



THE TIME IS NOW

2015 ANNUAL REPORT



**Elizabeth Glaser
Pediatric AIDS
Foundation**

Until no child has AIDS.



Photo: Kevin Ouma/EGPAF, 2015



Photo: Robin Wyatt/EGPAF, 2015



COVER-from the top left corner in a clockwise order: (i) Rachel Murray/Getty Images, 2015 (ii) Aleksandar Popovski/Unsplash (iii-v) Eric Bond/EGPAF, 2015

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Photo: Kevin Ouma/EGPAF, 2015



Photo: Rachel Murray/Getty Images, 2015

“People say they care,
but **actions** are what save lives.”

ELIZABETH GLASER

Foreword

As a result of unwavering focus, effective partnerships, and persistent country leadership, we have achieved a 60 percent reduction in children newly infected with HIV in the highest burden countries over the past five years. This extraordinary impact would never have been possible without partners and supporters like you.

Much of this progress was driven by an unprecedented partnership known as the Global Plan. This initiative was led by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Joint United Nations Programme on HIV/AIDS (UNAIDS)—with participation from ministries of health, the World Health Organization (WHO), the United Nations Children Fund (UNICEF), faith-based organizations, and many other partners, including the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). EGPAF is committed to building on this momentum and working to realize the Global Plan's ultimate goals: to eliminate new HIV infections among children and keep their mothers alive.

As the global leader in the fight to end AIDS in children, EGPAF continues to invest in research and innovation, to scale up HIV prevention and treatment services, and to advocate for HIV/AIDS policies that put children first. These efforts, which are carried out across 5,500 sites in 19 countries, reach more than 2.5 million pregnant women and families each year.

Thirty-seven million people around the world continue to live with HIV, and 400 children are newly infected each day. Without treatment, half of those children will die before their second birthday. Today, AIDS is the leading cause of death for adolescents in Africa. The next five years provide us with a crucial opportunity to prioritize the needs of children and adolescents—including young women, who are especially vulnerable to HIV.

With our partners, we have set a goal to end AIDS in children by 2020 under a new call to action: Start Free, Stay Free, AIDS Free. We must prevent mother-to-child transmission of HIV so that all children can start life HIV-free. These children must be educated and protected throughout their lives to stay HIV-free. And any children now living with HIV must have access to treatment and support so that they remain AIDS-free. We are grateful for your support at this critical moment to finally end the AIDS epidemic for children.

We remain committed to the vision of our founder, Elizabeth Glaser, who understood so well the value of fighting for the life of a child. The time to act is now.

Charles J. Lyons
President and CEO | Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)

*The time to **act** is now.*



Photo: Eric Bond/EGPAF, 2016

Our Global Fight to End AIDS in Children.....	8
Why It Matters.....	9
Programs	10
• Testing in a Manyatta.....	13
• From Barely Surviving to Thriving	16
• Mr. and Mrs. ARV	19
EGPAF Affiliates	20
Research	22
Public Policy & Advocacy.....	24
Our Generous Donors.....	26
Your Impact	35
Financial Overview.....	36
Board of Directors.....	38
Senior Leadership Team.....	39

Our Global Fight to End AIDS in Children



EGPAF SUPPORTS ACTIVITIES IN 19 COUNTRIES TO END AIDS IN CHILDREN

Angola	Democratic Republic of the Congo	Kenya	Mozambique	Rwanda	United Republic of Tanzania	United States of America
Côte d'Ivoire	India	Lesotho	Namibia	Swaziland	Uganda	Zambia
Cameroon		Malawi	Russia	Switzerland		Zimbabwe

Most of these countries are among those hardest hit by the HIV pandemic. Often, their health systems have been inadequately prepared to handle the crisis, and have been unable to provide consistent and comprehensive family health care. EGPAF has been helping these countries to build capacities and save lives.

EGPAF SUPPORTS NEARLY 5,500 SITES GLOBALLY. BY THE END OF 2015, EGPAF HAD

Provided 24.5 million women with services for the prevention of mother-to-child transmission of HIV (PMTCT)



Tested more than 21 million pregnant women for HIV

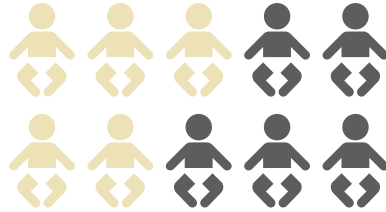
Enrolled more than 200,000 HIV-positive children into care and treatment

Supplied more than 1.6 million pregnant women with antiretroviral (ARV) medication to prevent mother-to-child HIV transmission

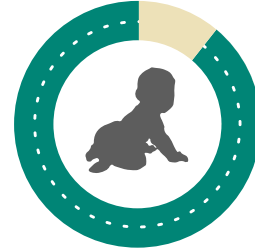
Why It Matters



400 CHILDREN
ARE INFECTED WITH
HIV EVERY DAY



WITHOUT DIAGNOSIS AND
TREATMENT, **ALMOST 50% OF**
HIV-INFECTED CHILDREN DIE
BEFORE THEIR 2ND BIRTHDAYS



90% OF CHILD INFECTIONS
ARE FROM **MOTHER-TO-CHILD**
TRANSMISSION

DIG INTO THE DATA



The EGPAF Data Dashboard is an interactive online tool that monitors progress in HIV prevention, care, and treatment.

For a closer look at EGPAF's efforts to end AIDS in children, visit pedaids.org/dashboard.

PROGRAMS



In 2015, EGPAF's dedicated staff of more than 1,300 helped save tens of thousands of lives in collaboration with key partners, including private donors, the U.S. government, ministries of health, and multilateral organizations such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), and the United Nations Children Fund (UNICEF). Most EGPAF staff members are nationals in the countries where they work. Their work fosters greater efficiency, sustainability, and national ownership. Foremost, EGPAF improves access to maternal, newborn, and child health care, based on the evidence that prevention and treatment of HIV in children begins with access to comprehensive family health services. EGPAF improves antenatal care programs, promotes birth preparedness, and strengthens postnatal care.

EGPAF ensures that at each contact point with their local health facility, women, and children have the opportunity to be tested for HIV and be linked to treatment if they test positive. Pregnant women living with HIV are provided with medication for the prevention of mother-to-child transmission of HIV (PMTCT). Antiretroviral (ARV) drugs virtually guarantee that mothers do not pass HIV to their unborn children and newborns if they follow protocols. EGPAF also supports early diagnosis so that HIV-positive infants can be enrolled in effective treatment as quickly as possible.

Along with health care and treatment services, EGPAF provides psychosocial support and counseling to help HIV-positive family members accept their status and live long and meaningful lives if they adhere to treatment.

As the global leader in the fight to end AIDS in children, EGPAF provides unique technical assistance to ministries of health in sub-Saharan Africa. Through all of our programs, EGPAF focuses on strengthening health systems so that progress is sustainable and every family has easy access to HIV services and information about prevention and treatment.

START FREE, STAY FREE, AIDS FREE

With our partners, we have set a goal to end AIDS in children by 2020 under a new call to action: Start Free, Stay Free, AIDS Free. Our aim is to ensure that every infant is born HIV-free and remains so throughout life. We also strive to make sure that those children already living with HIV remain healthy and AIDS-free—because they know their HIV status and adhere to effective ARV treatment.



90-90-90

To achieve the Start Free, Stay Free, AIDS Free goals, we are focusing on the 90-90-90 targets set by UNAIDS:

- 90 percent of people living with HIV are diagnosed,
- 90 percent of those diagnosed receive sustained ARV treatment, and
- 90 percent of those who receive ARV treatment have a suppressed viral load, meaning that the virus is contained and does not interfere with overall health.

This is the mechanism for ending AIDS in children—and eventually eradicating the virus altogether.

PROGRAMS | 90-90-90 | TARGET ONE

90 percent of people living with HIV are **diagnosed**



Photo: Rasmus Svinding/Pexels, 2007

THE VALUE OF TESTING EARLY

Testing all children affected by HIV is the first step toward ending AIDS in children. At EGPAF-supported sites, pregnant women are routinely tested for HIV so that they can be enrolled in a PMTCT program. Their infants are tested for HIV throughout the postnatal and breastfeeding periods. If a mother tests positive, her children are offered HIV testing so that they can receive treatment if they are also HIV-positive. Without treatment, most HIV-infected children will die before the age of 5. This means that many undiagnosed children are dying. Changing this trend requires an urgent but pragmatic approach. Because HIV services at health facilities do not reach enough children, EGPAF works to reach them where they live, learn, and play.



Photo: Eric Bond/EGPAF, 2016



Photo: Eric Bond/EGPAF, 2016

LIFE STORY

Testing in a Manyatta

It's 107 degrees Fahrenheit at midday in a village outside of Lodwar, Kenya. Goats and children dash across the sand, while most adults have retreated to the shade of their *manyattas*— traditional family homes built of sticks, thatch, and mud.

Two women in white coats, Esther Kapoko and Anna Akeru, stride through the village. Following a map drawn for them three days earlier, Esther and Anna stop at the manyatta of Joyce Ewoton, who greets them at the entrance along with three of her children: Evaline, age 16; Bartholomew, age 8; and Benjamin, age 5.

Esther, an HIV testing counselor, and Anna, a community linkage officer, are colleagues at the Lodwar County Referral Hospital. A widow living with HIV, Joyce receives care and treatment at the facility. She is an “index client,” meaning that her household has been targeted for testing and counseling to ensure that any other family member living with HIV is identified and linked to treatment. Joyce learned her own HIV-positive status two years ago when her husband died of an AIDS-related illness.

During Joyce's recent visit to the hospital to pick up her antiretroviral medicine, Esther and Anna made an appointment to come to the village to test the children. Joyce immediately agreed to the visit. The hospital is 10 kilometers away and the family does not have a vehicle or donkey.

Communities in Turkana, this arid northern county, face many public health challenges as a result of food scarcity, distance from health facilities, and the nomadic culture. Through the Pamoja project, EGPAF has focused on overcoming these challenges by adding HIV services to local health centers, training peer counselors within communities, and initiating community-based testing and counseling by health workers like Esther and Anna.

While Bartholomew and Benjamin look on excitedly, Esther and Anna enter the manyatta. Esther retrieves a square of black plastic from her kit and spreads it on the tamped sand floor. She then places her rapid testing apparatus on the plastic along with a spiral pictograph book that explains the process, step-by-step. In the Turkana language, Esther explains that she will be pricking the finger of each child to take a blood sample. Then she will apply the



blood to a reactive strip. If the strip shows two lines, it indicates that the child is positive for HIV. In this case, Anna will link the child to the hospital for a confirmation test and probable treatment.

One by one, the children come forward and face the sharp prick. Benjamin's eyes well with tears in surprise, but his older brother and sister put on tough faces.

Health workers at Lodwar County Referral Hospital are on track to surpass their goal of testing 90 percent of the family members of their index clients this year

While they wait for the test results, Esther gives a short HIV lesson, explaining how the disease is transmitted and the effectiveness of sustained treatment. Children who live in Turkana run the additional risk of infection as they grow: It is traditional to shave heads with a straight razor blade, usually using the same blade for many people. Esther cautions against this practice. Privately, she talks to Evaline about the importance of abstinence or using condoms now that she is reaching the age of sexual maturity.

After 10 minutes have passed, Esther reviews the test results with Joyce and her children. Joyce gives a relieved chuckle when she learns that all of the children are HIV-free.

“I was not worried,” Joyce says. “But I am happy to see the results. I feel good.”

Esther and Anna pack up their kit, chatting with Joyce and her children about their general well-being. With some final hugs, the two health workers say good-bye. They hope to find a motorbike taxi outside the village to transport them back to the hospital.

“Joyce is an exemplary client,” says Esther. “When we came here, we asked her if she worried about the stigma of living with HIV. She told us that she accepts her status. She wants other people to learn the way she is behaving, so she doesn't mind neighbors seeing that the children are getting tested at home.”

This mission is personal for Esther. Her sister and brother-in-law died of an AIDS-related illness several years ago, and she is now raising their three children along with three of her own. Her sister's youngest daughter is living with HIV, and Esther is the one who tested her and linked her to HIV care and treatment.

Working with their colleagues at the hospital, with technical assistance from EGPAF, Esther and Anna regularly participate in data reviews. The women track their progress in reaching family members affected by HIV to make sure they are tested and linked to treatment. Esther and Anna say they are on track to surpass their goal of testing 90 percent of the family members of their index clients this year.

PROGRAMS | 90-90-90 | TARGET TWO

90 percent of those diagnosed are on **sustained** antiretroviral therapy



Photo: Heather Mason/EGPAF, 2016

THE VALUE OF SUSTAINED TREATMENT

More HIV-positive children are living into adolescence than ever before. However, adolescent AIDS-related deaths have tripled since 2000 and are now the leading cause of death for young people in Africa. The majority of these adolescents were infected with HIV through mother-to-child transmission.

Getting and keeping adolescents in treatment requires strategies and services that are responsive to their unique age-related challenges. Perhaps more than any other groups, adolescents desperately need solid peer and social support structures to ensure that they continue treatment, despite cultural pressures and the emotional turbulence of youth.



Photo: Eric Bond/EGPAF, 2015

LIFE STORY

From Barely Surviving to **Thriving**

Cleophas is a cheerful 14-year-old living in southwest Uganda. She loves attending school, learning about animals, and playing dodgeball. She has good friends among the nurses at Ruhoko Health Center IV, where she retrieves her antiretroviral medication and attends an Ariel Club support group for adolescents. Ariel Clubs are named for Elizabeth Glaser's daughter, who died from an AIDS-related illness. They provide a space where children and adolescents living with HIV can learn about the virus, express their feelings, and make friends.

Cleophas is the only member of her immediate family living with HIV. After years of unexplained illnesses, Cleophas was tested for HIV when she was 9 years old. Her parents were shocked when the test came back positive. The entire family—her parents and seven siblings, including an identical twin sister—tested negative for the virus. The family believes that Cleophas was transfused with tainted blood during a bout of malaria five years earlier. This is an unusual situation because medical protocols in Uganda generally keep the blood supply safe.

Cleophas' parents chose to wait until she was older to tell Cleophas about her HIV status.

*“One of the objectives of Ariel Clubs is to make sure that children living with HIV **know their status**”*

Joy Angulo, EGPAF's senior Community Linkages officer

“I was taking drugs,” says Cleophas. “But I didn't know why. I was concerned because my sister was not taking drugs. I suspected that I had HIV because I had learned about it in school, so I asked my mother, ‘What is HIV?’ My mother just said that HIV is a virus; she didn't answer my concern.”

That's when Cleophas' mother decided to bring her to an Ariel Club meeting to disclose her status to her and connect her with other children living with HIV. Nearly 110 children in nearby communities are members of this psychosocial support group.



Photo: Eric Bond/EGPAF, 2015



Photo: Eric Bond/EGPAF, 2015



Photo: Eric Bond/EGPAF, 2015

“One of the objectives of the Ariel Club is to make sure that children living with HIV know their status,” says Joy Angulo, EGPAF’s senior Community Linkages officer. “Many children grow up not knowing that they are HIV-positive, and they don’t adhere to treatment because they don’t know why they are taking drugs. It is difficult for caregivers to disclose to their children, so the Ariel Club helps facilitate that.”

“When I come to the Ariel Club, the health workers tell me many things—like what is good nutrition and that I should love myself and I should take my drugs so that I can live long,” says Cleophas. “I have a lot of friends in the club. We talk among ourselves about what time we take our drugs and things like that.”

Cleophas is healthy and cheerful. One day, she hopes to become a nurse like her surrogate aunties at the health center who treat and mentor children in the Ariel Club. Having faced HIV and being surrounded with support, Cleophas is a fearless young woman. When asked about her favorite animal, she smiles slyly and says, “Crocodile.”

PROGRAMS | 90-90-90 | TARGET THREE

90 percent of those on ART have a **suppressed** viral load



Photo: Heather Mason, 2015

THE VALUE OF SUPPRESSED VIRAL LOAD

When a woman's viral load is suppressed through sustained adherence to treatment, the chance of her transmitting HIV to her child during pregnancy, birth, and breastfeeding is nearly zero. Yet 60 percent of new HIV infections in children occur during the breastfeeding period. By retaining a connection to women in postnatal care, health care workers can help them maintain a low viral load throughout the crucial 18 months after delivery.

EGPAF is helping to establish comprehensive care centers within health facilities to more easily identify HIV-positive pregnant women and keep them in treatment—not just through birth but for the rest of their lives and their children's lives. With suppressed viral loads, both women and children can have long and healthy lives.

“When I learned that I was HIV-positive, people were discriminating against me,” says Mildred Makontos, a 42-year-old mother of three in rural Zimbabwe. “People were not receiving me very well.”

Patrick and Mildred Makontos have been married for 25 years and live in Shurugwi, a rural village in the center of Zimbabwe. Both are living with HIV and are active HIV/AIDS advocates.

Patrick, now age 49, tested positive for HIV in 2003 and was immediately initiated into antiretroviral medication. He received very little support from his workplace or his community. “They told me to resign and to go home and wait for your grave,” Patrick says.

Mildred was tested in 2004 and learned that she, too, was HIV-positive. Instead of succumbing to fear and stigma, the Makontos decided to become health advocates and show their neighbors that HIV is neither a death sentence nor an end to family life.

“We discuss our problems freely,” says Patrick, who teaches agriculture at Gare High School. “Even at the workplace, we are very comfortable discussing our problems together. Some people are dying because they cannot disclose. We must continue to educate others—because there are others who are continuing to stigmatize.”

“After some time, the community eventually accepted our status,” Patrick continues. “We started talking to other community members, and we started support groups.”

After several years on treatment, the Makontos decided to have another child. Through the information they received at their local clinic about prevention of mother-to-child transmission, the Makontos knew it was possible for HIV-positive parents to give birth to an HIV-negative child.

“When our CD4 counts were above 500 [reducing the chance of HIV transmission], we started planning for the baby,” says Mildred. “When I realized I was pregnant, I went with my husband to the local clinic to book at ANC [the antenatal clinic]. He has always supported me. We were supporting each other, and we knew that if we take our drugs we will produce an HIV-negative baby.”

After delivery, Mildred was instructed about the importance of maintaining her PMTCT protocols while breastfeeding her daughter, Nokutenda. When Nokutenda was two years old, she tested negative for HIV.

“I was so happy,” says Mildred. “The neighbors came to visit so I showed them the result. The community learned that an HIV-positive mother can give birth to an HIV-negative baby. So the communities are learning from us.”

“You can actually see the number of births of children being born negative. It means that people have actually received the message,” says Patrick, who recently competed in a beauty contest for HIV-positive men and was crowned Mr. ARV Zimbabwe.

*“We were supporting each other, and we knew that if we **take our drugs** we will produce an HIV-negative baby”*

Mildred Makontos

EGPAF AFFILIATES



Photo: Eric Bond/EGPAF, 2015

EGPAF leads efforts to build local capacity for HIV services delivery, with the ultimate goal of transitioning programs to national governments and local organizations. As part of this commitment, EGPAF has transitioned some of its programs to three independent, nongovernmental affiliates:

- Fondation Ariel Glaser pour le Lutte contre le Sida Pédiatrique (Côte d'Ivoire)
- Fundação Ariel Glaser Contra o SIDA Pediátric (Mozambique)
- Ariel Glaser Pediatric AIDS Healthcare Initiative (Tanzania)

EGPAF and these affiliates share a mutual mission to eliminate pediatric HIV and AIDS, and each organization works to carry out this mission in locally relevant ways. EGPAF affiliates, which are governed by independent national boards of directors, share the EGPAF brand and logo. In 2015, EGPAF affiliates celebrated their fifth year, moving to the second phase of their relationship with EGPAF. As the affiliates are no longer start-up organizations, they are exploring new growth opportunities.

Since they began operations, the three organizations have collectively supported nearly 750 health facilities and have initiated more than 335,000 clients onto HIV treatment.



Photo: Eric Bond/EGPAF, 2015

RESEARCH

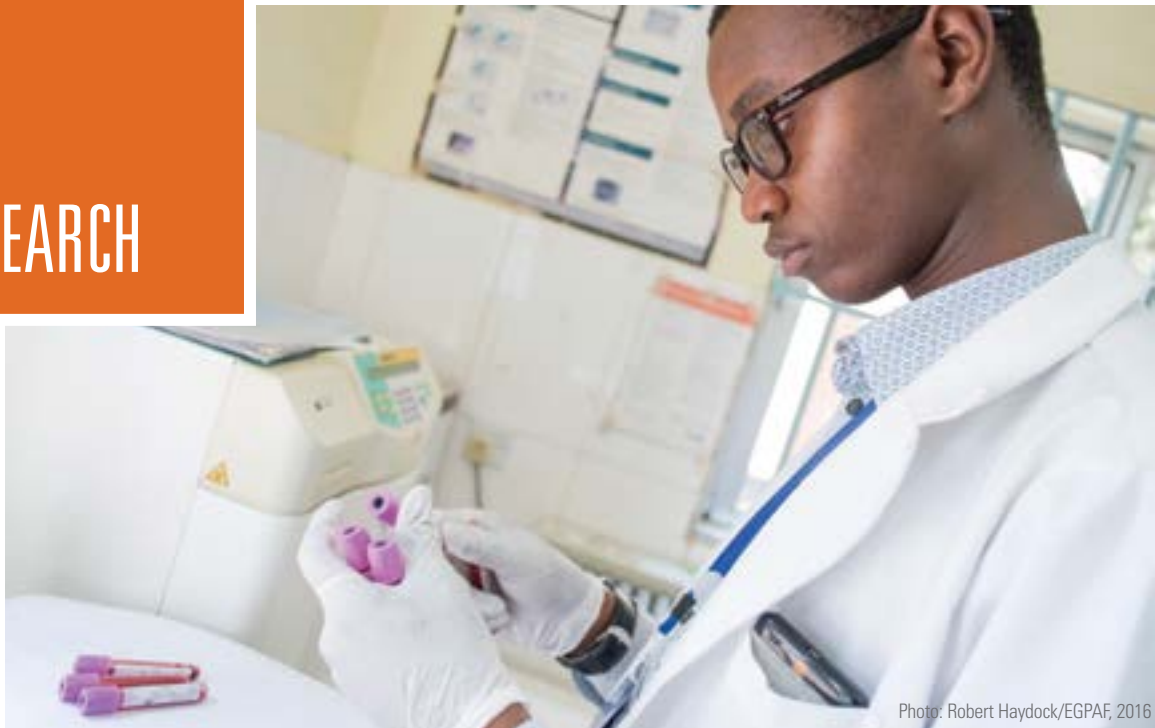


Photo: Robert Haydock/EGPAF, 2016

EGPAF plays a critical role in both defining the pediatric AIDS research agenda and supporting and conducting research to improve the lives of women, children, and families affected by HIV. EGPAF leads studies in clinical, laboratory, and implementation science research. Its focus is on optimizing health service delivery; building an evidence base for new and innovative interventions; and effectively scaling up promising HIV and maternal, newborn, and child health interventions.

In addition to an extensive network of field sites in Africa, EGPAF maintains a Global Research Unit to facilitate, initiate, and provide assistance for on-the-ground research and evaluation across EGPAF-supported countries. This research aims to

- improve the prevention, care, and treatment of pediatric HIV infection;
- identify better technologies and interventions to improve diagnosis, linkage to treatment, and retention in HIV care that can be replicated anywhere in the world;
- train international research leaders to respond to HIV infection in children; and
- pursue the development of a pediatric HIV vaccine and a cure for HIV-infected children.

In 2015, EGPAF led 27 operational research projects around the world.

2015 RESEARCH HIGHLIGHTS

- **Project ACCLAIM (Advancing Community Level Action for Improving MCH/PMTCT); Increasing Demand, Access, and Retention in MCH/PMTCT Services at the Community Level**

This study, funded by Global Affairs Canada, is a randomized community-based trial. Its goal is to evaluate the effects of community leaders, community health fairs, and peer-led health support groups on the demand for, uptake of, and retention of pregnant women in maternal and child health services. The study took place in Swaziland, Uganda, and Zimbabwe.

- The Kabeho Study: Kigali Antiretroviral and Breastfeeding Assessment for the Elimination of HIV**

This research, funded by the United States Agency for International Development (USAID), is evaluating mother, newborn, and child health outcomes under Rwanda's lifelong HIV treatment program for pregnant women. The study measures nutrition, growth, and HIV-free survival of HIV-exposed children at 2 years of age.
- Evaluation of the National Pediatric and Adult ART Program in Zambia**

EGPAF is working closely with the Ministry of Health in Zambia, the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Agency for International Development (USAID), and other partners to conduct a national evaluation of the Zambia antiretroviral therapy (ART) program. The CDC-funded study aims to evaluate the HIV services program and analyze treatment outcomes among HIV-positive adults and children on ART.
- Assessing the Cost Effectiveness of Using SMS Reminders to Increase PMTCT and ART Retention in Gaza Province, Mozambique**

The objective of this study, funded by the U.K. Department for International Development (UKAID) and Absolute Returns for Kids (ARK), is to assess the effect of using short message services (SMSs) to patients living with HIV who are enrolled in PMTCT and HIV programs on retention in care.
- Measuring PMTCT Program Effectiveness Among Women and Infants Through Community-based Household Surveys in Swaziland and Lesotho**

Two similar USAID-funded studies are being conducted in Swaziland and Lesotho to determine the HIV-free survival rate among HIV-exposed children between the ages of 18 months and 24 months. These community-based household surveys collect data on HIV exposure, maternal and child health, health-seeking behavior, infant feeding, and children receiving treatment or being tested for HIV to determine their final HIV infection status.
- Enhancing Uptake of HIV Testing and ART for Infants of HIV-positive Mothers in Tanzania**

The goal of this USAID/Population Council-funded study is to determine whether providing transport reimbursement and SMSs increases the number of (1) pregnant women who deliver in a facility, (2) HIV-exposed infants who receive nevirapine prophylaxis, and (3) HIV-exposed infants who are tested for HIV within eight weeks of age.
- PMTCT Program Effectiveness Among Women and Infants in Lesotho (PEA-WIL Study)**

This USAID-funded study aims to determine the HIV incidence, the HIV transmission, and HIV-free survival rate among cohorts of HIV-negative and HIV-positive pregnant women and their infants after implementation of the World Health Organization (WHO) lifelong antiretroviral (ARV) treatment guidelines.
- An Assessment of Operating Procedures to Provide Support and Follow-up for HIV-positive Women Seeking Antenatal Services in Kinshasa, Democratic Republic of the Congo**

The overall aim of this Johnson & Johnson-funded evaluation is to assess early retention of HIV-positive pregnant women attending antenatal services following the initiation of lifelong ARV treatment.
- Assessing the Feasibility, Acceptability, and Costs Associated with Very Early Infant Diagnosis at Birth in Lesotho and Rwanda**

The goal of this study, funded by the Population Council through USAID's Project SOAR, is to determine the feasibility, acceptability, and costs associated with adding birth HIV testing to the routine testing algorithm for infants born to HIV-positive women.

PUBLIC POLICY & ADVOCACY



Photo: Architect of the Capitol, 2011

EGPAF's Public Policy and Advocacy team builds on Elizabeth Glaser's legacy of fighting for the best policies for women, children, and families living with and affected by HIV. With staff on three continents, EGPAF is well positioned to champion children's rights in several realms—including those of national governments, African regional bodies, and multilateral organizations—to produce victories for children.

In Washington, D.C., EGPAF senior staff engages with the U.S. Congress and other government actors on legislative and regulatory priorities related to HIV and AIDS, maternal and child health, pediatric drug development, medical research, foreign assistance reform, and investment in global health. We also build partnerships with other organizations to magnify our advocacy voice on domestic and global health issues, particularly those affecting mothers and their children.

EGPAF's international advocacy staff works with regional governmental entities and international treaty bodies to ensure that children are included in the global HIV/AIDS response.

Our Geneva, Switzerland, staff works within the United Nations human rights framework to hold governments accountable for their commitments to ensuring a child's right to health, including those related to HIV and AIDS. EGPAF also seeks to influence the policies and priorities of the major Geneva-based health institutions—such as UNAIDS and the Global Fund to Fight AIDS, Tuberculosis, and Malaria—to ensure that maternal, pediatric, and adolescent HIV and AIDS remain front and center in the AIDS response.

Our Nairobi, Kenya, staff focuses on inclusion of PMTCT and pediatric treatment within continental and regional commitments to HIV and AIDS. This requires working with several African governmental bodies, including the African Union, East African Community, AIDS Watch Africa, and the Organization of African First Ladies Against AIDS, among others. EGPAF's efforts extend to other issues of importance for African countries committed to ending AIDS in children, such as improving maternal, newborn, and child health outcomes, implementing stronger child rights policies, and increasing the amount of funding African countries dedicate to their own health care systems.

2015 PUBLIC POLICY AND ADVOCACY HIGHLIGHTS

- **UNAIDS 2016-2021 Strategy**

In 2015, UNAIDS refreshed its global strategy, which will guide progress toward the ambitious Fast-Track targets for treatment, prevention, and zero discrimination over the next five years (2016-2021). EGPAF participated in a number of consultations arranged by UNAIDS on this strategy, reinforcing the need to include specific activities concerning women, children, and families. The final strategy, approved in October, reflects many of our suggestions, including a specific target on PMTCT and several strong action points on pediatric treatment.

- **Congressional Pediatric AIDS Resolution**

EGPAF worked closely with Congresswomen Ileana Ros-Lehtinen and Barbara Lee to introduce and champion a bipartisan resolution, H. Res.265: Recognizing the importance of a continued commitment to ending pediatric AIDS worldwide. This resolution reinforces the important role U.S. leadership plays in reducing new infections in children and reaching those children who are already infected. In addition, it recommits the United States to lead the world toward ending AIDS. By the close of 2015, there were more than 35 bipartisan co-sponsors.

- **Post-2015 Development Agenda Activities**

EGPAF engaged with the United Nations on the development of the next set of globally agreed upon international development goals, which will replace the Millennium Development Goals and shape global development priorities for the next 15 years. Transforming Our World: the 2030 Agenda for Sustainable Development was formally adopted in September 2015 and comprises 17 overarching goals, with 169 targets. HIV is included under the broader health goal of ensuring healthy lives and promoting well-being for people of all ages. EGPAF joined other health advocacy organizations in calling for strong health language in the final post-2015 framework, pushing for specific indicators for HIV under the final health goal, and noting the importance of disaggregated data when monitoring progress toward the Sustainable Development Goals.

- **25th Anniversary of the African Charter on the Rights and Welfare of the Child**

EGPAF submitted a paper and gave a presentation on HIV and children's rights as part of a two-day meeting to celebrate the 25th anniversary of the African Charter on the Rights and Welfare of the Child (ACRWC), convened by the African Committee of Experts on the Rights and Welfare of the Child. The purpose of the meeting was to review the status of children's rights in Africa, discuss the main achievements and challenges of implementing the ACRWC, and reinforce the commitment of African countries to promoting and protecting children's rights.

OUR GENEROUS DONORS

JANUARY 1 - DECEMBER 31, 2015



Photo: Angela Weiss/Getty Images, 2015

Thank you to all of our generous donors joining us in the fight to end AIDS in children

GREATER THAN \$1 MILLION

- The Children's Investment Fund Foundation (CIFF)
- Global Affairs Canada
- John Snow, Inc.
- PATH
- Population Council
- United Nations Children's Fund (UNICEF)
- U.S. Agency for International Development (USAID)
- U.S. Centers for Disease Control and Prevention (CDC)

\$500,000-\$999,999

- Absolute Return for Kids (ARK)
- Conrad N. Hilton Foundation
- Jewelers for Children
- Johnson & Johnson
- Oak Foundation
- University of Maryland, Baltimore
- Viiv Healthcare

\$250,000-\$499,999

- Cameroon Baptist Convention Health Services
- Chemonics
- Elton John AIDS Foundation
- Bill & Melinda Gates Foundation
- Organization for Public Health Intervention and Development (OPHID)
- Population Services International (PSI)
- Vale

\$100,000-\$249,000

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- Gilead Sciences, Inc.
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- Lee Marks Charitable Remainder Trust
- MAC AIDS

\$50,000-\$99,999

- B2Gold
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Oak Foundation



*“We are proud to invest in this lifesaving work and to serve as a partner in helping to **achieve an AIDS-Free generation.**”*

Kathleen Cravero-Kristoffersson
Oak Foundation president and
co-vice chair of EGPAF's Board

Oak Foundation is an international philanthropic organization dedicated to issues of global, social, and environmental concern, particularly those that greatly affect the lives of the disadvantaged. Oak Foundation recognizes the importance and critical need for EGPAF's call to end AIDS in children. In 2013, Oak Foundation committed \$1.5 million for a three-year period to support EGPAF's efforts to end AIDS in children. EGPAF's research; advocacy; and prevention, care, and treatment work have a major impact on the communities they serve in sub-Saharan Africa and India. This vital contribution to our lifesaving work is a critical partnership, and has greatly helped EGPAF to continue significant progress toward achieving our mission.

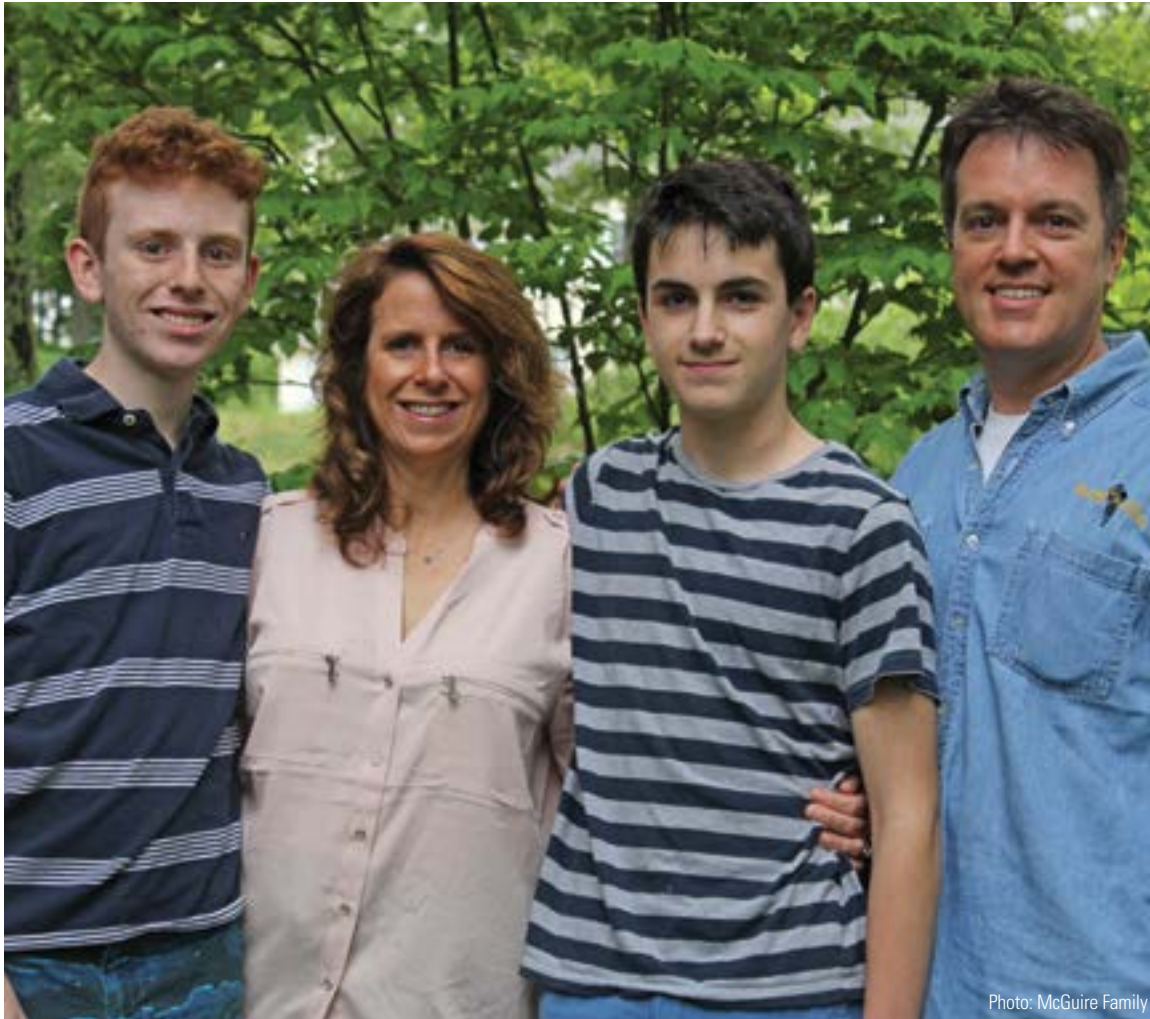
UP 4 THE FIGHT Collegiate Fundraising Program



Photo:EGPAF, 2015

In 2015, the UP 4 THE FIGHT program, which includes both the Dance Marathon and Alpha Epsilon Phi events, raised more than \$445,000 toward supporting EGPAF's lifesaving work. In June 2015, the two top student fundraisers—Emma McCune from the University of California, Los Angeles, and Matt Nersesian from the University of California, Berkeley—spent a week in Tanzania. They learned firsthand from EGPAF staff and local doctors about EGPAF's programs and influence and witnessed the impact of their fundraising dollars in the field.

Mike & Diane McGuire



Mike and Diane McGuire have been generous donors to EGPAF since 2006. They learned about EGPAF through Elizabeth’s moving story, when their own children were ages 6 and 4. Their giving has continued and increased over the past decade due to their interest in EGPAF’s programmatic focus in sub-Saharan Africa. The continued need for funding and work toward ending the pediatric AIDS epidemic, primarily in third-world countries, resonates deeply in them both.

“EGPAF’s mission hits home to us,” Mike explains. “Ending AIDS in children frequently doesn’t receive the international press or attention it deserves. We are committed to partner with EGPAF as they continue their work as a global champion for children.”

“We are committed to partner with EGPAF as they continue their work as a global champion for children.”

Mike McGuire

Toyota Motor Sales, USA, Inc.



Photo: Eric Bond/EGPAF, 2015

In 2015, EGPAF made great advancements to expand our presence and programs in Cameroon, and began to build a team of experts to enhance the delivery of our lifesaving services. However, with this expansion, our team faced a major challenge in getting from our main office in Yaoundé to all the sites that EGPAF Cameroon programs support.

The Toyota Land Cruiser ensures that travel across Cameroon is more efficient, safe, and streamlined

EGPAF was incredibly grateful when Toyota Motor Sales, USA, Inc. stepped in with a donation of the first official EGPAF Cameroon business vehicle—a 2015 Toyota Land Cruiser. The Land Cruiser has been instrumental in allowing the international staff to complete their scope of work, meet their partners, and travel to various regions to monitor the progress of the activities EGPAF implements. The Land Cruiser helps team members to more easily gather with the Cameroonian Ministry of Health and its partners on a continuous basis, and to attend and participate in meetings designed to enhance the effectiveness of the activities that EGPAF implements in Cameroon.

Since site visits can sometimes stretch from Yaoundé to Bamenda—an eight-hour trip—this vehicle ensures that travel is more efficient, safe, and streamlined. In addition, the Land Cruiser is advantageous with regard to its fuel economy, which results in cost savings for the Cameroon program. Moreover, the vehicle size and model are suitable for the road conditions in Cameroon. The car is reliable and provides added layers of safety and security for the team during extended travel hours. Toyota's donation continues to serve a pivotal role in helping EGPAF's efforts to end AIDS in children in Cameroon.

Dafna Feith



All photos: Dafna Feith

Dafna first became involved in EGPAF's work in 2011, through the Columbia University Dance Marathon, where she was initially motivated by competing with her peers for fundraising. She was one of the top donors in 2011. Once Dafna was at her first all-night marathon, her focus shifted from mere competition to an investment in EGPAF and its worth internationally. Jake Glaser's presence and speech left a lasting impression that drove her commitment to Dance Marathon and EGPAF in the ensuing years.

"It wasn't until I heard him speak about EGPAF's work that I began to fully realize the role EGPAF plays in preventing the HIV/AIDS epidemic abroad. I felt like I could do something about it, and encourage others to do something about it, too, from New York City for \$19. Multiplied by thousands of donations and dancers across the program, that can go a long way."

Now, five years later, Dafna is a fourth-grade public school teacher in Washington, D.C., and continues to be a generous donor to EGPAF. She is proud to tell her students about her experience with the Dance Marathon and uses it as a strong example to teach her class about the importance of philanthropy. Nine-year-olds immediately love the idea of staying up all night (and dancing!) for something they truly believe in.

"I felt like I could do something about it, and encourage others to do something about it, too..."

Dafna Feith

A Time for Heroes



All photos: Rachel Murray/Getty Images, 2015

“ Thanks to the power of digital and social media, we truly can go where no generation has gone before—we can use our voices to activate a global community to achieve an AIDS-free generation.”

Jake Glaser

On Sunday, Oct. 25, 2015, EGPAF celebrated its 26th A Time for Heroes family festival and fundraiser at Smashbox Studios in Culver City, Calif. More than 400 guests enjoyed a variety of activities, including the Nickelodeon Animation Station, the King of Harts Lake Tahoe camping experience, the Cinema Makeup School play station, a science room exploration station, gift bag screen-printing, basketball, virtual surfing, and more. International pop duo Nico & Vinz got the crowd moving with their smash single “Am I Wrong” and other hits.

The festival hit a high note when a surprise birthday cake was brought out for Jake Glaser, son of Elizabeth Glaser, who turned 31 on that day. As an EGPAF Ambassador, Jake carries on his mother’s legacy of raising awareness about pediatric HIV.

Since 1989, A Time for Heroes has raised more than \$35 million to support EGPAF’s mission to end AIDS in children.

Your Impact

Thanks to the dedication and collaboration of donors and partners like you, the Elizabeth Glaser Pediatric AIDS Foundation is one of the largest providers of prevention of mother-to-child transmission of HIV services worldwide and the global leader in the effort to end AIDS in children. Since 1992, shortly after EGPAF's founding, new HIV infections in children have declined by 95 percent in the United States. Over the past five years, new infections in children worldwide have declined by 60 percent in the 21 Global Plan countries in sub-Saharan Africa.

Ending AIDS in children is not just a dream. We can and will make it a reality—with your help.



\$19 could provide HIV testing and counseling for a pregnant woman and prevent transmission to her baby.



\$100 could provide a bicycle to help health workers reach up to 20 patients in remote areas.



\$500 could provide a year of treatment and care to keep an HIV-positive child healthy.

* Costs and activities vary by country and depend on needs. All donations are combined with others and allocated to fill the most urgent priorities for EGPAF.

Visit pedaids.org/donate to help end AIDS in children

FINANCIAL OVERVIEW



Photo: Surajith S/Pexels, 2014

Since its inception, EGPAF has been dedicated to raising funds to prevent new pediatric AIDS infections and bringing hope to children, mothers, and families living with HIV and AIDS. In 2015, EGPAF’s total revenue for its lifesaving programs was more than \$120 million. These revenues represent the contributions of individuals, corporations, foundations, and international organizations—as well as ongoing support from the U.S. Centers for Disease Control and Prevention (CDC), and the U.S. Agency for International Development (USAID), through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR).

The percentage breakdown of EGPAF spending by programmatic purpose is shown below:

FY15 Spending Across Program Areas	
HIV care and treatment	39.23%
Prevention of mother-to-child transmission of HIV	31.20%
HIV testing and counseling	12.94%
Other HIV prevention activities	9.09%
Lab support and strengthening	7.54%

In addition to EGPAF expenditures of more than \$120 million, EGPAF’s affiliated organizations in Côte d’Ivoire, Mozambique, and Tanzania spent more than \$25 million on HIV prevention and treatment activities. In 2015, the total investment by EGPAF and its affiliates was more than \$145 million.

EGPAF designs each of its programs to ensure that funds are deployed to maximize impact and ensure that donors are receiving exceptional value for their money. Metrics such as cost per person tested for HIV and cost per year of HIV treatment help EGPAF analyze the overall expenditure of its programs and continuously improve program efficiency and effectiveness.

Statement of Financial Position

Assets	
Cash and investments	\$10,366,745
Total receivables	\$15,513,338
Prepaid expenses and fixed assets	\$3,336,092
Total Assets	\$29,216,175

Liabilities and Net Assets	
Total liabilities	\$22,542,116
Net assets-unrestricted	\$5,895,086
Net assets-temporarily restricted	\$701,127
Net assets-permanently restricted	\$77,846
Total Ending Net Assets	\$6,674,059
Total Liabilities and Net Assets	\$29,216,175

Statement of Activities

Public Support and Revenue	
Grants (USG and non-USG)	\$117,365,626
Contributions	\$3,439,334
Other income	\$31,117
Total Public Support and Revenue	\$120,836,077

Expenses	
Program Services	
<i>Program Implementation</i>	\$102,968,506
<i>Research</i>	\$1,604,395
<i>Communications</i>	\$1,847,898
<i>Public Policy</i>	\$685,617
Program Services Subtotal	107,106,416
Management, general, and administrative	10,351,401
New business development	2,114,524
Fundraising	1,313,700
Total Expenses	\$120,886,041

Changes in Net Assets	\$(49,964)
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The complete audited financial statements may be viewed on our website (www.pedaids.org).

OUR STEWARDSHIP OF RESOURCES

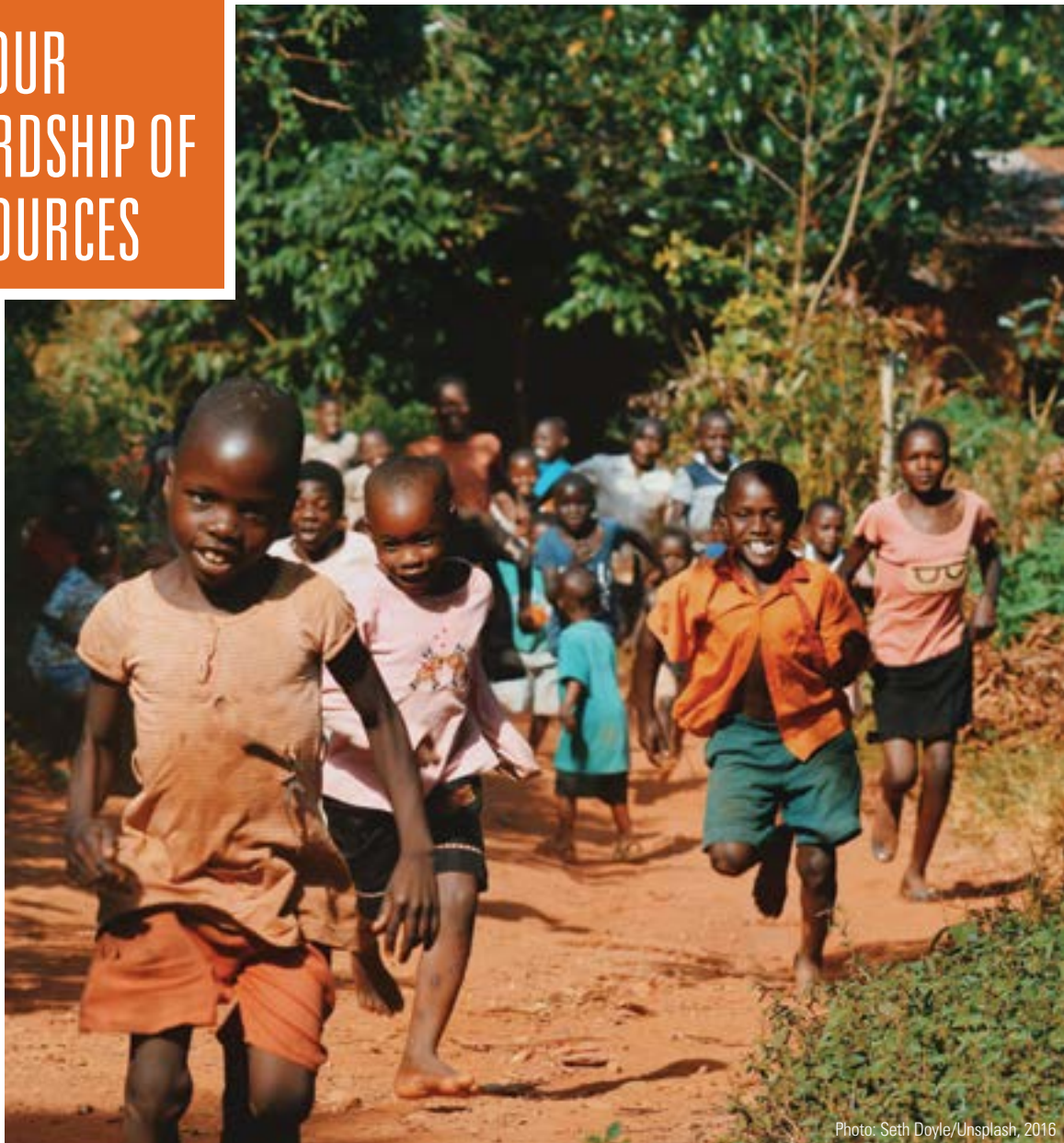


Photo: Seth Doyle/Unsplash, 2016

We are immensely grateful to the individuals, agencies, companies, and partners who support our lifesaving work. We are proud to be a well-managed organization that holds itself to the highest ethical standards and administers its funds responsibly. Below is a summary of some of the systems, controls, and initiatives we have put into place to ensure that contributions and awards are well managed.

CORPORATE CULTURE

From top to bottom, EGPAF's culture is one of professional integrity, with a commitment to compliance and a core value of accountability. Toward this end, we conduct annual trainings for staff on business ethics and a variety of compliance topics. We maintain a code of conduct to guide employees in doing the right thing and asking for help when they are unsure of the proper decision. In addition, we have a zero tolerance policy for fraud, and we empower employees to report any concerns they have to senior management or a whistleblower hotline.

INTERNAL CONTROLS

EGPAF has internal controls, policies, and procedures in place that regulate all aspects of our operations and activities in 19 countries. These controls include (1) monthly reviews of financial transactions and expense reports, (2) new automated procurement controls, (3) monitoring of our sub-recipients who help carry out our work in Africa, and (4) policies regarding the use of equipment and other resources. We also have a clearly defined conflict-of-interest policy and disclosure process.

PROJECT MANAGEMENT

Much of EGPAF's work involves implementing specific projects across large geographic areas, with targeted outputs and outcomes, deadlines, costs, and human resources constraints. This places a premium on project management skills, which EGPAF has invested in by means of an ongoing initiative to maximize the return on investment.

HUMAN RESOURCES

EGPAF seeks to hire and retain staff members who demonstrate the highest levels of integrity as well as professional competency. Several of our key units—such as Internal Audit, Accounting, Awards and Compliance, and the heads of operations in our country offices—work to promote and verify compliance. Our field operations are extensively supported and carefully overseen by headquarters to maximize performance and minimize risks.

EFFICIENCY AND EFFECTIVENESS

EGPAF designs each of our projects and activities to ensure that funds are being stewarded to maximize impact and produce value for money. Part of our approach is also to finance selected management, control, and audit activities centrally at headquarters, which benefits all of EGPAF's work through the use of an indirect cost pool. This method is less costly and more effective than trying to replicate these resources in all of the countries in which we operate.

EXTERNAL VERIFICATION

EGPAF is subject to thorough annual audits of its financial statements and management controls by an independent auditor. Our financial statements are prepared in accordance with generally accepted accounting principles (GAAP) in the United States, and we have received clean audits. Further, EGPAF has undergone several successful audits and reviews of our field operations conducted by donors.¹ We are a top-rated organization by the Better Business Bureau, Guidestar, and Charity Watch—and scored 100 percent on accountability and transparency by the independent rating service Charity Navigator.

We place great importance on effective and compliant financial management. Our financial systems have a variety of checks and balances to ensure that funds are well managed in the United States and across our network of offices in Africa. EGPAF staff is held to the highest ethical standards and commits to a code of conduct. Our financial performance and accountability continue to be recognized by leading charity-rating organizations. EGPAF's 2015 financial statements were prepared in accordance with GAAP in the United States.

1. Some of the donors who have reviewed EGPAF's field operations include the U.S. Agency for International Development (USAID), the U.S. Centers for Disease Control and Prevention (CDC), the Children's Investment Fund Foundation (CIFF), and the United Nations Children's Fund (UNICEF).

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Start **Free**, Stay **Free**, AIDS **Free**

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) seeks to end pediatric HIV/AIDS through research, advocacy, and prevention and treatment programs.

When Elizabeth and Paul Glaser learned that their children, Ariel and Jake, were infected with HIV, they spared nothing to save their lives. Following Ariel's death in 1988, Elizabeth turned tragedy into hope by joining with her two closest friends, Susie Zeegen and Susan DeLaurentis, to create the Pediatric AIDS Foundation. Elizabeth lost her personal battle with AIDS in 1994, but her work set in motion the research and programs that saved the life of her son, Jake, along with millions of other children worldwide.

Every day, EGPAF works with partners to ensure that mothers and families everywhere have access to HIV testing and treatment. Together, we can end AIDS in children.

The Time Is Now.

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