



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 accessed
over 27 million women
with prevention of
mother-to-child HIV
transmission services**



**Without access to
treatment, 50% of HIV-
positive children will
die before their second
birthdays.**

Each day, 400 children are newly infected with HIV, and millions 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 more than 29 years ago by a mother dedicated to ensuring that her children, and HIV-positive children everywhere, receive the HIV care and treatment needed to live long and healthy lives.

We've made progress toward our mission to eliminate pediatric HIV by advocating for policies that support both innovations in pediatric HIV medications and implementation of national guidelines with a focus on equitable access to pediatric HIV prevention, care and treatment. We've moved closer to a generation free of HIV as a result of our active support of underfunded areas of HIV research: over the last few decades, EGPAF has contributed to the most significant breakthroughs related to HIV in children, including mounting evidence which has helped to dramatically reduce the rate of mother-to-child HIV transmission and enhanced effectiveness of pediatric HIV treatment. Enabled by supporting political will and informed by our operations research, EGPAF has become a leader in implementing health programs which reduce HIV transmission risks for uninfected children and create greater access to pediatric HIV care and treatment for those in need.

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 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.

Enhancing HIV testing among infants and young children

In recent years, EGPAF has expanded early identification of HIV in exposed infants by increasing the use of rapid diagnostic technology in supported sites. We are currently working with nine supported countries to expand rapid point-of-care HIV testing and immediate access to care and treatment. Through this work, EGPAF anticipates testing over 250,000 infants and linking 14,600 HIV-positive infants to treatment. We have expanded HIV testing opportunities also by integrating HIV diagnostics within routine child wellness care, such as nutrition, growth monitoring and vaccine service delivery points. We work with national health teams and laboratories to reduce HIV test turnaround time, ensuring each child and his/her family receive results in timely manner and treatment is promptly initiated among those in need, to safeguard survival and long term health.

Treating infants and young children living with HIV



Currently, EGPAF provides access to ART to over 70,000 HIV-positive children

Despite being the most vulnerable to HIV-related deaths, young children often endure the toughest path to treatment. In 2015, only 49% of the 1.8 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 the health care workforce in management of pediatric HIV diseases or childhood behaviors. Throughout our supported health facilities, EGPAF promotes expanded access to pediatric HIV treatment, support and counseling. We also support national policies that implement the effective and globally-recommended pediatric HIV treatment regimens and work with national governments to improve the capacity of health workers to identify and treat HIV in children, without delay, in early infancy to achieve maximal reduction in pediatric AIDS-related deaths.

Enhancing HIV testing, care and treatment from childhood through adolescence



EGPAF strives to reach HIV-positive adolescents in all supported countries with HIV prevention, testing, treatment, and adherence services

For children who grow up in communities heavily affected by HIV, exposure to infection increases in adolescence and early adulthood, when the virus can be contracted through sexual contact. EGPAF supports various policy development, research, and programs in 19 countries to ensure children and adolescents are tested and linked to care. We work with communities, schools, and media platforms to increase awareness about the risks of acquiring HIV, the necessity of knowing one's status, and the importance of accessing and adhering to treatment. We ensure greater availability of HIV testing among adolescents by promoting policies that allow them to access HIV testing without adult consent, when appropriate. We also support mobile health programs that bring HIV testing, care and treatment into the communities where children and adolescents have limited access to health facilities.

HIV care and treatment support in childhood and adolescence



EGPAF implements child- and adolescent-focused peer-led clubs in nine supported countries, to ensure thousands of children are supported in care and remain on HIV treatment

Disclosure of HIV status to a child or an adolescent can trigger emotional stress; extra care is needed during this time. It is essential to assist children, adolescents, and their caregivers in following treatment plans and decreasing the risk of treatment interruptions, which lead to increased risk of drug resistance, compromising future treatment options. In each of our supported health care settings, 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, ensuring they have the tools needed to support their children from diagnosis, through disclosure of HIV, and retention in treatment. We also offer a range of psychosocial support services for children and adolescents to help them cope with HIV diagnosis, treatment, and transition from pediatric care settings.

In nine of our supported countries we have implemented Ariel Clubs, named for Elizabeth Glaser's daughter who lost her own battle to HIV. These clubs allow children and adolescents to meet peers facing similar issues, to foster friendships, and to share their experiences in their journey to live healthy, productive lives. The overarching goal of this peer engagement is to empower HIV-positive youth, decrease the risk of treatment interruption and assure successful transition to adult care.

Treatment Monitoring from childhood through adulthood



EGPAF works with health care workers in over 5,000 sites to keep HIV-positive children on treatment.

Throughout the continuum of pediatric HIV care, from early infancy into adulthood, we promote active treatment monitoring to ensure that children in our supported services have access to viral load testing and reach and sustain full viral suppression (meaning that HIV is present at a very low level in the blood). Full 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 support and prompt transition to the second-line and third-line HIV treatment when indicated.