

# Our Promise: A World in Which No Child Has AIDS



Elizabeth Glaser  
Pediatric AIDS  
Foundation

*Until no  
child has  
AIDS.*

# President's Message



Every day, 600 children are born with HIV. Of the 3.2 million children living with the virus, only one-quarter have access to the antiretroviral therapy essential to their survival. Without treatment, half of those children die by their second birthday and 80 percent die before the age of 5. These sobering statistics highlight the vital importance of the continuing work of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF).

Since its founding in 1988, EGPAF has maintained sharp focus on Elizabeth Glaser’s promise of a world in which no child has AIDS, and each year we have made steady progress toward fulfilling that pledge. At a time when children living with HIV were largely overlooked and presumed marked for death, our founders—Elizabeth Glaser, Susie Zeegen, and Susan DeLaurentis— issued a challenge to policy makers to fund research that would save those young lives. Their challenge activated research that, within a decade, virtually halted new pediatric HIV infections in the United States and other high-resource countries.

EGPAF continues to lead the fight to end pediatric AIDS worldwide by focusing our programs and research on meeting the 90-90-90 targets set by the Joint United Nations Programme on HIV/AIDS (UNAIDS): 90 percent of all children living with HIV being diagnosed, 90 percent of those diagnosed as HIV-positive receiving treatment, and 90 percent of children receiving treatment achieving viral suppression by 2020. With the generous support of our donors, we are working in many of the countries with the highest HIV burden to meet these ambitious goals.

Through an unprecedented mobilization of health workers to reach pregnant mothers and HIV-affected children, infections in children worldwide have declined by nearly 58 percent since 2001. Yet more than half of pregnant women in low- and middle-income countries still do not know their HIV status, which means that many expectant mothers living with HIV are not accessing HIV prevention, care, and treatment services. Without those services, HIV-positive women cannot live long, healthy lives, and they cannot ensure that their children will be HIV-free.

However—as a result of the collaborative efforts of partners, including UNAIDS, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), national governments, and civil society—we are quickly gaining ground on the goal of preventing mother-to-child transmission of HIV worldwide.

“ We are dedicated to fulfilling Elizabeth Glaser’s promise of a world in which no child has AIDS. ”

Charles J. Lyons  
EGPAF President  
and CEO

In 2011, UNAIDS and PEPFAR launched the Global Plan which aims to provide HIV services to each pregnant woman living with HIV—from the beginning of her pregnancy until she stops breastfeeding—and to reach her children with any necessary HIV services.

Since the introduction of the Global Plan, the number of new HIV infections among children in the 22 highest burden countries has declined by 48 percent. The partnership has shown what is possible when a group of stakeholders contributes collective resources to address a critical issue.

As the Global Plan sunsets in 2015, EGPAF continues to push hard to reach every HIV-affected family in the 14 countries that we support. An important driver of EGPAF’s programs is a strong understanding of what works. In recent years, we have greatly expanded HIV testing and treatment by integrating those services with antenatal and postnatal care. We provide counseling and psychosocial support to pregnant women and children living with HIV so they start treatment and continue to take their antiretroviral medicine. We also use community-based channels to involve men in the health of their families—all based on evidence that holistic and integrated public health dramatically reduces new HIV infections in children.

The heart of our efforts remains the HIV-affected child or adolescent who grows up strong and vital because we were able to reach her or his family with prevention of mother-to-child transmission of HIV (PMTCT) services and lifelong antiretroviral treatment. EGPAF was founded with Elizabeth Glaser’s promise of a world in which no child has AIDS. Her promise directs every action that we take.

**Charles J. Lyons**

President and CEO  
Elizabeth Glaser Pediatric AIDS Foundation

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# 2014 At a Glance

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By the end of 2014, EGPAF had\*

- provided **more than 21 million** women with services to prevent transmission of HIV to their babies;
- tested **more than 19 million** women for HIV;
- enrolled **more than 2.3 million** individuals, including **more than 188,000** children, into HIV care and support programs; and
- started **nearly 1.4 million** individuals—including **more than 114,000** children under the age of 15—on antiretroviral treatment.

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\* Numbers here reflect accomplishments across the history of EGPAF through 2014.





# Together, We Have Reached More Than 20 Million Women

One ordinary day in May 2014, in one of the countries supported by EGPAF, a health worker provided a woman with HIV counseling, HIV testing, or antiretroviral medicines.

Perhaps it occurred in a one-room private clinic along a quiet dirt road in Swaziland. Or it might have happened on the second floor of a government hospital in Harare, Zimbabwe, to the din of car horns and rumble of city buses. It might have occurred in any of the nearly 7,800 facilities around the world that EGPAF supports.

Although there was no fanfare, that woman in that health facility represents an EGPAF milestone. She was the 20 millionth woman that EGPAF reached with services to prevent the transmission of HIV from mother to child.

“What seemed impossible  
only a few years ago is  
now within our grasp.”

**Charles J. Lyons**  
EGPAF President  
and CEO

Globally, pediatric HIV infections have been reduced by more than half since 2001 because of prevention of mother-to-child transmission of HIV (PMTCT) programs. Yet each day 600 children become newly infected with HIV, almost all of whom contract the virus from their mothers during pregnancy, childbirth, or breastfeeding. More than 90 percent of these pediatric infections occur in sub-Saharan Africa, where barriers to treatment and services remain.

More than one-quarter of the 1.5 million HIV-positive pregnant women around the world in 2014 did not have access to PMTCT services. These services include family planning; HIV testing and counseling; accessible and affordable antiretroviral therapy (ART) for pregnant women, mothers, and children living with HIV; and early infant testing, diagnosis, and treatment.

In May 2014, we reached our 20 millionth woman—and we didn't stop. By the end of the year, we had reached more than 21 million women with PMTCT services, reflecting the accelerated pace of our work. With international, national, and local partners, EGPAF is working to ensure that all women, children, and families have access to the comprehensive HIV services needed to end AIDS in children.



By age 23, I had lost several family members to the AIDS epidemic and my home country of Zambia had lost an entire generation. Nearly 700,000 Zambians had died from AIDS-related causes by the year 2000. In 2003, I learned I was HIV-positive.

Would I be joining the lost generation in Zambia?

Fortunately, at that time the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) came to Africa. EGPAF had been working in Zambia in 2001, and PEPFAR helped extend its reach. I was able to receive the lifesaving medication and treatment that had been out of reach for so many Zambians before. During this time, I met my husband, who made the miracle of HIV treatment all the more rich. Living with HIV did not mean that I would miss out on romance. I would live a full life.

A second miracle came in 2009 when my first son was born HIV-free, followed by another HIV-free son in 2011. After learning about EGPAF, I quickly became involved, knowing that my sons' healthy births were thanks to its decades of work.

In May 2014, EGPAF reached its 20 millionth woman with its lifesaving services, which was a beautiful moment for me. When I think of these 20 million women, I see the smiling faces of women across Zambia...women from my family, women whose lives had been touched by EGPAF.

Yet we continue to fight because there is still more to be done. Nearly 13 percent of Zambians are living with HIV. While many women in Zambia can now access prevention of mother-to-child transmission of HIV (PMTCT) services, thousands still lack access to medications and services. These women need the support system that I had. We must ensure that their families and communities have the capacity to help and support them.

With all the obligations and responsibilities of being a mother, no woman should also have to worry about receiving the lifesaving treatment she and her child need. We have the opportunity to rebuild our country by supporting an AIDS-free generation. But doing so requires sharing information about lifesaving services.

**Martha Cameron**

EGPAF Ambassador | Zambia/Washington, D.C.

## "I Am One in 20 Million"

Programs in Zambia are hastening an HIV-free generation



Eric Bond/EGPAF, 2015

“No woman should have to worry about receiving the lifesaving treatment that she and her child need.”

**Martha Cameron**  
EGPAF Ambassador



## Programs

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### Our Promise:

To expand high-quality, locally owned HIV/AIDS services to end new infections in children and keep families healthy through strengthened health systems.

In 2014, EGPAF's dedicated staff of more than 1,000 helped save millions of lives in collaboration with key partners, including private donors; the United States government; ministries of health in host countries; and multilateral organizations such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), and the United Nations Children's Fund (UNICEF).

Most EGPAF staff members are nationals of the countries we support. Their work fosters greater efficiency and national ownership.

## 2014 PROGRAM HIGHLIGHTS

# Integrated HIV Programs Save Mothers and Babies

In resource-limited countries, AIDS is the leading cause of death among women of reproductive age, followed by conditions related to pregnancy and childbirth. More than 800 women die every day from childbirth complications, and women living with HIV are six to eight times more likely to die giving birth. In high-burden countries HIV is a major contributor to child deaths, in some cases amounting to 19 percent of deaths in children younger than age 5.

Ending pediatric HIV/AIDS, eliminating treatment gaps for children, and reducing preventable maternal, newborn, and child deaths are all closely intertwined, especially in countries with a high HIV burden. Prevention and treatment of HIV infections in women and children are achievable only when HIV services are integrated as an essential part of comprehensive and high-quality maternal, newborn, and child health (MNCH) programs in countries with strong national health systems.

In resource-limited settings, a woman often only accesses health care during pregnancy, delivery, and shortly after her child is born. Thus, health centers that offer MNCH services have become essential locations for expanding HIV prevention, testing, and care and treatment services, for women and children who are HIV-exposed and HIV-infected.

In 2014, EGPAF worked to scale up availability of HIV testing, care, treatment, and adherence services at key MNCH focal points—such as family planning sites, antenatal clinics, labor and delivery wards, pediatric wards, nutrition clinics, and immunization locations. EGPAF managed to increase this linkage of services by training health workers on HIV testing, diagnosis, disease management, counseling, and community outreach.

This integrated model promotes wider use of more efficient health systems that reach women, infants, and children most in need.

# “We Had Done It”

Integrated care leads to triple the joy



“When they told me all three of my children were HIV-negative, I could not hide the tears of joy. We had done it!”

**Susan Jembere**  
Mother of triplets  
Zimbabwe

Living with HIV and actively treating it with antiretroviral (ARV) medication, Susan Jembere did not waste any time beginning antenatal care when she became pregnant. Already a mother of three, Susan knew that she could prevent transmission of the virus to her unborn child through a prevention of mother-to-child transmission of HIV (PMTCT) drug regime. When the nurse at Susan’s local clinic referred her to a big mission hospital in Musami, Zimbabwe, Susan could not help but worry that something may be wrong.

An ultrasound scan at the hospital showed that she was carrying triplets. Susan was overwhelmed—three children at home and now three more on the way.

“For the first time, I began to doubt if the ARVs were going to be strong enough to help all these three [new] children not to get the infection,” said Susan.

Susan, however, continued taking her medication and visited the hospital regularly for antenatal care. At these visits, she was counseled on how to administer ARV prophylaxis to her babies after delivery. She was also given information about postnatal care. Her babies would be tested for HIV repeatedly until 18-months of age or breastfeeding cessation, so that appropriate care and treatment could begin early if they tested positive for HIV.

Susan gave birth to three healthy girls—Tinotendaishe, Tadiwanashe, and Tanatswanashe—weighing in at 4.5, 4.8, and 5.0 lbs., respectively. Hospital staff told Susan that the healthiest feeding option would be to breastfeed.

“Now I had another worry,” remembers Susan. “Would I have enough milk for all three of my girls to exclusively breastfeed for six months? I was determined and somehow managed to do it. I did not want to let anything come in the way of my triplets’ good health.” Susan brought her babies back to the hospital regularly for postnatal care and to test them, routinely, for HIV.

“The worries were never ending, but I knew I had done everything right,” says Susan. “When they told me all three of my children were HIV-negative, I could not hide the tears of joy. We had done it!”

## 2014 PROGRAM HIGHLIGHTS

# Children Living With HIV Require Access to Lifelong Treatment

Because 90 percent of pediatric HIV infections are transmitted from HIV-positive mothers to their children in utero, during delivery, or through breast milk, most global efforts to end AIDS in children have focused on the prevention of mother-to-child transmission of HIV (PMTCT). PMTCT programs have resulted in an impressive 58 percent reduction of new infections among children between 2001 and 2014.

Despite these gains, as many as 3.5 million children younger than age 15 are living with HIV—and fewer than one-third of HIV-infected children have access to lifesaving antiretroviral treatment. This gap in treatment access and coverage is devastating because without treatment, 80 percent of HIV-positive children will die by their fifth birthdays. In some high-burden countries, 19 percent of deaths in children younger than age 5 are attributed to AIDS-related causes.

EGPAF was founded to protect and care for children living with HIV, and we continue to fulfill this mission through programs that promote access to care and treatment among HIV-positive children, as well as access to psychosocial and adherence support for children and their families. Today, the global community is as supportive as ever of our mission—as evidenced by the 2014 release of the Joint United Nations Programme on

HIV/AIDS (UNAIDS) 90/90/90 targets and the publication of revised 2013 World Health Organization (WHO) treatment guidelines. They call for universal initiation of antiretroviral treatment for all HIV-positive children younger than age 5, irrespective of their disease progression, as well as wider treatment initiation criteria for older children and adolescents.

From data gathered through years of HIV program implementation, we know that children diagnosed with HIV can live long and healthy lives with sustained antiretroviral therapy. EGPAF focuses on ensuring that every child is not only protected from HIV, but also promptly diagnosed and initiated on lifelong treatment when infected. In this past year, EGPAF worked hand-in-hand with supported countries to adapt 2013 WHO treatment guidelines, train health workers, and expand pediatric care and treatment at thousands of supported PMTCT and HIV care and treatment facilities. We also focused on greater availability of HIV testing and linkage to care in child wellness centers.

In 2014, EGPAF trained health workers in nine countries to confidently provide testing and treatment to infants and children in immunization sites, under-5 clinics, and nutrition centers. We also ensured that these sites were equipped with HIV test kits and medications.

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# “If I Take My Medication Correctly, I Will Be Healthy for Many Years”

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“Every time you feel like you are losing hope, remember me.”

**Jake Glaser**  
EGPAF Ambassador

When Jake Glaser spoke at Kwamo Secondary School in Homa Bay, Kenya, just days before World’s AIDS Day 2014, Jessica Atieno hung on his every word. After all, he might as well have been telling her story. Like Jake, Jessica was born HIV-positive—and, like Jake, Jessica has high ambitions. “Although I love and excel in sciences, I would like to pursue international relations,” she said.

Jake Glaser, the son of Elizabeth Glaser, had traveled to Homabay County to meet frontline health workers who are ensuring that HIV is not transmitted to children and that children living with HIV are enrolled in and adhering to lifelong antiretroviral treatment.

More than one-quarter of the adults in Homabay are living with HIV. Despite that high rate, EGPAF’s prevention efforts have been successful: Nearly all babies are being born HIV-free in the health facilities that EGPAF supports.

However, a sizable group of children is still living with HIV. Jake was eager to meet those children—to learn more about their challenges and encourage them to “live positively” by adhering to treatment and staying healthy. Jake told the children that he had not been expected to live past his tenth birthday, “but twenty years later, I am still alive and healthy.”

“Every time you feel like you are losing hope, remember me,” he told them. “Together with millions like us across the world, we are all doing the same thing every single day—fighting to stay alive.”

Jessica said that Jake’s courage gives her “hope that I if take my medication correctly, I will be healthy for many years.” EGPAF now supports half of the more than 6,000 HIV-positive children on treatment in Homabay County.

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# Children Living With HIV Thrive With Psychosocial Support

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EGPAF understands that HIV program implementation must create an enabling environment to promote treatment and access to medicine. We offer child- and adolescent-specific psychosocial support programs in nine countries. Ariel Camps (named for Elizabeth Glaser's daughter, who lost her own battle to HIV) are implemented throughout these countries in close association within care and treatment centers for children and youth. These clubs enable HIV-positive children and teenagers to learn more about their diagnosis and treatment, while also

creating a peer forum in which they can creatively express and combat fear and stigma.

This holistic approach to pediatric HIV care and treatment has resulted in improvements in retention and adherence to HIV treatment throughout childhood and adolescence—ensuring that the children we care for and treat through supported programs are capable of living a long and healthy lives. Through these approaches, Elizabeth's dream lives on.



## 2014 PROGRAM HIGHLIGHTS

# Strengthened Health Systems Improve the Delivery of Health Services to Women, Children, and Families

Increased access to comprehensive HIV services and the elimination of pediatric HIV cannot be achieved and sustained without strong national health systems. EGPAF works hand in hand with governments to build capacity and implement health services. We work with local organizations to build financial, operational, and technical capacity and to promote local ownership.



James Pursey/EGPAF



In 2011, as part of EGPAF's commitment to sustainable HIV programs and with support from the U.S. Centers for Disease Control and Prevention (CDC), EGPAF launched three independent national affiliates through an innovative affiliation model:

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

EGPAF and these affiliates share a mutual mission of eliminating pediatric HIV and AIDS, and each organization works to achieve this mission in locally specific ways. While sharing the EGPAF brand and logo, EGPAF affiliates are genuine country-owned organizations, governed by independent national boards of directors. In 2014, the EGPAF affiliates celebrated their fourth year. All three organizations have quickly become among the most impactful and respected organizations in their countries.

Since they began operations, the three organizations have collectively supported more than 740 health facilities, reached more than 1.5 million women with PMTCT services, and started more than 285,000 clients on HIV treatment. We recognize the interdependence between our organizations and our partners and share knowledge and best practices to increase the sustainability of programs so that, together, we will achieve an HIV-free generation.

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## EGPAF's National Affiliates

“In just three years, Fundação Ariel Glaser Contra o SIDA Pediátrico has grown from one staff member to 98 and currently supports 190 sites in Mozambique. We have tested more than 300,000 people for HIV and are providing more than 110,000 people with antiretroviral therapy.”


**Paula Vaz, M.D., PH. D.**  
Executive director,  
Fundação Ariel Glaser  
Contra o SIDA Pediátrico  
in Mozambique

# Research

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## Our Promise:

To advance research and innovation to prevent, treat, and end pediatric HIV/AIDS



Since its inception, EGPAF has demonstrated global leadership in pediatric AIDS research. We support innovative projects, collaborate with the brightest minds, and bridge gaps within the medical and research communities—to ensure that children, mothers, and families in the areas of the world hardest hit by HIV are served with the best medical information and practices.

There is still no cure for HIV, so research toward a cure remains a high priority for EGPAF. Finding the best treatments for children in low-resource locations is another top priority. EGPAF-supported research around the world seeks to improve HIV prevention, care, and treatment; identify better technologies and interventions that can strengthen program implementation; train international research leaders to respond to the virus in children and adults; and pursue the development of a HIV vaccine.

Because of our work at nearly 7,800 of health care sites in 14 supported high-prevalence countries, we are able to offer research-based innovations to the families that need them by influencing local policy and practices. During 2014, EGPAF led 28 active research projects.

## 2014 RESEARCH HIGHLIGHTS

# Strengthening Operational AIDS Research (Project SOAR)



Heather Mason/EGPAF, 2014

In 2014, EGPAF joined a prestigious consortium of leading HIV research organizations under the Population Council and won the U.S. Agency for International Development's Strengthening Operational AIDS Research (SOAR) central award for research funding. Other partners include Johns Hopkins University, the University of North Carolina, the Futures Group, and the Avenir (formerly the Futures) Institute. Under Project SOAR, EGPAF will take the lead in studies related to prevention of mother-to-child transmission of HIV (PMTCT) and pediatric HIV care and treatment. In 2014, EGPAF began work on two studies focused on improvements in maternal, newborn, and child health (MNCH) and PMTCT programming in Lesotho.

## 2014 RESEARCH HIGHLIGHTS

# Advancing Community-Level Action for Improving MNCH/PMTCT (ACCLAIM project)



This multicountry study, funded by the Department of Foreign Affairs, Trade, and Development Canada, is testing the effectiveness of community-level interventions used to improve maternal and child health (MCH) and prevention of mother-to-child transmission of HIV (PMTCT) uptake and retention in Zimbabwe, Swaziland, and Uganda.

In 2014, the Advancing Community-Level Action for Improving MCH/PMTCT (ACCLAIM) study team gathered formative interview data from community members, community leaders, and health care workers across these three countries.

The data gathered and assessed indicated substantial knowledge gaps and unsafe health practices, particularly among men, regarding PMTCT and MNCH. It also highlighted differences in beliefs and health service utilization and barriers among the countries. Interventions targeting community mechanisms (community leaders or community-focused health workers) are being rolled out and evaluated across locations, informed by these initial relevant study findings.

## 2014 RESEARCH HIGHLIGHTS

# Susie Zeegen Postdoctoral Award

“We’ve come a long way, but we still have, worldwide, more than a quarter million new pediatric HIV infections each year. I think this is an area where we can dig our feet in and push back.”

**Justin Pollara, PH. D.**  
2014 recipient of the  
Susan Zeegen  
Postdoctoral Award



Justin Pollara, Ph.D., a researcher at Duke University, is the 2014 recipient of the Susie Zeegen Postdoctoral Award, a flexible research grant providing financial support for the research of immunological or virologic innovations to eliminate HIV. Pollara is exploring the possibility of curing HIV infection in infants through monoclonal antibodies.

Despite the advances in understanding HIV over the past 30 years, a cure for the infection continues to elude researchers. Pollara is among the new generation of scientists who are intent upon discovering a vulnerability within HIV that will lead to its elimination.

“We want to use antibodies that can find HIV-infected cells and then recruit other cells in the immune system to kill them. This is an approach to actually curing HIV,” says Pollara. “The model that I am using is to identify these antibodies and to test them in vitro [outside the body] with umbilical cord blood, which is the best surrogate for pediatric blood.” If Pollara’s research is successful, it may be instrumental in curing HIV in children and, eventually, adults.



EGPAF, 2014

## Public Policy & Advocacy

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### Our Promise:

To advocate for global, national, and local policies, resources, and partnerships to end pediatric HIV/AIDS

When Elizabeth Glaser discovered that the medicines prolonging her own life were unavailable to her young daughter, Ariel, because they had not yet been tested on children, she became one of the first persons to champion the needs of children living with HIV. Building on Elizabeth's legacy, EGPAF's public policy and advocacy team works with policymakers around the world to continue the work she started, advocating for the best public policies for children, women, and families infected with and affected by HIV and AIDS.

Today, EGPAF works with a variety of key stakeholders to make pediatric HIV and AIDS priorities on the global health agenda, with a particular focus on prevention of mother-to-child transmission of HIV (PMTCT) and pediatric care and treatment issues. In creating the most advantageous political and social environment for support of EGPAF's priorities, over time the team has developed multiple layers of engagement in the United States, Africa, and Europe.

Building on our successful U.S.-based advocacy work, the team now works with regional African entities and coalitions—such as the African Union and the Organization of African First Ladies Against HIV/AIDS—to prioritize elimination of pediatric HIV. It is also pursuing efforts in Europe to ensure that United Nations commitments to children are met. The events highlighted in subsequent pages illustrate two of the ways that EGPAF championed the rights of children, mothers, and families in 2014.

## 2014 PUBLIC POLICY & ADVOCACY HIGHLIGHTS

# Policy Roundtable: What's Next in Ending Pediatric AIDS

The global health community could be underreporting HIV prevalence as a cause of child death due to a growing gap between child and adult diagnosis and treatment, according to an expert panel convened on June 24, 2014, to commemorate EGPAF's 25th anniversary. The roundtable included Ambassador Deborah Birx, M.D., the U.S. global AIDS coordinator; Rajiv Shah, M.D., former administrator of the United States Agency for International Development (USAID); and Deborah Persaud, M.D., of the Johns Hopkins Children's Center, a former Elizabeth Glaser Scientist awardee. Michael Gerson, op-ed columnist for The Washington Post, moderated the roundtable.

Underreporting of pediatric HIV prevalence creates an “insidious effect of less political and financial support for HIV programs that target children,” said EGPAF President Chip Lyons. One possible solution, suggested USAID Administrator Rajiv Shah, would be to invest more in mapping—so that global health programs and the national and subnational governments they support can better “understand the market” for the services they seek to provide.

If organizations can use mapping and data visualizations to identify where pregnant mothers and babies are not being served for HIV, Shah explained, then they can probably assume that those populations are in need of a variety of other health services—many of which are complicated by the immune system deficiencies posed by HIV.

Children can be more difficult to diagnose, and the stigma associated with HIV in many parts of the world often dissuades parents from seeking testing and treatment. That means, according to Lyons, that many of the children believed to have died from causes like diarrhea, pneumonia, and infections, are actually undiagnosed victims of HIV.



“The 2.6 million children who are living with HIV right now, those children are the AIDS-free future. Our next challenge is ensuring that we have the health care infrastructure and systems in place to get these kids the medicines they need to live healthy lives and ensure they don't pass the virus onto others.”

**Dr. Lynne Mofenson**  
EGPAF Senior Technical  
Advisor on HIV

# Parliamentarians are Crucial Allies

“We risk sentencing a generation of children to death if we do not do more to ensure their right to the medications that will help keep them alive and healthy.”

**Thabitha Khumalo**  
Parliamentarian  
Zimbabwe

On March 17, 2014, EGPAF and the Inter-Parliamentary Union (IPU) hosted an event for parliamentarians from around the world to discuss the importance of ensuring access to treatment for children living with HIV. The event, which took place during the IPU’s 130th Assembly in Geneva, Switzerland, featured the launch of EGPAF’s new pediatric treatment video, “Until No Child Has AIDS.”

Representatives from countries most affected by HIV and AIDS attended the EGPAF/IPU event, which gave parliamentarians and HIV experts the opportunity to discuss the best methods to ensure increased pediatric access to HIV treatment.

Special emphasis was placed on parliamentarians’ role, as outlined in a new IPU-EGPAF brief for parliamentarians, “Increasing Children’s Access to HIV Treatment.”

Thabitha Khumalo, a member of parliament from Zimbabwe and vice president of the IPU’s Advisory Group on HIV/AIDS and Maternal, Newborn, and Child Health spoke of her own experiences in witnessing the toll that HIV is taking on children in Africa—and the difficulties in ensuring that they have access to medicines that are child-friendly and palatable.

“We risk sentencing a generation of children to death if we do not do more to ensure their right to the medications that will help keep them alive and healthy,” she said. “These children are the same ones who could one day be sitting in our seats in parliament—but only if we give them a chance.”

Dr. Francesca Celletti, EGPAF’s director of Health Systems Strengthening, explained that when it comes to expanding access to HIV treatment for children, the world is lagging.

“With children, we are where we were about 10 to 15 years ago with adult treatment. We can and should do better,” said Celletti. “We need to be where the children are—in primary health care centers and in the communities—ensuring that they are diagnosed and treated effectively with appropriate medications.”



# Your Impact

Thanks to the dedication and collaboration of donors and partners like you, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is one of the largest providers of prevention of mother-to-child transmission of HIV (PMTCT) services worldwide and a global leader in the effort to end AIDS in children. Since EGPAF's founding more than 25 years ago, new HIV infections in the United States have declined by 95 percent and new infections in children worldwide have declined by 58 percent.

# Our Generous Donors



Mary K. Allen is one of EGPAF's 2014 generous bequest donors. In 1991, as a busy mother of four young children, Mary discovered Elizabeth Glaser's story in People magazine. The account of the Glaser family's journey affected Mary in a profound way that is still with her today. Mary felt as though she could relate to the powerlessness that Elizabeth and her husband, Paul, must have experienced in losing their precious daughter, Ariel, to AIDS.

After Elizabeth's death, Mary vowed that if an opportunity ever arose for her to help EGPAF, she would do so. Three years later, in 1997, that opportunity came. As part of a Charitable Remainder Trust settlement, she was able to designate EGPAF to be one of the principle beneficiaries of her trust. Mary is gratified to be able to join EGPAF's fight to end pediatric AIDS, all in Elizabeth's name.

## Mary K. Allen

“Today, when life seems difficult, I try to remember Elizabeth's fighting spirit and the worthwhile purpose that her life encompassed for me 24 years ago when I happened to read her amazing story. Elizabeth Glaser's promise to her own children is now EGPAF's promise to all the children of the world.”

Mary K. Allen  
EGPAF Legacy Donor

### The Elizabeth Glaser Pediatric AIDS Foundation Legacy Society

EGPAF is proud to announce the launch of its Legacy Society, a program that honors donors who have made a planned gift to EGPAF. This dedicated group of donors makes a lasting impact by helping EGPAF end pediatric HIV/AIDS through our research, advocacy, and prevention and treatment programs.

To recognize our donors' commitment and acknowledge their legacy, EGPAF offers several benefits of membership to our Legacy Society:

- Recognition in the Annual Report as a member of the EGPAF Legacy Society
- Invitations to Special Events
- Planned Giving Updates throughout the year
- Each new member will receive an individualized letter of thanks from EGPAF President and CEO, Charles J. Lyons, along with a special recognition gift

To learn more about EGPAF's Planned Giving program please visit [pedaids.myplannedgift.org](http://pedaids.myplannedgift.org).

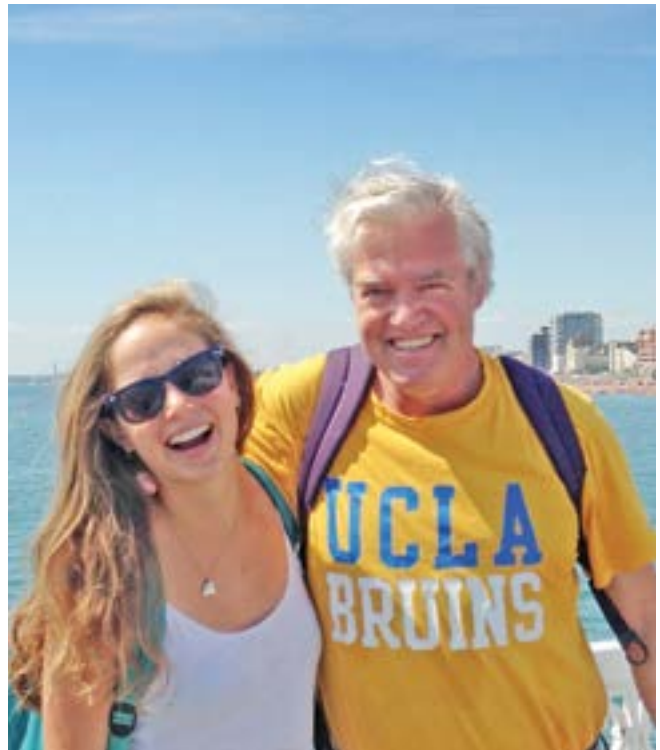
## The McCune Family

“For me, there is an underlying desire to serve, to help, and to bring comfort to those around us. Each in her own way, my daughters are living their lives like this now—and I am proud of them for that. The future of EGPAF is incredibly important to me and my family.”

**Joseph (Mike) McCune, MD, PhD**  
Professor of Medicine  
Chief, Division of Experimental Medicine  
University of California San Francisco

The McCune family, Drs. Mike and Karen, with their daughters, Emma and Louise, are an integral part of EGPAF's continued growth. Mike serves as the founding member of EGPAF's Legacy Society, a recognition program to honor donors who have made planned gifts to EGPAF. Mike first became involved with EGPAF in the early 1990s when he was invited to a Pediatric AIDS Foundation think tank and met founders Elizabeth Glaser, Susan DeLaurentis, and Susie Zeegen. He has witnessed EGPAF's incredible growth over the years, both as a researcher in the field and, eventually, as a member of the EGPAF Board of Directors.

Over the past few years, both Emma and Louise have participated in Dance Marathon events—EGPAF's collegiate fundraising program, which also raises



*Dr. Mike McCune with his youngest daughter, Emma*

awareness about the importance of the fight against HIV/AIDS. Emma was the number one fundraiser at the University of California Los Angeles and tied as the number one fundraiser in the nation in the 2014-2015 school year. As one of the top fundraisers, Emma had the opportunity to see EGPAF's work first hand. In the summer of 2015, she travelled to Tanzania to view EGPAF's country programs and meet the health workers who are fighting HIV on the front lines. Mike describes his family's dedication to EGPAF's mission: "For me, there is an underlying desire to serve, to help, and to bring comfort to those around us. Each in her own way, my daughters are living their lives like this now—and I am proud of them for that. The future of EGPAF is incredibly important to me and my family."

# Our Generous Donors



**JEWELERS FOR CHILDREN**  
A GIFT OF LOVE FOR CHILDREN IN NEED

## Jewelers for Children

“This is more than just a donation, it’s a chance to save lives.”

**David Rocha**  
Executive Director,  
Jewelers for Children

To change a child’s life today: It’s a powerful, succinct mission, and it’s the basic motive for the U.S. jewelry industry’s commitment to helping children in need by annually supporting EGPAF as a Legacy Charity since 1999.

Jewelers for Children (JFC) recognized the urgent call to save children from pediatric HIV and AIDS, and became an EGPAF supporter as we were beginning a monumental, international expansion of our programmatic work. JFC helped EGPAF provide lifesaving care and treatment services to countless mothers, children, and families around the world.

In 2014, JFC committed \$600,000 to further EGPAF’s mission to end AIDS in children worldwide and presented the donation at its Annual Facets of Hope Dinner in Las Vegas, Nevada. JFC also generously supported EGPAF’s fall/winter match promotion, which helped us raise more than \$117,000 at the end of 2014.

By uniting the generous charitable efforts of the varied businesses and individuals in the jewelry industry, JFC has donated more than \$9.7 million to further its programmatic and research work. In the 15 years of our partnership, JFC can certainly be proud of the enormous number of children’s lives they have helped change.

David Rocha, executive director of Jewelers for Children, reflects on JFC’s continued partnership with EGPAF: “JFC was founded on the idea that it is possible to change a child’s life today and EGPAF dramatically changes the lives of women and children living with HIV each and every day. We are proud to support that mission.”

JFC’s partnership with EGPAF demonstrates how the joint power of many can make such an impactful change in the lives of children in need. EGPAF greatly values the support of JFC and its members as we continue our mission to achieve an AIDS-free generation.

# The Walsh Family

Tom and Patricia Walsh are EGPAF supporters with a special story. Their daughter, Marieka, is a U.S. Peace Corps volunteer assigned to EGPAF's community-based HIV care and treatment program in the Guijá District of Mozambique's Gaza Province, an area devastated by floods in 2013. Marieka's work since 2013 has helped to restore and reinvigorate some of EGPAF's programs in the area. This has included educating expectant mothers about the prevention of HIV transmission and improvements in family nutrition, starting support groups to improve adherence to treatment, and engaging in other community activities to sensitize people to HIV/AIDS.

*Marieka Walsh (bottom right) with a peer educator training group at the District Health Center of Guijá, in Mozambique's Gaza Province*



Through the work of their daughter, Marieka, the mission of EGPAF is a continuous inspiration to Tom and Patricia Walsh as they learn firsthand about the challenges being faced courageously by so many.

Through the work of Marieka, the mission of EGPAF is a continuous inspiration to Tom and Patricia as they learn firsthand about the challenges being faced courageously by so many.

*The Walsh Family*



*Marieka with peer educators in the town of Chibabel, Mozambique*



# Our Generous Donors

## Greater Than \$1 million

- The Children's Investment Fund Foundation
- Department for International Development
- Department of Foreign Affairs, Trade and Development
- PATH
- Swedish International Development Cooperation Agency
- United Nations Children's Fund (UNICEF)
- U.S. Agency for International Development
- U.S. Centers for Disease Control and Prevention

## \$500,000 - \$999,999

- Chemonics
- Bill & Melinda Gates Foundation
- Conrad N. Hilton Foundation
- Jewelers for Children
- John Snow, Inc.
- Oak Foundation
- Vale
- ViiV Healthcare

## \$250,000 - \$499,999

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- Ermee Irene Dixon Revocable Trust
- Organization for Public Health Intervention and Development

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- Willow Bay and Bob Iger
- Cameroon Baptist Convention Health Services
- Communications Workers of America

- Global Fund to Fight AIDS, Tuberculosis and Malaria
- Drs. Nicholas S. Hellmann and Susan D. Desmond-Hellmann
- Johnson & Johnson
- Population Council

## \$50,000 - \$99,999

- American Cancer Society
- Cepheid
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- 2014 Fundraising Partners**
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  - Alpha Epsilon Phi - Alpha Gamma at George Washington University
  - Alpha Epsilon Phi - Alpha Mu at University of Maryland
  - Alpha Epsilon Phi - Beta Kappa at University of California at Irvine
  - Alpha Epsilon Phi - Beta Zeta at

# Our Generous Donors

- University of Central Florida
  - Alpha Epsilon Phi - Alpha Lambda at University of Arizona
  - Alpha Epsilon Phi - Beta Eta at University of California at San Diego
  - Alpha Epsilon Phi - Beta Iota Chapter at Stanford University
  - Alpha Epsilon Phi - Epsilon Beta at Brooklyn College
  - Alpha Epsilon Phi - Epsilon Epsilon Indiana University
  - Alpha Epsilon Phi - Epsilon Phi at University of Iowa
  - Alpha Epsilon Phi - Epsilon Theta at American University
  - Alpha Epsilon Phi - Iota Chapter at Syracuse University
  - Alpha Epsilon Phi - Mu at University of Illinois
  - Alpha Epsilon Phi - Phi Chi at University of Delaware
  - Alpha Epsilon Phi - Phi Kappa Chapter at Rowan University
  - Alpha Epsilon Phi - Phi Kappa Psi Stanford University
  - Alpha Epsilon Phi - Phi Mu at Binghamton University
  - Alpha Epsilon Phi - Phi Phi at State University of New York at New Paltz
  - Alpha Epsilon Phi - Phi Sigma at Wayne State University
  - Alpha Epsilon Phi - Phi Tau Chapter at State University of New York, Plattsburgh
  - Alpha Epsilon Phi - Sigma at University of Wisconsin
  - Alpha Epsilon Phi - Psi at Washington University
  - Alpha Epsilon Phi - Rho at Ohio State University
  - University
  - Alpha Epsilon Phi - Tulane
  - Alpha Epsilon Phi - Zeta at New York University
  - Baldwin Wallace University Dance Marathon
  - State University of New York at Brockport Dance Marathon
  - College of the Holy Cross Dance Marathon
  - Columbia University Dance Marathon
  - Communications Workers of America Local 2109
  - Communications Workers of America Local 3204
  - Communications Workers of America Local 32035
  - Communications Workers of America Local 7777
  - Communications Workers of America Local 7026
  - Communications Workers of America Local 9400
  - Communications Workers of America Local 9505
  - Firstgiving, Inc.
  - Global Impact
  - Just Give
  - Network for Good
  - Pediatric AIDS Coalition at University of California, Los Angeles
  - Razoo Foundation
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  - Otto Enoteca Pizzeria
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- In-Kind Supporters**
- AKASHA
  - Along Came Mary

# Events

## 25<sup>th</sup> Anniversary Celebration

“There’s nothing like the determination of a mother. When [Elizabeth Glaser] died, we lost a champion, but her legacy lives on. We are going to continue this fight until no child has AIDS.”

**Nancy Pelosi**  
Democratic Leader

At its 25th Anniversary Celebration, on June 24, 2014, EPGAF honored Democratic Leader Nancy Pelosi for her longstanding commitment to an AIDS-free future. Since the beginning of the epidemic, Leader Pelosi has been an outspoken advocate for those infected with and affected by HIV. Her commitment has been critical in advancing the fight against the disease, seeing firsthand how research, policies, and communities can act together to make real, lifesaving change.

“When we are looking for a lawmaker on Capitol Hill to act on behalf of children living with HIV—and expectant mothers living with HIV—we know that we can count on Leader Pelosi, not only for her vote, but for her voice,” said EPGAF President Charles Lyons in presenting the Congressional Global Champion Award to Leader Pelosi. The event was held at the Newseum in Washington, D.C.

*Democratic Leader Nancy Pelosi*



*Step Afrika! closed out the Celebration*



# Events

## Kids Turn Up for Kids

“When you realize that 600 children are being born each day HIV-positive ... that number is obviously way too high, and we need to do something about it.”

**Nigel Barker**  
EGPAF Board Member

On Sept. 27, 2014, friends of EGPAF turned up for the 20th Kids 4 Kids (K4K) family festival at the Field House at the world-famous Chelsea Piers in New York City. Kids of all ages and their families enjoyed a fun-filled afternoon with a serious purpose—to raise critical funds for an AIDS-free generation.

World-renowned fashion photographer and EGPAF board member Nigel Barker and his wife, Cristen, co-chaired K4K. In his remarks, Barker called for supporters to sign EGPAF’s pledge for an AIDS-free generation. Longtime EGPAF partner Jewelers for Children donated one dollar for every pledge made at K4K and matched all pledge donations made during 2014.

*Kids 4 Kids Co-Chairs, Nigel and Cristen Barker, with their children, Jasmine and Jack*



# Celebrities, Advocates, and Friends Celebrate 25 Years of Heroes

Celebrities, advocates, and long-term friends of Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) gathered to celebrate its 25th annual A Time for Heroes family festival on Oct. 19, 2014, at the BookBindery in Culver City, California.

It was fun and games for a serious cause: the event raised funds and awareness for EGPAF's ongoing effort to achieve an AIDS-free generation. The festival honored pediatrician Peter Waldstein, M.D., for his longtime commitment to A Time for Heroes and the work of EGPAF.

*Singer and Actress, Sabrina Carpenter, performed at A Time for Heroes*



*Modern Family stars, Julie Bowen and Nolan Gould*



*Jake Glaser, EGPAF Founders, Susan DeLaurentis and Susie Zeegen, and EGPAF President and CEO, Charles J. Lyons celebrated together at A Time for Heroes*



“My mother believed that each one of us can be a hero, that each one of us has a role in changing the world. And together we have done just that.”

Jake Glaser  
EGPAF Ambassador

# EGPAF Board of Directors

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EGPAF

## Financial Overview

Since its inception, the Elizabeth Glaser Pediatric AIDS Foundation (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 2014, EGPAF's lifesaving programs around the world grew by more than \$6 million, with total revenues of more than \$126 million.

This growth trend is projected to continue in 2015 as EGPAF opens an office in Cameroon, dramatically expands its programs in Lesotho, and implements programs to increase the number of HIV-positive children on treatment in multiple countries.

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).

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

Since 2009, EGPAF has actively participated in and contributed to PEPFAR's Expenditure Analysis Initiative—which examines program costs in detail. We place high 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 country offices in Africa. EGPAF staff are held to the highest ethical standards and commit to a code of conduct.

Our financial performance and accountability continue to be recognized by leading charity-rating organizations. EGPAF's 2014 financial statements were prepared in accordance with accounting principles generally accepted in the United States. The complete audited financial statements may be viewed on our website ([www.pedaids.org](http://www.pedaids.org)).



## 2014 FINANCIAL STATEMENT SUMMARY

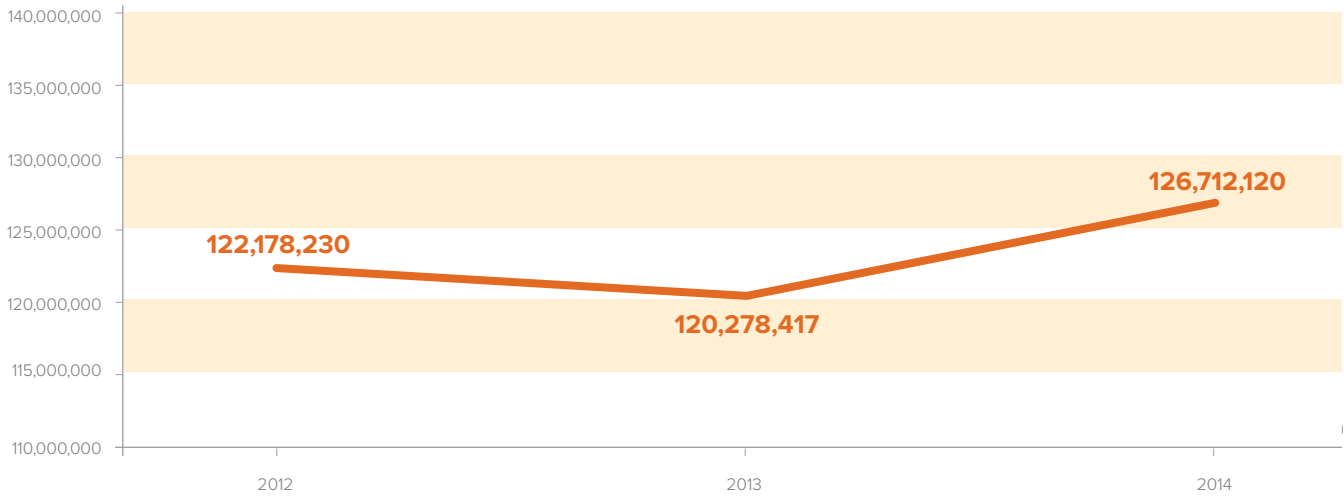
### *Statement of Financial Position*

Assets	
Cash and cash equivalents	\$12,596,859
Contributions and other receivables	\$6,128,008
Other assets	\$3,824,337
<b>Total assets</b>	<b>\$22,549,204</b>
Liabilities and net assets	
<b>Total liabilities</b>	<b>\$15,825,181</b>
Net assets-unrestricted	\$6,229,082
Net assets-temporarily restricted	\$416,600
Net assets-permanently restricted	\$78,341
<b>Total ending net assets</b>	<b>\$6,724,023</b>
<b>Total liabilities and net assets</b>	<b>\$22,549,204</b>

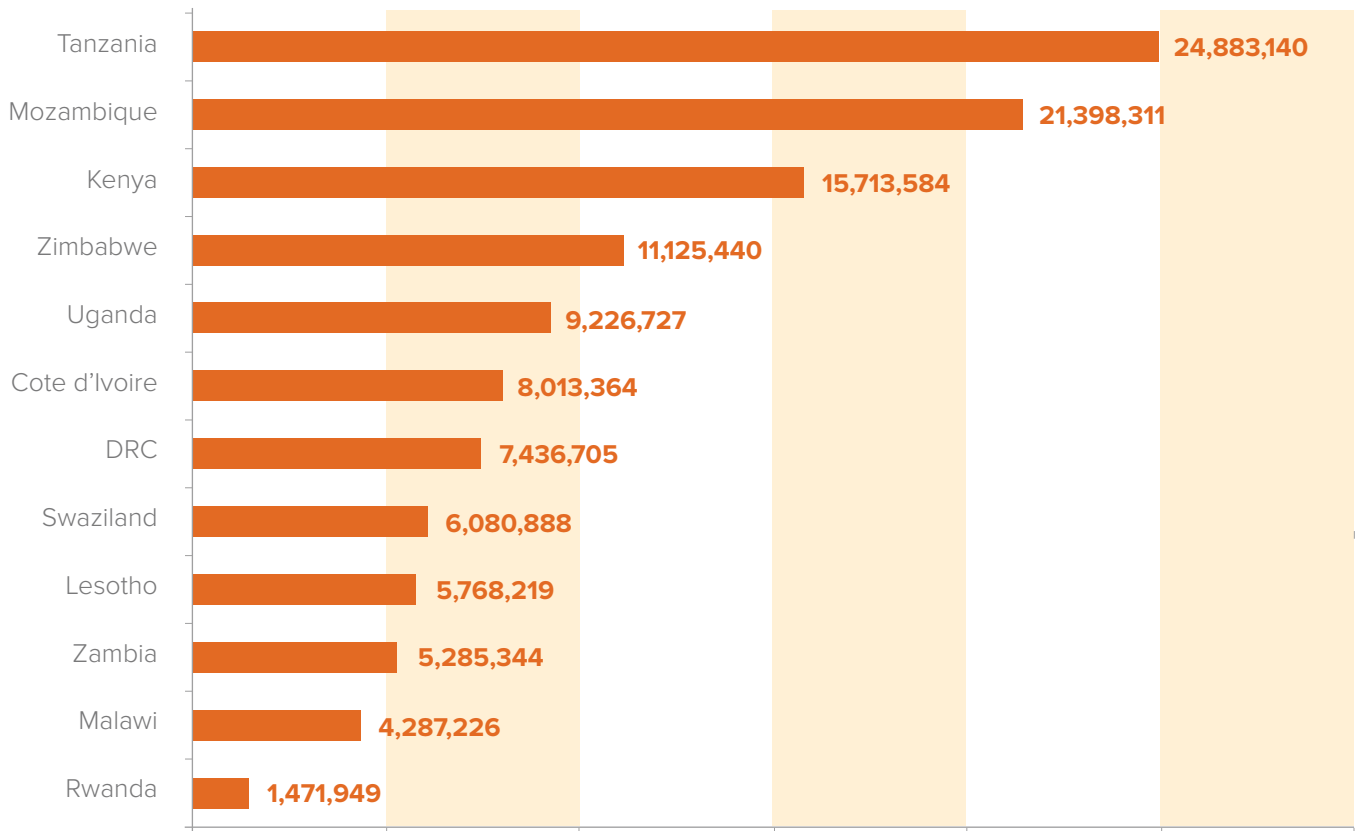
### *Statement of Activities*

Public support and revenue	
Grants (U.S. government (USG) and non-USG)	\$122,887,068
Contributions	\$3,678,353
Other income	\$146,699
<b>Total public support and revenue</b>	<b>\$126,712,120</b>
Expenses	
Program services	
Program implementation	\$108,177,185
Research	\$1,745,923
Communications	\$1,904,247
Public policy	\$920,151
Program Services subtotal	\$112,747,506
Management, general, and administrative	\$10,371,907
New business development	\$2,034,467
Fundraising	\$1,656,100
<b>Total Expenses</b>	<b>\$126,809,980</b>
Contributions receivable write-off	\$650,000
<b>Changes in net assets</b>	<b>\$(747,860)</b>

**FIGURE 1. EGPAF REVENUE GROWTH, 2012-2014**



**FIGURE 2. EGPAF SPENDING BY COUNTRY, 2014\***



\* In 2014 EGPAF worked in Cameroon and India through local organizations.

# Final Words

Every day, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) works to ensure that no HIV-positive mother or mother-to-be lives without the care and support she requires to ensure her own health and the health of her child; that no child is burdened with a virus for which there is treatment, but still no cure; and that countries have the ability to meet the needs of families and children living with HIV.

EGPAF envisions a day when mothers and families everywhere have access to the knowledge and tools they need to keep their babies HIV-free—and themselves alive and healthy. With your support, in 2014, we made steady progress toward fulfilling Elizabeth Glaser's promise of a world in which no child has AIDS.

**ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION**

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