



Photo: Eric Bond/EGPAF, 2017



**Elizabeth Glaser
Pediatric AIDS
Foundation**

CHILDREN MATTER IN THE FIGHT AGAINST HIV:

The Elizabeth Glaser Pediatric AIDS Foundation's Work in Pediatric and Adolescent HIV Care and Treatment

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EGPAF has offered prevention of mother-to-child HIV transmission services to nearly 30 million pregnant women



Nearly 130,000 infants were tested using point-of-care technology in EGPAF-supported sites; 90% of those found positive were placed on treatment

Each day, about 500 children are newly infected with HIV, and many more require HIV prevention, care, and treatment services. Reaching those children and their mothers is at the core of our mission at the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). EGPAF was established over 30 years ago by a mother dedicated to ensuring that her children, and HIV-positive children everywhere, receive the care and treatment needed to live long and healthy lives.

We have made progress toward our mission to eliminate pediatric HIV by advocating for policies that support innovations in pediatric HIV diagnostics and medications. We've moved closer to a generation free of HIV as a result of our active support of underfunded areas of pediatric HIV research. As a program implementer, we've given prevention and treatment access to thousands. However, there are still 1.7 children living with HIV and a growing number of children and adolescents infected each day. EGPAF is working to address the epidemic in this population through the following approaches.

Prevention of HIV transmission from mother to infant

Over 90% of infants diagnosed with HIV became infected from their HIV-positive mothers during pregnancy, delivery, or breastfeeding. Antiretroviral treatment (ART) given to HIV-positive pregnant and breastfeeding women, in combination with infant prophylaxis, can reduce this transmission risk to below 5%. EGPAF works to ensure that every woman accessing prenatal services has the resources to protect her health and her infant from transmission of HIV prior to and after the birth of her child. We also ensure that every mother and child receiving obstetric and postnatal care are tested for HIV and linked to lifelong treatment. Our postnatal care includes infant feeding guidance both within and outside the context of HIV.

Enhancing HIV testing among infants and young children

Undiagnosed and untreated HIV-infected children face huge morbidity and mortality risks. Testing and treating children early has long been a priority of our work. With peak mortality of untreated infants occurring at just eight to ten weeks of life, there is a critical need for urgent identification of HIV and faster delivery of treatment. EGPAF has procured and placed point-of-care early infant diagnostic technology in high-volume sites across nine supported countries. We have expanded HIV testing opportunities also by integrating HIV diagnostics within routine child wellness care, such as growth monitoring, nutrition, TB centers, and vaccine service delivery points.



Currently, EGPAF provides access to ART to nearly 90,000 HIV-positive children



Every week, over 6,000 adolescent girls are newly infected with HIV. EGPAF enhances engagement with young people to empower and protect youth populations.



EGPAF operates over 500 support groups to reduce effects of stigma and enable psychosocial support of all children affected by, and infected with, HIV



EGPAF currently supports 1.6 million adults on ART

Treating infants and young children living with HIV

Despite being the most vulnerable to HIV-related deaths, young children often endure the toughest path to treatment. In 2018, only 54% of the 1.7 million HIV-positive children in the world had access to ART. Children with HIV encounter multiple challenges: from poor availability of pediatric antiretroviral formulations and pediatric ART drug stock-outs to limited training of a health care workforce in management of pediatric diseases or childhood behaviors. Throughout our supported health facilities, EGPAF promotes expanded access to pediatric HIV treatment and counseling. We also support national policies that implement globally-recommended pediatric HIV treatment guidelines.

Enhancing HIV identification and access to treatment from childhood through adolescence

For children who grow up in high HIV burden areas, exposure to infection increases in adolescence and early adulthood. EGPAF supports activities in 19 countries to ensure children and adolescents are mobilized, empowered, HIV tested, and treated and supported on treatment. We work with communities, schools, and media platforms to increase HIV education opportunities. We ensure greater availability of HIV testing and treatment among adolescents through school-based education and testing, community engagement, mobile testing campaigns, and implementation of differentiated testing and treatment service models. At the national level, we advocate for policies which reduce parental consent ages to encourage greater access to HIV testing among children and adolescents. We have also launched the Community of African Youth Advisors global initiative, which allows young people to inform HIV and AIDS programs. This initiative has, to date, led to changes in minimizing discriminatory practices in clinic settings and enhanced HIV disclosure processes.

HIV care and treatment support in childhood and adolescence

Disclosure of HIV infection to a child can trigger an emotional response. Discrimination faced by children and adolescents living with HIV, or poor supportive family or social environments, can result in treatment interruptions, which lead to increased risk of drug resistance, compromising future treatment options. To ensure all children and adolescents are supported through lifelong treatment, we train facility staff to respond to the needs of children and adolescents, and work with communities to reduce HIV stigma and discrimination. We support adherence counseling for caregivers and parents and also offer a range of psychosocial support services for children, adolescents and caregivers to help them cope with HIV diagnosis, treatment, and transition from pediatric to adult care settings.

Treatment monitoring from childhood through adulthood

Throughout the continuum of pediatric HIV care, we promote active treatment monitoring to ensure that children in our supported services have access to viral load testing and reach full viral suppression (meaning that HIV is present at a very low levels in the blood). Viral suppression, crucial for a long and healthy life, also reduces the risk of HIV transmission to an HIV-negative individual in adulthood by as much as 96%. For those who are failing treatment, EGPAF trains and supports health workers in early identification of treatment failure, provision of necessary drugs, and guidance to switch to more effective regimens, if needed.