboration winds down, UNICEF will continue to support global partners and countries to transition towards integration and strengthening of PHC to be more prepared and resilient to future pandemics and crises, leveraging the significant funding that was made available for the COVID-19 response to strengthen and sustain services. UNICEF will maintain its focus on the most marginalized populations, focusing efforts on reaching underserved or zero-dose communities, where children and communities have missed out on routine immunization and other PHC and social services. UNICEF remains engaged with ACT-A partners and is drawing on the lessons learned during the pandemic response, especially those related to establishing a temporary high-impact delivery function, such as the COVID-19 Vaccine Delivery Partnership.

HIV

The goal of ending AIDS among children and adolescents will be out of reach, as long as global progress lags in improving access to high-quality HIV prevention and treatment services for all who need them. In its efforts to help achieve this goal, UNICEF has emphasized the need to reach the most marginalized and vulnerable children and women to close persistent gaps in access. These efforts include providing leadership and support in the recently launched 'triple-elimination initiative', which includes elimination of vertical transmission of HIV in addition to the bacterium that causes syphilis and the hepatitis B virus; supporting approaches and programming aimed at finding children and adolescents living with HIV and linking them to testing, treatment and care; and developing and scaling up innovations in prevention that focus on meeting the realities and needs of adolescent girls and young women.

The global AIDS response faces multiple obstacles to accelerated progress, ranging from lack of predictable funding to waning attention to HIV, to competing development priorities. In the face of these challenges, UNICEF in 2023 will focus on several strategies that collectively hold promise in improving responses at local, regional and global levels. They include addressing the continuum of care throughout the life-cycle, from pregnancy to childhood to adolescence; strengthening HIV integration in PHC; engaging across sectors and leveraging multiple platforms, including health-care facilities, schools

and community platforms, to address complex needs and risk factors; engaging and empowering adolescents, especially adolescent girls, to lead and implement programmes that meet their needs; generating and using data and evidence to better target the organization's efforts; and leading strategic partnerships and convening partners that put children and adolescents at the centre.

Nutrition

Children remain at the epicentre of a devastating global food and nutrition crisis that is still unfolding. Through its No Time to Waste acceleration plan, launched in 2022, UNICEF successfully rallied global partners and raised an unparalleled amount of funding to respond to this extraordinary challenge. In 2023, UNICEF will continue building commitment and momentum to meet the ambitious US\$1.2 billion target. Recognizing the need for a joint United Nations response to the crisis, UNICEF, FAO, United Nations High Commissioner for Refugees, World Food Programme (WFP) and WHO issued a call to action in January 2023, calling for accelerated progress on the Global Action Plan on Wasting in the 15 worst-affected countries. UNICEF will continue leading this response, together with partners, to scale up five priority actions as a coordinated package to prevent and treat child wasting, focusing on the most vulnerable children.

While UNICEF continues to address the urgent needs of the children most affected in the current context, the crisis has also reinforced the importance of strengthening the systems that protect, promote and support nutritious diets, essential nutrition services and care practices for millions of other children, wherever they live. The Nutrition Strategy 2020–2030 is the road map for these efforts, with its emphasis on 'prevention first', with timely detection and treatment when prevention fails. This agenda remains paramount in all countries and will be critical to protecting the important gains made in maternal and child nutrition over the past decade, while driving progress towards the SDGs and the next one-third reduction in malnutrition. Achieving sustainable results will require continued investments in strengthening the capacities and accountabilities of national systems – including 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 everywhere.

Early childhood development

ECD provides an opportunity for sectors working collaboratively to make great gains for children, their parents and caregivers, and their societies. This is an instance where the whole achievement is much greater than the sum of the sectoral parts. Health, nutrition, education, protection, WASH and ECD services must work together to reach all children, beginning at birth with the components of nurturing care: good health and nutrition, early learning, safety and security, and responsive care. Also important is reaching parents and caregivers with resources and support that will aid their children's optimum development and well-being.

Even before the COVID-19 pandemic, it had become clear that the traditional delivery of ECD services needed to change, and that a more holistic approach to programmes and policies was needed. Elevating ECD services requires multisectoral actions in health, nutrition, education, child protection, social protection and WASH. UNICEF considers ECD an organizational outcome, to which all sectors contribute through their policies, programmes and practices. The approach represents a new path for UNICEF, which was introduced in its '2030 Vision' to advance ECD worldwide, particularly in humanitarian settings.

These changes will take time, but there is little time to lose for children: early childhood represents a window of opportunity in which interventions provide the basis for young children's good health and future learning. Yet, millions of children globally are not developmentally on track to survive and thrive in childhood and in later life.

Integrated parenting support programmes, including caregiver mental health support, will ensure that parents and communities have the skills and capacities to give their young children the support they need. The need for inclusive programmes and a childcare workforce equipped to address the needs of children with disabilities will be addressed through UNICEF advocacy, capacity-building and technical assistance.

UNICEF has spent a considerable amount in support of early childhood routine services delivered through sectoral platforms. There are opportunities to enhance this spending through the integration of early stimulation and parenting support. With the introduction of a new ECD Vision 2030, UNICEF plans to elevate the financing of integrated ECD through existing and new resource mobilization efforts.

Abbreviations and acronyms

3iS	Intensification of Integrated Immunization	Gavi	Gavi, the Vaccine Alliance
AA-HA!	Accelerated Action for the Health of Adolescents	GPEI	Global Polio Eradication Initiative
ACT-A	Access to COVID-19 Tools Accelerator	HAC	Humanitarian Action for Children
ART	antiretroviral therapy	HEHC	Healthy Environments for Healthy Children
CCD	Care for Child Development	HMIS	health management information system
CDC	United States Centers for Disease Control and Prevention	HPV	human papillomavirus
CHR	Community Health Roadmap	iCCM	integrated community case management
CHW	community health worker	iCoHS	intelligent Community Health Systems
COMMIT	Consortium for Improving Complementary Foods	IFA	iron and folic acid
COVAX	COVID-19 Vaccines Global Access	IMNCI	integrated management of newborn and childhood illness
COVID-19	coronavirus disease 2019	IPV	inactivated polio vaccine
CPCF	commercially produced complementary foods	IR	implementation research
cVDPV	circulating vaccine-derived poliovirus	IYCF	infant and young child feeding
DCEU	Digital Community Engagement Unit	LMIC	low- and middle-income countries
DPT1	first dose of the diphtheria, tetanus and pertussis vaccine	MHPSS	mental health and psychosocial support
DPT3	third dose of the diphtheria, tetanus, and pertussis vaccine	MMS	multiple micronutrient supplements
ECD	early childhood development	MNP	micronutrient powders
EMTCT	elimination of mother-to-child transmission of HIV	MUAC	mid-upper arm circumference
ENAP	Early Newborn Action Plan	NCD	non-communicable disease
ENAP-E	Early Newborn Action Plan in Emergencies	NMF	Nutrition Match Fund
EPMM	Ending Preventable Maternal Mortality	NGO	non-governmental organization
EVM	effective vaccine management	nOPV2	novel oral polio vaccine type 2
FAO	Food and Agriculture Organization of the United Nations	ORS	oral rehydration salts
		pDTG	paediatric dolutegravir
		PEPFAR	US President's Emergency Plan for AIDS Relief
		PHC	primary health care

PHE	public health emergency	UNAIDS	Joint United Nations Programme on HIV/AIDS
PHE-PR	public health emergency preparedness and response	UNHCR	United Nations High Commissioner for Refugees
PrEP	pre-exposure prophylactic	USAID	United States Agency for International Development
RCCE	risk communication and community engagement	VAS	Vitamin A supplementation
RUTF	ready-to-use therapeutic foods	WASH	water, sanitation and hygiene
SDG	Sustainable Development Goal	WFP	World Food Programme
SP	Strategic Plan	WHO	World Health Organization
SRHR	sexual and reproductive health and rights		
TOC	theory of change		



Goal Area 1: Financial report

A girl carrying her little sister, at the PMI Hospital in Man, in the West of Côte d'Ivoire.

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In 2022, the total Goal Area 1 expenses were US\$3.26 billion, including almost US\$1.5 billion in emergency funding (see Figure 43). This constitutes 41 per cent of UNICEF’s total annual expenses (US\$7.99 billion). About 81

per cent of Goal Area 1 expenses were from earmarked funds, excluding US\$329 million core resources and US\$285 million thematic resources spent on Goal Area 1 programmes.

FIGURE 43. Goal Area 1 expenses for Results Areas, by fund type, 2022 (US\$)

Sector	Regular resources	Other resources – regular	Other resources – emergency	Grand total
Health	191,632,755	1,092,002,555	1,038,922,196	2,322,557,507
HIV and AIDS	15,826,074	37,592,385	4,942,317	58,360,775
Nutrition	102,245,317	261,449,884	433,551,057	797,246,257
ECD	18,933,020	45,296,785	14,775,851	79,005,656
Total	328,637,165	1,436,341,609	1,492,191,421	3,257,170,195

Notes: ECD, early childhood development.

Health financial report, 2022

Health income, 2022

Within UNICEF, health remains the largest portfolio. In 2022, partners contributed US\$1,277 million ‘other

resources – regular’ for health, comprising a 26 per cent increase over 2021 (see Figure 44). However, only 19 million (or 1.5 per cent) were thematic funds.⁹¹

FIGURE 44. Health ‘other resources – regular’ contributions, 2014–2022 (US\$)

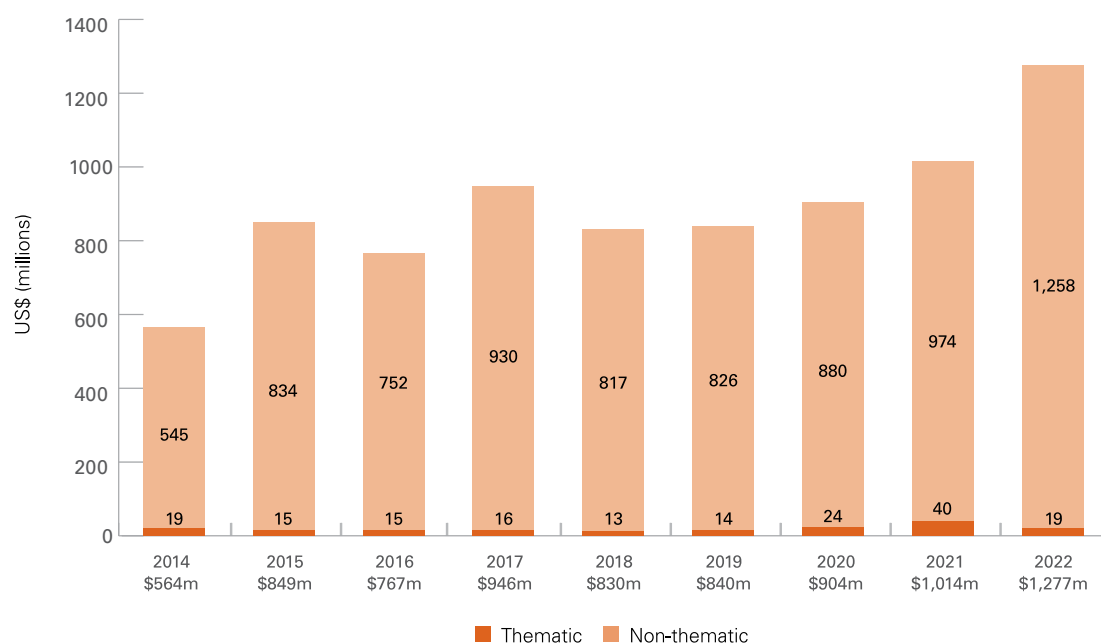
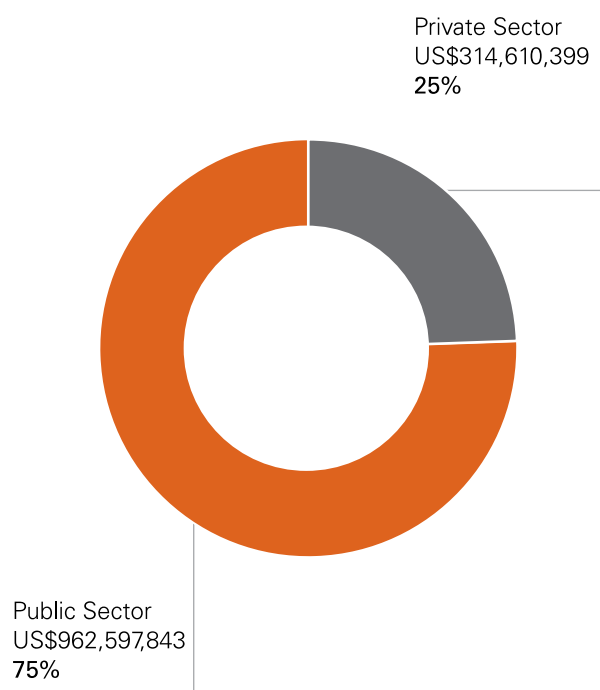


FIGURE 45. Total funds received by type of resource partner, 2022



The top five resource partners to UNICEF health were the World Bank, the United States Fund for UNICEF, the Government of Canada, Gavi, the Vaccine Alliance and

the Government of the United States (*see Figure 46*). The largest contributions were received from the World Bank and the Government of Canada.

FIGURE 46. Top 10 resource partners by total contributions, 2022

Rank	Resource Partner	Total (US\$)
1	World Bank	286,535,609
2	United States Fund for UNICEF	258,952,455
3	Canada	137,928,694
4	Gavi, the Vaccine Alliance	110,606,853
5	United States	73,562,211
6	Germany	38,155,438
7	The Global Fund to Fight Aids	37,044,653
8	European Commission	35,457,618
9	Democratic Republic of the Congo	29,988,501
10	The United Kingdom	25,968,696

Note: Primary donors only

FIGURE 47: Top 10 contributions to health, 2022

Rank	Grant description	Resource Partners	Total (US\$)
1	COVID-19 Emergency Response and Health System Preparedness Project in South Sudan	World Bank	130,913,563
2	ACTA HAC	Canada	117,875,310
3	Afghanistan Health Emergency Response Project	World Bank	75,391,319
4	Education Emergency Response, Afghanistan	World Bank	50,000,000
5	UNICEF outbreak funding for polio outbreak campaigns and surge support	United States Fund for UNICEF	47,000,000
6	Targeted Country Assistance portion of 2022–2024 Partners' Engagement FRMW	Gavi The Vaccine Alliance	33,820,205
7	UNICEF polio WPV and VDPV outbreak campaigns support and surge capacity	United States Fund for UNICEF	32,169,280
8	Supporting vaccine logistics in Niger and Benin	KfW Development Bank, Germany	24,826,956
9	Responding to the Nutrition Crisis in Yemen	United Kingdom (the)	23,893,148
10	Support for activities to eradicate polio Year 4 Award	United States of America CDC	23,678,835

Notes: ACTA HAC, Access to COVID-19 Tools Accelerator Humanitarian Action for Children; CDC, Centers for Disease Control and Prevention; KfW, Kreditanstalt für Wiederaufbau.

Health expenses 2022

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 health in 2022.

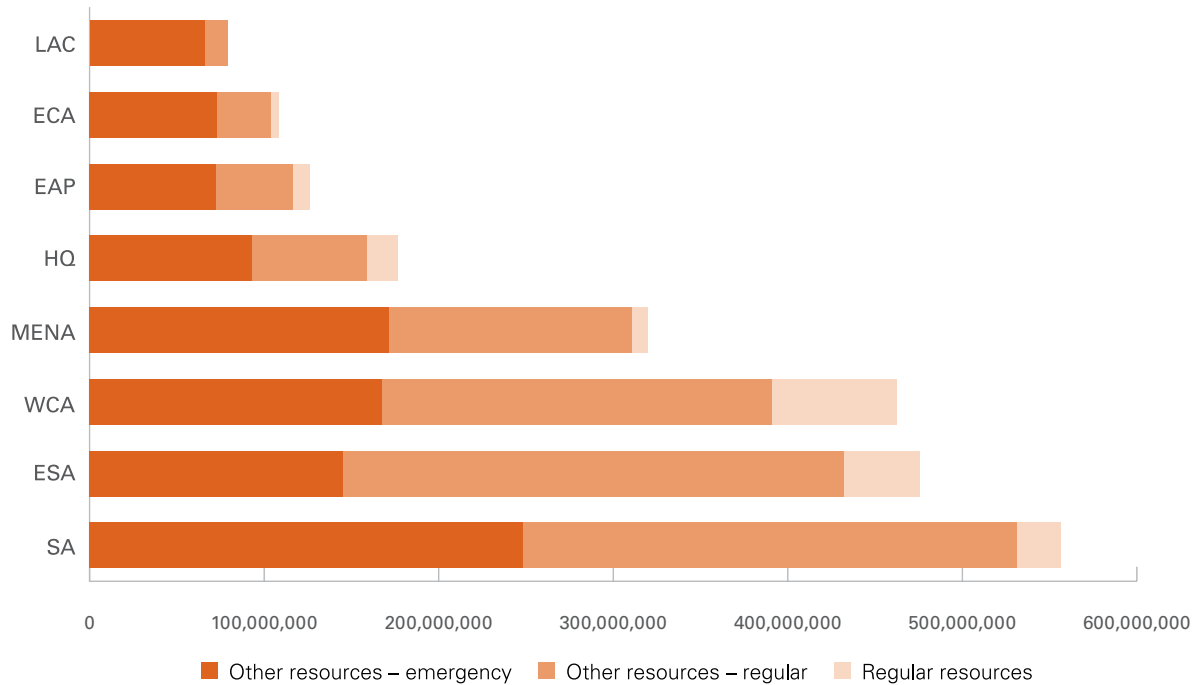
Expenses versus expenditures

- 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).

To realize children's rights to health, UNICEF expended US\$2.32 billion in 2022, or 29 per cent of all its expenses

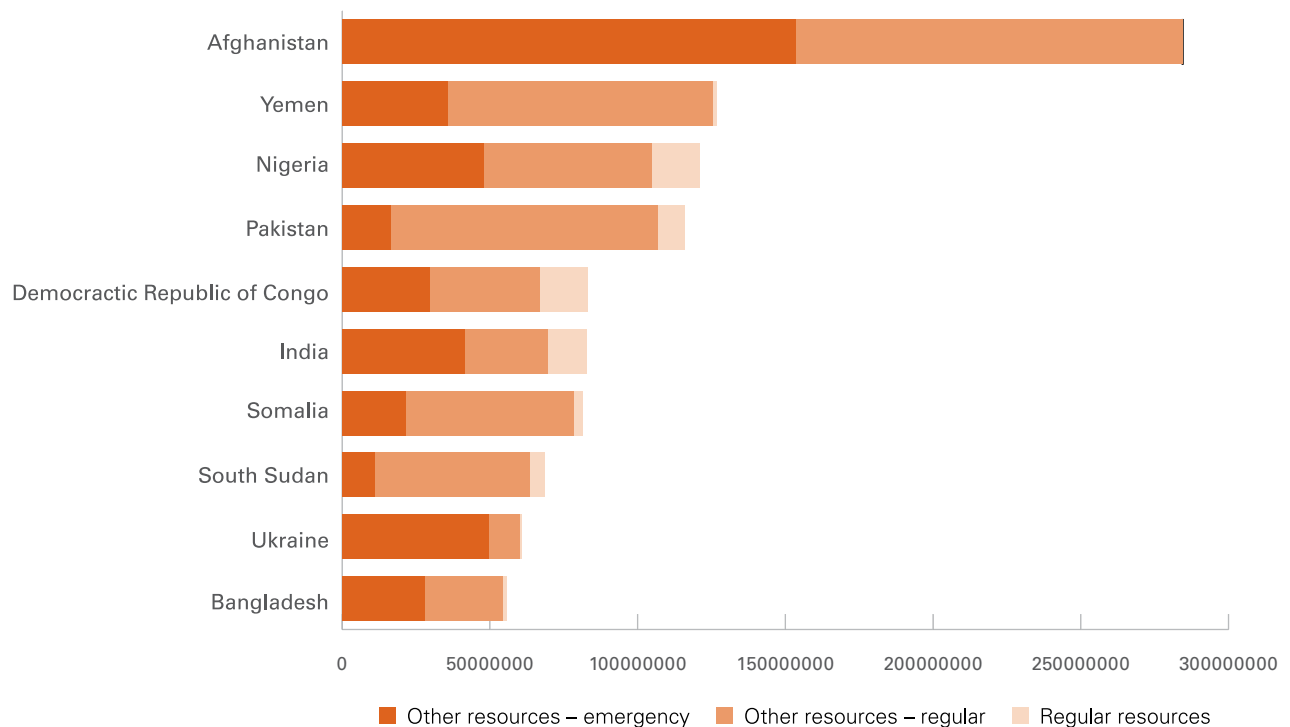
(see Figure 48). Health expenses represented 71 per cent of the US\$ 3.26 billion expenses for Goal Area 1.

FIGURE 48. Expenses for health by fund type and per region, 2022 (US\$)



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

FIGURE 49. Expenses by top 10 countries/offices and fund type, 2022 (US\$)



Global thematic funds 2022

UNICEF received US\$18.8 million in contributions to health thematic funds in 2022. However, most of these resources were earmarked for specific countries and only US\$2 million (or 11 per cent) were fully flexible global health thematic funds. Considerable contributions were received from the Government of Denmark, to a total of

US\$3,828,484; and from the Government of Sweden, to a total of US\$2,422,368. The Government of Denmark was the largest thematic resource partner in 2022, providing 20.3 per cent of all thematic health contributions received (see Figure 50), with the Government of Sweden providing the next largest share, at 12.9 per cent of thematic funds (see Figure 50).

FIGURE 50. Thematic contributions by resource partners, 2022

Resource Partner Type	Resource Partner	Total (US\$)	Percentage of Total
Government	Denmark	3,828,484	20.3
	SIDA Sweden	2,422,368	12.9
	Luxembourg	645,161	3.4
	Iceland	158,252	0.8
Private Sector	United States Fund for UNICEF	8,336,691	44.3
	German Committee for UNICEF	1,465,787	7.8
	Other UNICEF Committees	1,960,562	10.5
Grand Total		18,817,305	100%

SIDA, Swedish International Development Cooperation Agency.

Allocation of global health thematic funding to country offices and programmes, 2022

In 2022, UNICEF spent US\$2,995,000 on health from global health thematic funds. In 2022, the residual allocation of global thematic funds from the 2018–2021 global health thematic pool prioritized work to ensure the strengthening of PHC, the continuity of essential services in the COVID-19 context and the promotion of programmes to ensure that all children reach their full potential. The allocation of these funds was developed through consultation with regional and country offices in programme areas that most needed flexible funding. The majority of funds (80 per cent) were allocated to country offices in three regions. These were East Asia and the Pacific, Europe and Central Asia, and Latin America and the Caribbean. Programmes in these regions faced significant gaps in resources, and these flexible funds could deliver maximum value.

In East Asia and the Pacific Region US\$715,005 was spent on strengthening PHC and ensuring the continuation of essential services in response to the COVID-19 pandemic. Allocations were made to Papua New Guinea, the Pacific Multi Country Office, and Cambodia.

In Europe and Central Asia US\$885,000 was spent on strengthening health services to improve equity in access to timely quality health services, to improve the resilience of health systems and advance emerging programme areas. The aim of this was to ensure that adolescents reach their full potential in terms of health, well-being and development. Allocations were made to Armenia, Bosnia and Herzegovina, Kyrgyzstan, and Uzbekistan.

In Latin America and the Caribbean US\$765,000 was spent on strengthening PHC and undertaking a costing of it, to increase advocacy for PHC investments, and to strengthen maternal and newborn care in migrant women and children at the Haiti–Dominican Republic border. Allocations were made to the Dominican Republic, Ecuador, Guatemala, Haiti and Nicaragua.

The balance of funds was allocated to regional offices and headquarters (20 per cent) for dedicated cross-country support, regional and global partnerships, guidance and knowledge management.

HIV and AIDS financial report, 2022

HIV and AIDS income 2022

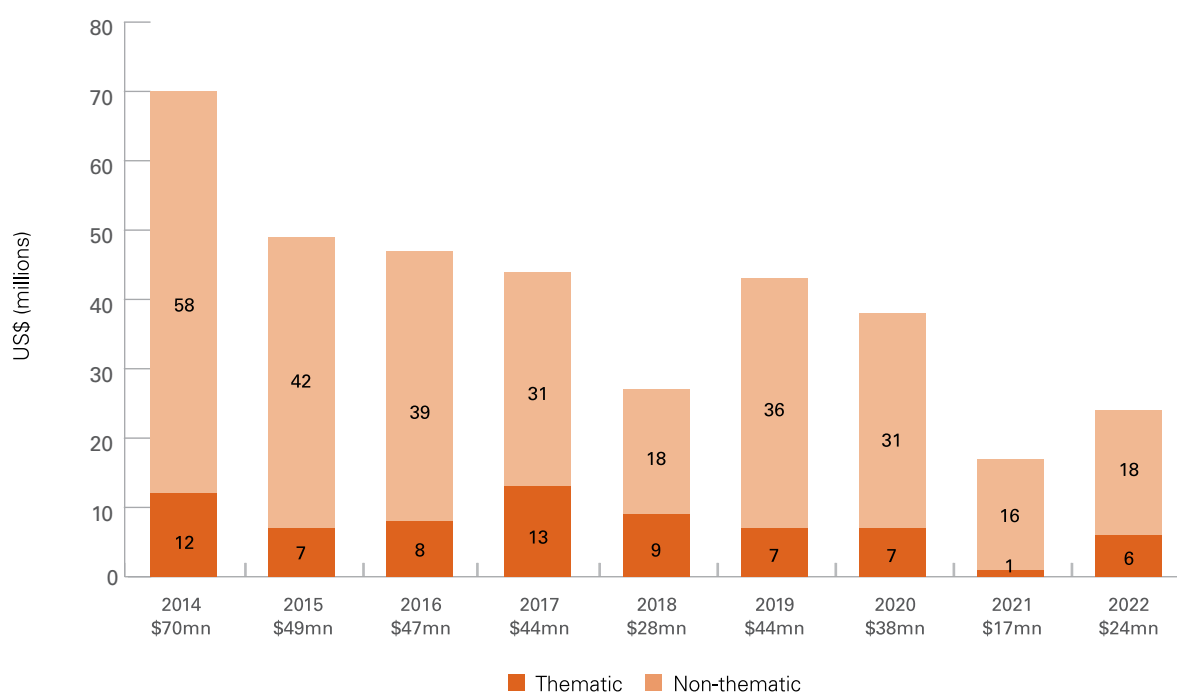
In 2022, UNICEF received a total of US\$23.7 million from partners in HIV and AIDS ‘other resources – regular’ funds.⁹² The public/private sector split in that total was 72 per cent versus 28 per cent, respectively. The top four resource partners to UNICEF in HIV in 2022 – each of which contributed more than US\$1 million – were the Global Fund, the Korean Committee for UNICEF, UNAIDS and the Government of the United States.

Global thematic funds accounted for US\$5.6 million of that total, representing slightly less than 24 per cent. The remaining US\$18.1 million in HIV contributions were non-thematic funds. Substantial global thematic contributions came through national committees for UNICEF of the following countries: Canada, Finland, Germany, Japan, Korea, The Netherlands and Norway.

Nearly all (more than 99 per cent) of the thematic HIV and AIDS funds that UNICEF received in 2022 were global-level contributions. These are the most flexible sources of funding to UNICEF, after regular resources, and they can be allocated across regions to individual country programmes, according to priority needs.

In general, 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. However, there has been a relatively steady decline overall in resources in the past decade or so, with thematic funds fluctuating (*see Figure 51*).⁹³

FIGURE 51. HIV and AIDS ‘other resources – regular’ contributions, 2014–2022 (US\$)



HIV and AIDS expenses, 2022

UNICEF HIV funds utilization in 2022 totalled US\$58.36 million, which is about US\$1 million less than the previous year. This marked the continuation of a long period of declining HIV funds utilization since 2014, when total HIV expenditure was US\$107 million. HIV funds utilization in 2022 was slightly less than 1 per cent of the total UNICEF programme expenditures, which is about the same as the previous year. As is the case across all of UNICEF, expenses for the HIV and AIDS programme were higher than income received because expenses comprise total allotments from regular resources and other resources (including balances carried over from previous years), whereas income reflects only earmarked contributions in 2022.

In 2022, as in previous years, HIV funds utilization across programme areas was based on determined investment need and therefore varied widely among different regions. Together, Eastern and Southern Africa, and West and Central Africa – the two regions carrying the global burden of HIV – accounted for more than 72 per cent of all HIV funds utilization, which roughly represents their combined share of the global HIV burden. The regional utilization breakdown indicates increased allocations in 2021 and

2022 to West and Central Africa, compared with previous years. This reflects an effort by UNAIDS, including UNICEF, to focus attention on this region to accelerate their HIV response. While West and Central Africa’s overall HIV burden is lower than in Eastern and Southern Africa, the regional response has lagged considerably behind global averages and most other regions in terms of progress toward meeting key targets for HIV in general, and for pregnant women, children and adolescents more specifically.

HIV funds utilization in individual countries was determined by epidemic burden and programme needs. Fourteen countries, primarily from Eastern and Southern Africa and West and Central Africa regions utilized funds of over US\$1 million each. Collectively, they accounted for more than 63 per cent of total HIV funds utilization in 2022. Of these countries, outside the high-burden sub-Saharan regions were Uzbekistan and Ukraine, where UNICEF as Principal Recipient for the Global Fund implemented an emergency HIV grant. Also included in these top countries were Somalia, where UNICEF is Principal Recipient for the HIV grant; and Chad, where UNICEF is Sub-recipient for the Global Fund HIV grant, both of which had HIV programme throughputs of more than US\$2 million.

Nutrition financial report, 2022

Financial resources to lead and support the design and implementation of nutrition policies, strategies and programmes have grown steadily over the last decade. In 2022, UNICEF spent US\$797.2 million to support nutrition programmes across seven regions.

Nutrition income, 2022

Note: income received is lower than expenses because it reflects only earmarked contributions to nutrition for development purposes. It excludes regular resources and humanitarian funding (reported separately in the UNICEF Humanitarian Action – Global Annual Results Report).

In 2022, partners contributed US\$327.6 million ‘other resources – regular’ for nutrition. This is a 42 per cent increase from the previous year (*see Figure 52*). Public sector partners (including governments, United Nations agencies, international financial institutions and other multilateral organizations) contributed the largest share of these resources to nutrition.

FIGURE 52. 'Other resources – regular' contributions, 2014–2022

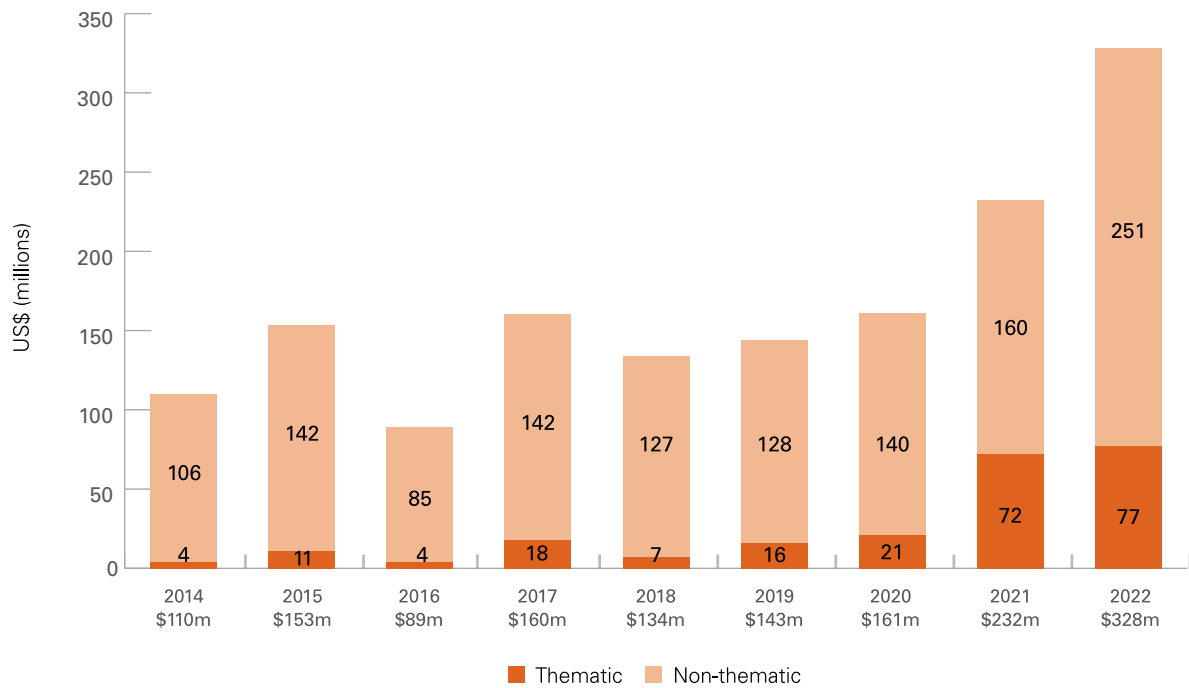
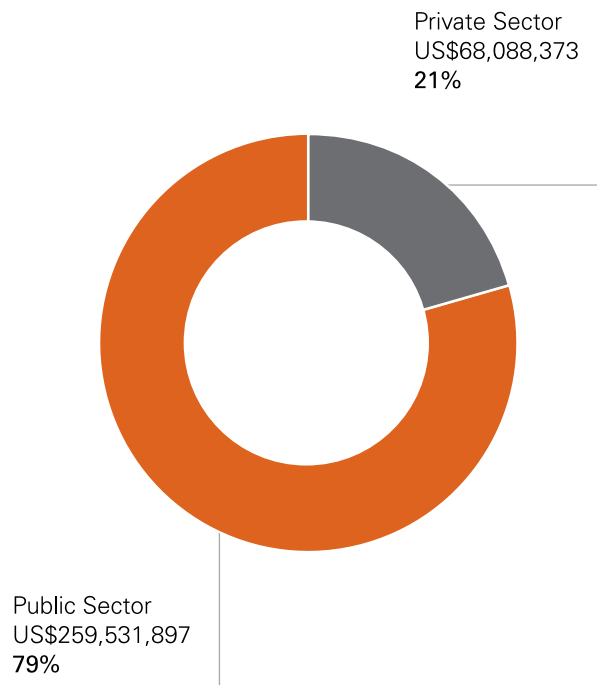


FIGURE 53. Total funds received by type of resource partner, 2022: US\$327 million



The top five resource partners to nutrition in 2022 were the Government of Germany, United Kingdom Committee for UNICEF, the United States Fund for UNICEF, the

Government of the Netherlands and the European Commission (see Figure 54).

FIGURE 54. Top 10 resource partners by total contributions, 2022

Rank	Donor name	2022
1	Germany	139,564,040
2	United Kingdom Committee for UNICEF	27,903,268
3	United States Fund for UNICEF	22,267,254
4	The Netherlands	19,069,315
5	European Commission	17,012,590
6	Democratic Republic of the Congo*	12,998,322
7	United Kingdom	12,546,648
8	United Nations Joint Programme	8,854,208
9	Nutrition International	8,217,702
10	Canada	5,199,969

Note: * Contribution from the World Bank Group

FIGURE 55. Top 10 contributions to nutrition, 2022

Rank	Total (US\$)	Grant description	Resource partners
1	62,047,570	Programme Group, Germany (BMZ) contribution to global thematic fund: nutrition	Germany
2	24,678,440	Tunisia: Nutrition-sensitive cash transfers for particularly vulnerable children	KfW - Germany
3	19,069,315	Programme Group-Nutrition: No Time to Waste	Netherlands
4	14,777,597	Afghanistan: Sustainable improvement food security nutrition practices Phase II	KfW - Germany
5	12,998,322	Democratic Republic of the Congo: UNICEF nutrition. provision of nutrition supplies for the multisectoral health and nutrition project	Democratic Republic of the Congo*
6	10,636,354	Joint Integrated Resilience WFP-FAO-UNICEF in the Democratic Republic of the Congo	Germany
7	8,514,524	PARSNIP: Progressing Action on Resilient Systems for Nutrition through Innovation and Partnership	Government of the United Kingdom (Department of International Development)
8	8,380,000	Support for UNICEF's multi-country child wasting collaboration - Children's Investment Fund Foundation	United Kingdom Committee for UNICEF
9	8,377,717	Zimbabwe: Joint Programme: The Health Resilience Fund Programme	United Nations Joint Programme
10	8,061,124	Zambia: Multisectoral Nutrition Programme (Scaling Up Nutrition II) in Zambia	KfW - Germany

Notes: Grants listed as cross-sectoral are excluded from the list above. * Contribution from the World Bank Group.

FAO, Food and Agriculture Organization of the United Nations; KfW, Kreditanstalt für Wiederaufbau; PARSNIP, Progressing Action on Resilient Systems for Nutrition through Innovation and Partnership; UNAIDS, United Nations Joint Programme on HIV/AIDS; WFP, World Food Programme.

Nutrition expenses, 2022

Overall nutrition spending increased to US\$797.2 million in 2022, from US\$740 million in 2021. Half of these funds were earmarked for specific humanitarian action and post-crisis recovery. UNICEF would like to increase the share of regular resources for nutrition programmes, which currently stands at 13 per cent. These are the most flexible, unearmarked form of resources for UNICEF and are foundational to delivering results across the UNICEF Strategic Plan.

More than half of funds were allocated to support nutrition programming in fragile settings, including countries in the Horn of Africa, the Sahel and the Middle East. In addition to providing urgent life-saving services, UNICEF invested in systems-strengthening efforts, working with governments to build resilient and sustainable national systems to improve maternal and child nutrition over the long term.

FIGURE 56. Nutrition expenses by fund type, 2022

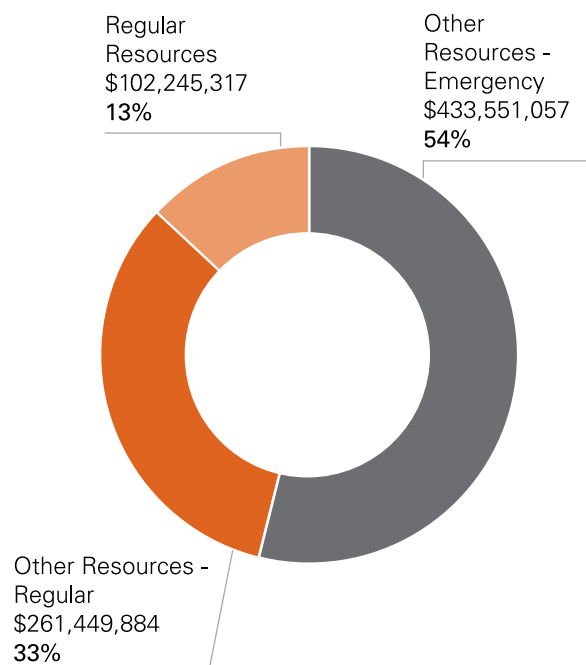
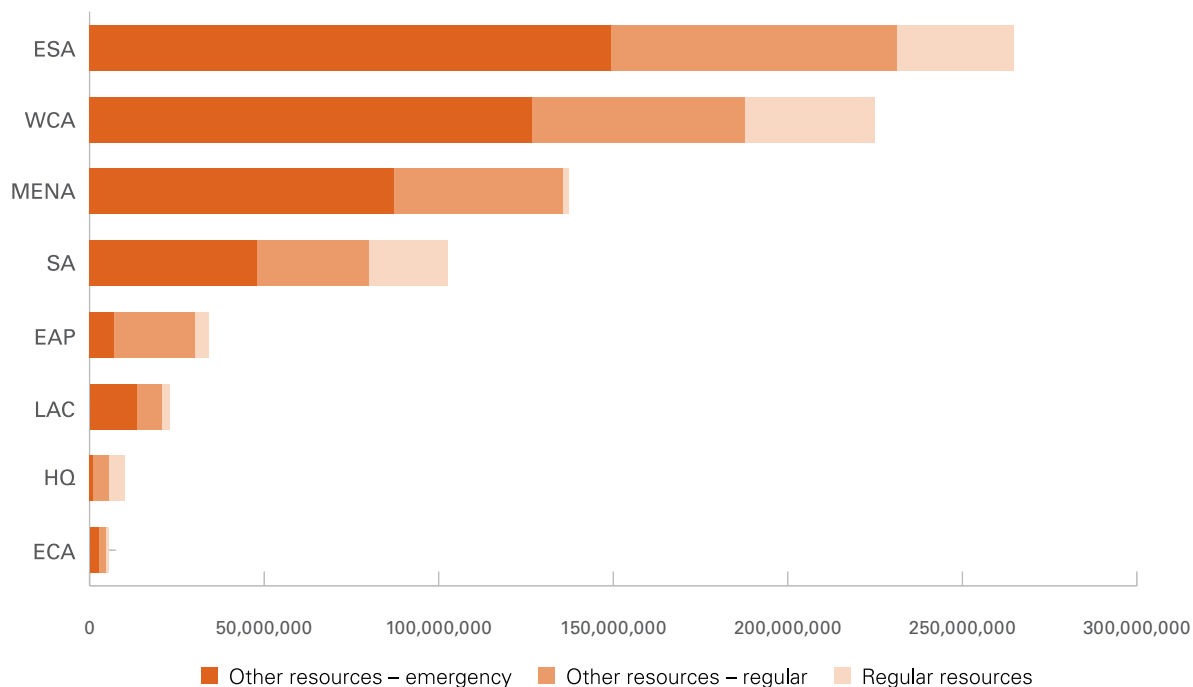
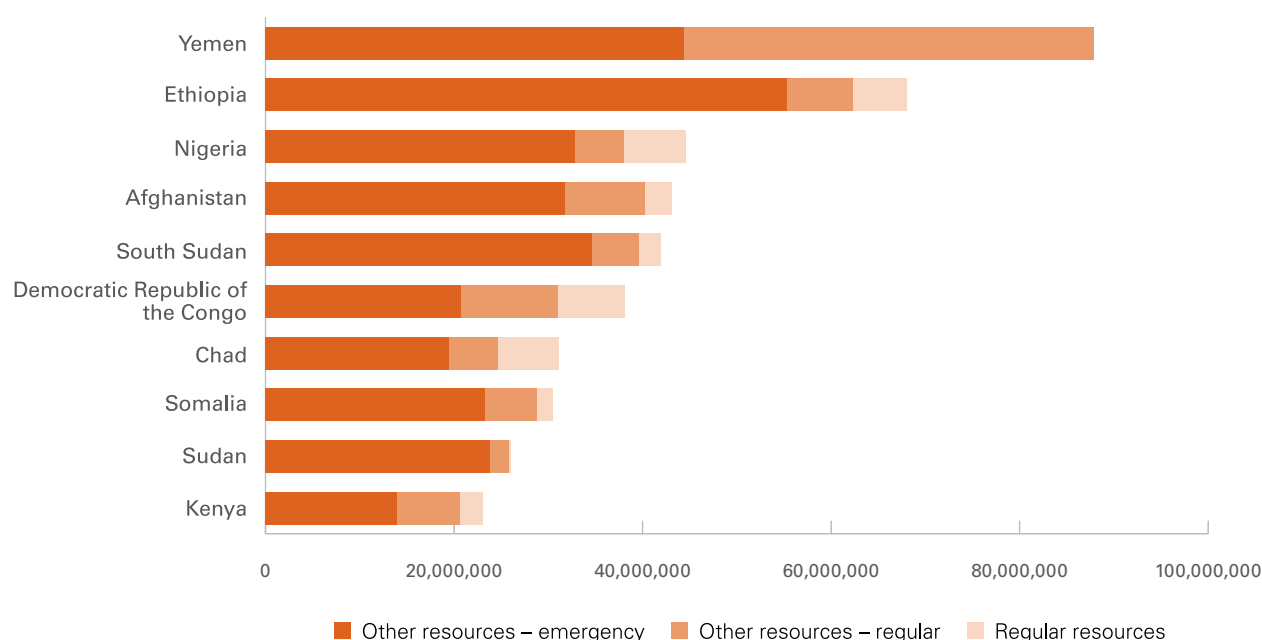


FIGURE 57. Nutrition expenses by fund type and per region, 2022



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

FIGURE 58. Nutrition expenses by top 10 countries and fund type, 2022 (US\$)



Nutrition sector expenses supported the scale-up of services for the early prevention, detection and treatment of malnutrition. This includes, but is not limited to, the procurement of life-saving supplies. These services and supplies were critical to treat more children with severe wasting than ever before, amid an unprecedented global food and nutrition crisis. UNICEF also invested in and leveraged the strengths of a range of implementing partners and local actors to reduce programme costs and support the delivery of high-impact preventive and curative nutrition interventions, including during humanitarian responses.

Global thematic funds 2022

UNICEF received a total of \$76 million in global thematic funds for nutrition. The Government of Germany was by far the largest thematic resources partner to nutrition programmes in 2022, providing 81 per cent of all thematic nutrition contributions.

Global thematic funds were allocated to UNICEF country offices to support the prevention of all forms of malnutrition, with a focus on areas of programming for which additional funding is needed. Funds were prioritized to strengthen the impact of social protection and nutrition programming on the children and women most impacted by poverty and malnutrition, including in humanitarian and fragile contexts. Funds were also prioritized to support programming for the prevention of childhood overweight, including supporting governments via advocacy, evidence generation, programme design change, development of policies and legislation, and the roll-out of effective social and behavioural change communication. Lastly, global thematic funds were used to support food systems transformation for children, including supporting governments to develop stronger policies and programmes to improve children’s foods, food environments and food practices.

FIGURE 59. Thematic contributions by resource partners, 2022

Rank	Resource partner	Total (US\$)
1	Germany	62,047,570
2	United Kingdom Committee for UNICEF	7,837,664
3	German Committee for UNICEF	1,900,385
4	Italian Committee for UNICEF	1,055,966
5	Luxembourg	752,688
6	Portuguese Committee for UNICEF	751,925
7	United States Fund for UNICEF	607,426
8	Polish National Committee for UNICEF	453,392
9	Japan Committee for UNICEF	205,212
10	French Committee for UNICEF	168,895
11	Other thematic donors	853,613
	Total	76,634,736

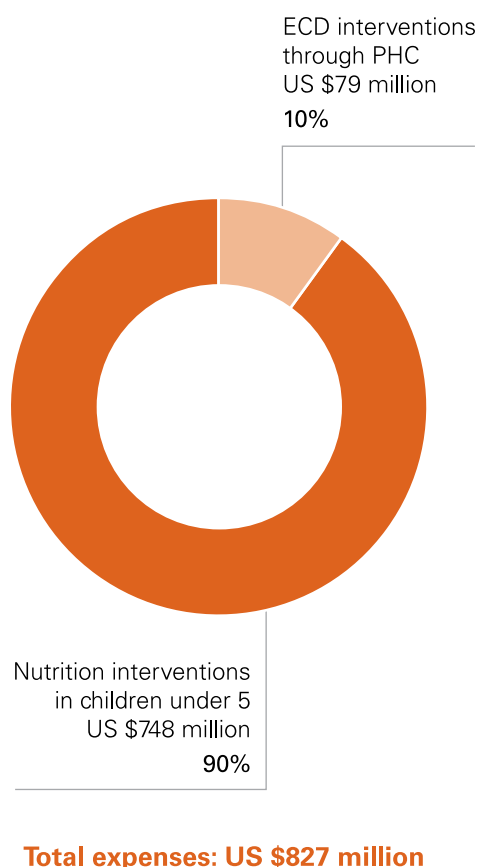
Early childhood development financial report, 2022

UNICEF recognizes the critical period of early childhood as laying the foundation for the rest of children's lives, and its overall spending on core sectoral interventions for young children as part of the nurturing care framework contributes to ECD outcomes.

UNICEF spent US\$827 million globally on nurturing care interventions for children under 5 years of age, delivered through nutrition and health platforms, in 2022 (*see Figure*

60). These interventions are key components of nurturing care for young children. Of these total expenses, US\$79 million supported ECD outcomes through PHC platforms and systems, and US\$748 million supported nutrition interventions through the prevention of malnutrition in children under 5. (Nutrition expenses are also reported in the 'Nutrition financial report, 2022' section of this chapter.)

FIGURE 60. UNICEF expenses for ECD through PHC and nutrition interventions in children under 5, 2022



Nurturing care interventions through the health sector include the provision of early stimulation and responsive care, developmental monitoring, early interventions for children with disabilities and parenting support programmes through PHC systems and platforms. Nutrition interventions prevent stunting, wasting, micronutrient deficiencies, overweight and obesity in children under 5 years of age.

UNICEF expenses for ECD through PHC systems and platforms globally in 2022 is made up of US\$18.9 million from regular resources, US\$45.3 million from other resources – regular, and US\$14.8 million from other resources – emergency (see Figure 61). The total amount is higher than in 2021 (US\$67.5 million), while the breakdown amounts among the three funding types are roughly the same as in 2021 (Figure 62).

FIGURE 61. UNICEF expenses for ECD through PHC, by fund type, 2022 (US\$)



FIGURE 62. Comparison of expenses for ECD through PHC, 2021 and 2022 (US\$ millions)

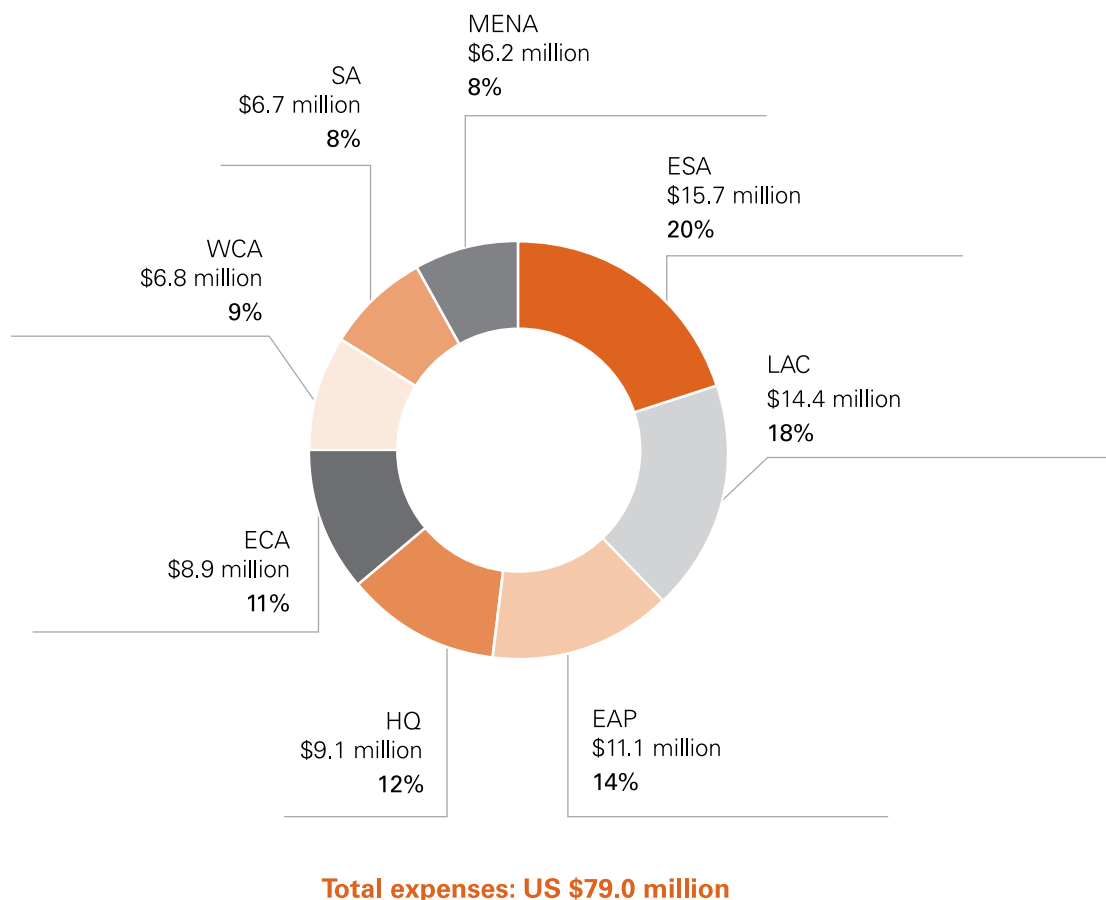
	2021		2022	
	Amount (US\$ million)	Percentage	Amount (US\$ million)	Percentage
RR	\$17.7	26%	\$18.9	24%
ORR	\$37.6	56%	\$45.3	57%
ORE	\$12.0	18%	\$14.8	19%
Total	\$67.5		\$79.0	

Notes: ORE, other resources – emergency; ORR, other resources – regular; RR, regular resources.

Eastern and Southern Africa, and Latin America and the Caribbean are the two regions with the largest spending on ECD in 2022. Their share of UNICEF's total ECD

programming expenses was 20 per cent and 18 per cent, respectively (see Figure 63).

FIGURE 63. Total expenses for ECD through PHC, by region (including HQ), 2022 (US\$)

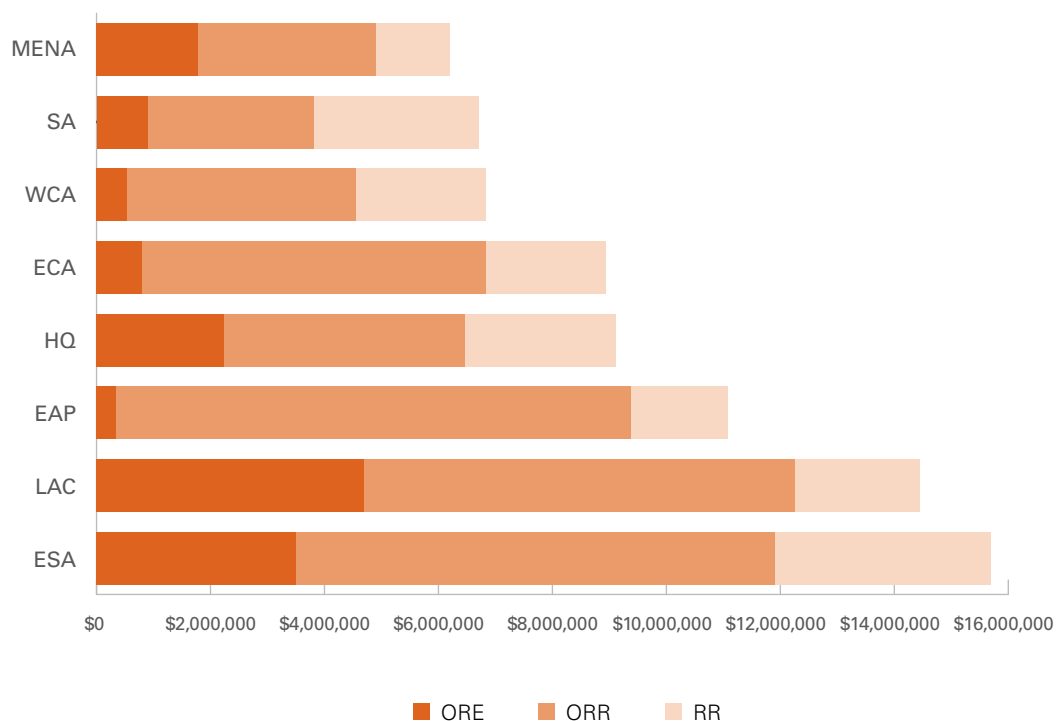


Notes: EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; HQ, headquarters; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa.

In several regions, ECD programmes are dependent on other resources – regular, which is often earmarked for specific activities within limited geographical areas and time frames. ECD expenses from other resources – regular

as a percentage of all funding types is 81 per cent in East Asia and the Pacific, 67 per cent in Europe and Central Asia, and 59 per cent in West and Central Africa (see Figure 64).

FIGURE 64. Expenses for ECD through PHC, by fund type, per region (including HQ), 2022 (US\$)



Total expenses: US \$79.0 million

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.

Of the three funding types, other resources – regular is the least flexible and regular resources is the most flexible. Securing flexible, predictable funding is critical to achieving child development outcomes, as envisaged under the UNICEF Strategic Plan, 2022–2025 and in the years remaining before the SDG deadline of 2030.

The total amount of UNICEF expenses in ECD programming is actually larger than the US\$827 million spent on core, sectoral interventions in nurturing care for children under 5 years old delivered through nutrition and health platforms. The amount spent on interventions for young children delivered through the education, child protection, WASH and social protection sectors also contribute to ECD outcomes. Health and nutrition sectoral

interventions are covered elsewhere in this Global Annual Results Report, and other sectoral interventions are covered in the reports of the respective goal areas.

Because ECD is multisectoral, and ECD services are delivered through various sectors and other entry points, it is important to establish coordination mechanisms, define sectoral accountabilities, and secure financial commitments. It is also important to earmark sufficient allocations of thematic funding to ECD for UNICEF advocacy and other upstream work that will enable the policy environment and create the conditions for programmes to have the greatest impact.

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