

TIPPING THE SCALES IN THE
FIGHT AGAINST HIV/AIDS

—
**A GUIDE TO
PHILANTHROPIC INVESTMENT**



PHOTO: ERIC BONDI/EGRAF, 2018



Elizabeth Glaser
Pediatric AIDS
Foundation





INTRODUCTION

An HIV diagnosis was once akin to a death sentence. However, as the first antiretroviral drugs became available, people started living longer with the disease, and the conversation changed.¹ Since then, the global community's unprecedented commitment to the fight against HIV/AIDS has successfully cut annual AIDS-related deaths and new infections by half.²

However, progress has leveled off. Funding for the AIDS response has been flat for almost a decade, resulting in missed milestones and lost opportunities to save lives.³ Despite global aspirations to have 90% of all people living with HIV on treatment by 2020, only half of the 1.7 million children living with HIV received treatment in 2018.⁴

In this moment when the global community needs to increase its commitment to the fight, investments are needed to prevent young people and children from contracting HIV and to promptly reach HIV-positive individuals with treatment and care. In addition, work with marginalized and politically disenfranchised communities, including lesbian, gay, bisexual, transgender, and intersex (LGBTI) populations, must expand.

When the HIV/AIDS epidemic first emerged, philanthropy changed the course of its trajectory. At this new tipping point, philanthropy has the opportunity to help end the epidemic for good. However, if support continues to wane, the work of the last decades will be lost, and we will risk a resurgence of the epidemic.

This issue brief explains what the HIV/AIDS epidemic looks like today, including who is affected, where, and the impact. It describes the opportunities for philanthropic investments to advance the fight against HIV/AIDS through prevention, treatment, advocacy, and research. The final sections offer resources and advice for strategic next steps.



Each day, 500 babies are born HIV-positive; by reaching mothers with life-saving medicine, we can bring that number to zero.
PHOTO: ERIC BOND/EGPAF, 2019

WHY DOES HIV STILL MATTER?

Approximately 38 million people around the world are living with HIV. Considering the impact that HIV/AIDS can have on these individuals' families and communities, the number of people affected is exponentially higher. The epidemic's social and economic consequences can be devastating. When HIV progresses to AIDS, it robs communities of adults who would otherwise be healthy, with the result that fewer teachers, farmers, and business leaders are actively working.⁵

For families, HIV and AIDS can upend financial and emotional stability as well. Caring for a loved one—a burden that falls to women two-thirds of the time—results in stress, as well as lost opportunities for work or education.⁶ A recent study reported that caregivers are regularly anxious about securing food and clothing, being able to afford the antiretroviral drugs necessary to stop the progression of HIV into AIDS, and taking on school fees for orphaned relatives.⁷ The costs associated with HIV/AIDS can deepen poverty in communities that often already lack for resources.⁸

The experience of people living with HIV/AIDS is one of physical and emotional vulnerability. As HIV weakens the immune system, an individual is more susceptible to other infections, such as TB and hepatitis B, and a woman's risk of developing cervical cancer increases.⁹ Health challenges are compounded by stigma, which can be a barrier to getting appropriate care and finding employment.¹⁰



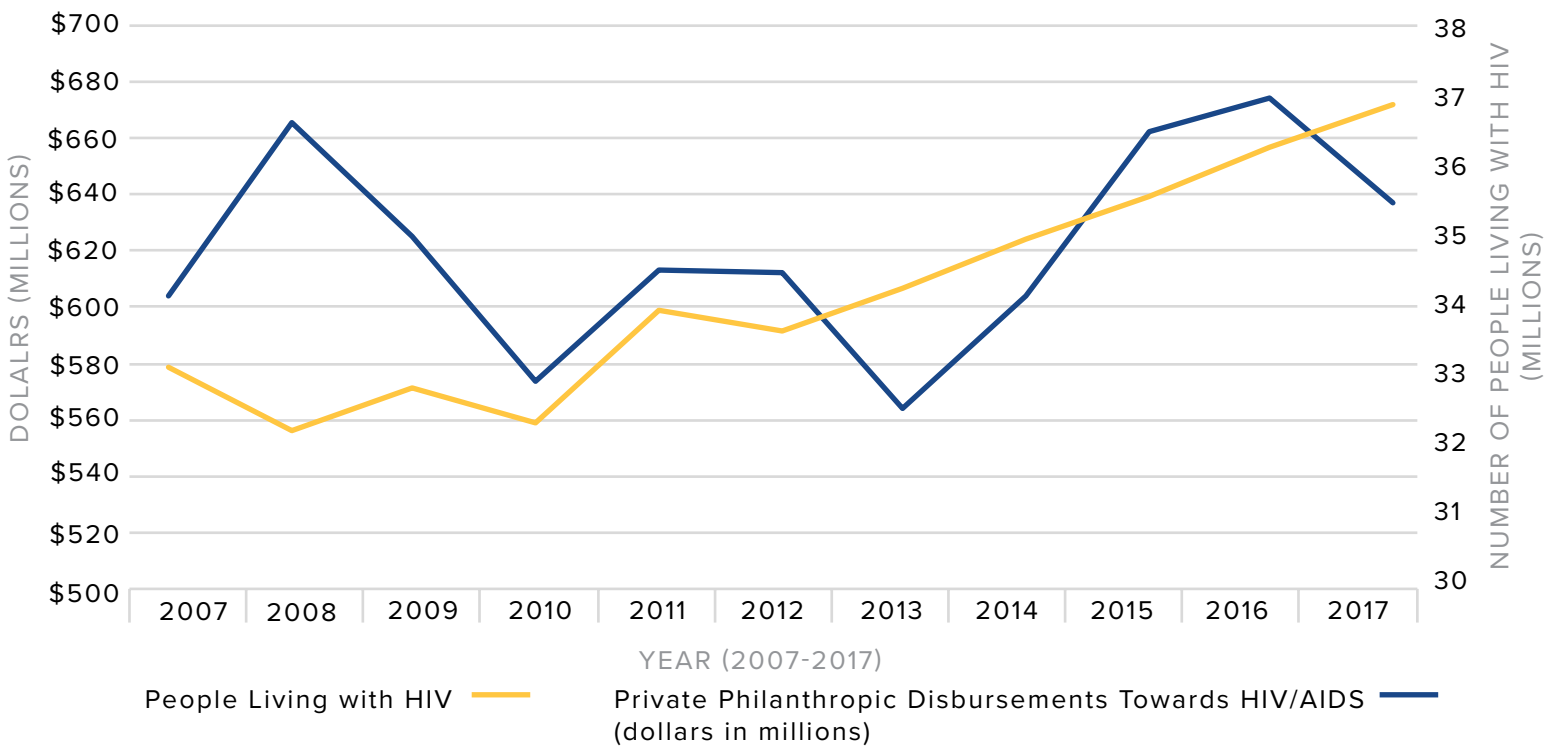
Adolescents are one of the most vulnerable populations for contracting HIV—and one of the hardest to reach.

PHOTO: ERIC BOND/EGPAF, 2017

FUNDING FOR THE HIV/AIDS CRISIS HAS FLATTENED

Access to care has been a gamechanger for the HIV/AIDS crisis. However, funding has not increased at the same rate as the number of people living with HIV, who depend on consistent access to effective treatment. Even as the rate of HIV transmission has decreased, the number of people living with HIV has increased because fewer people are dying early from AIDS-related illnesses.

HIV/AIDS FUNDING VS PEOPLE LIVING WITH HIV*



* Funders Concerned About AIDS. "Philanthropic Support to Address HIV/AIDS in 2017." December 2018. Available at: https://www.fcaaid.org/wp-content/uploads/2018/11/FCAA_2017RT_FINsingles.pdf

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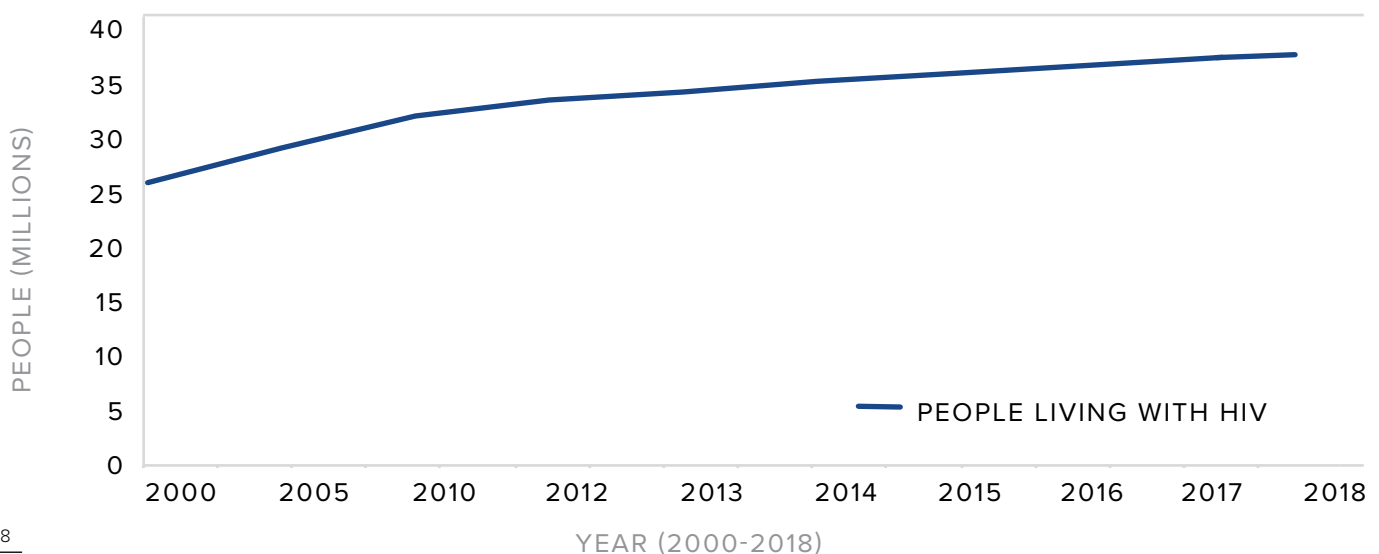
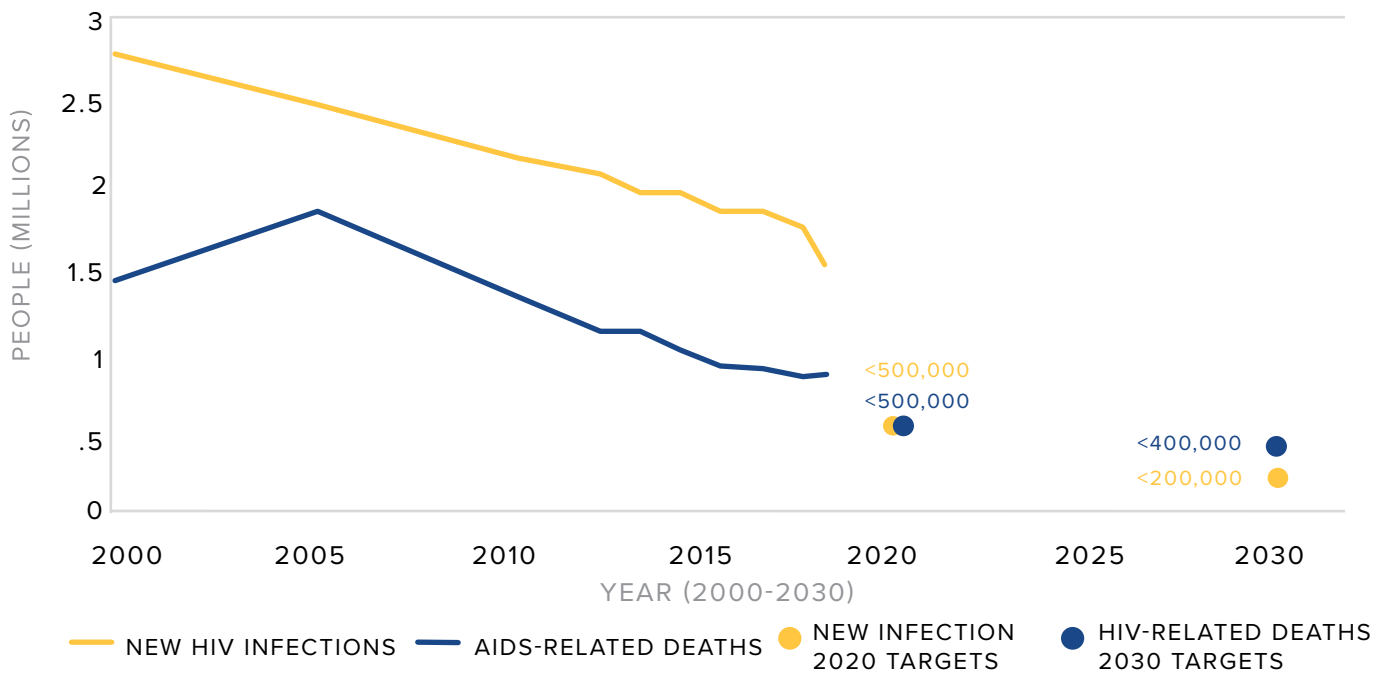
UNAIDS. "World AIDS Day Report 2012." 2012. Available at: http://www.unaids.org/sites/default/files/media_asset/JC2434_WorldAIDSday_results_en_1.pdf

HOW THE HIV/AIDS EPIDEMIC HAS EVOLVED

A steady flow of innovations in HIV treatment means that people with HIV are now living longer. Today, far from being a death sentence, HIV is treated more as a chronic disease that can be effectively managed with the appropriate medication.¹¹ In the 1980s, a person who became HIV-positive could expect to live for about another 12 years—today, a 20-year-old on treatment can expect to celebrate her or his 69th birthday.¹²

A CHANGING EPIDEMIC

While new HIV infections are down, the number of people living with HIV has slowly increased due to access to more and better treatments.





Countries around the world have committed to ending AIDS by 2030, but doing so will require a renewed focus and additional funding in order to reach the ambitious 95-95-95 targets. PHOTO: ANN SUMMA/EGPAF, 2012

Today's fight against HIV/AIDS looks very different than it did in the late 1990s and early 2000s. For individuals who have been newly identified as HIV-positive, approximately 90% live in just 35 countries.¹³ In 2014, for the first time, more people began treatment than were newly infected.¹⁴ This is a cause for celebration, as well as for preparation. While the prevention of new infections remains critical, ensuring that HIV-positive patients receive and remain on treatment are priorities. Innovations in research remain focused on a cure, but also seek solutions to stay one step ahead of drug resistance—which happens when existing treatments lose their effectiveness against HIV.

While the goal was once to contain HIV, the world is now dreaming bigger. In 2015, 193 countries committed to ending the AIDS epidemic by 2030.¹⁵ A number of milestones have been set along the path to this ambitious goal. Globally, many HIV/AIDS programs have aligned with what are known as the “95-95-95 Targets”. These are targets to diagnose 95% of all HIV-positive people, provide antiretroviral therapy for 95% of those diagnosed, and achieve viral suppression for 95% of those treated—all by 2030.¹⁶



Girls and young women contract HIV at rates that are eight times higher than their male peers due to gender inequality, partner violence, and difficulty accessing resources. PHOTO: ERIC BOND/EGPAF, 2017

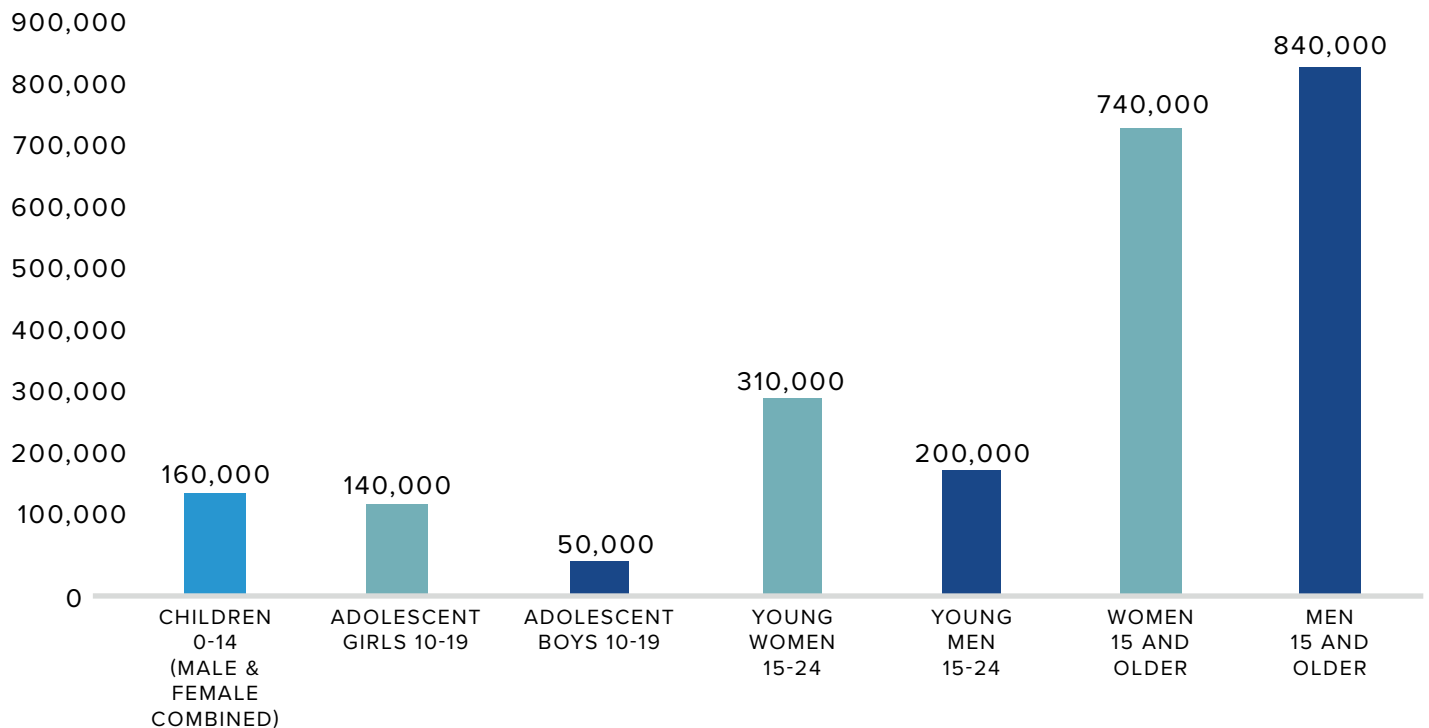
IS THE EPIDEMIC THE SAME EVERYWHERE?

Every country experiences the HIV/AIDS epidemic differently. For example, in the United States, gay and bisexual men account for over half of new infections.¹⁷ In 2016, more than half of new diagnoses occurred in southern states.¹⁸ In India—home to the world’s third largest HIV epidemic—HIV/AIDS is concentrated among sex workers and gay men.¹⁹ In Myanmar, people who inject drugs are most affected by HIV.²⁰

Sub-Saharan Africa is by far the region hardest hit by HIV/AIDS. While the area is home to only about 12% of the world’s population, it accounts for more than 70% of the world’s burden of HIV infection.²¹ In the countries of sub-Saharan Africa, the HIV epidemic is “generalized,” meaning that the infection is firmly established among the general population. However, even within the generalized epidemic, women, children, and vulnerable communities are at greater risk of contracting HIV.²²

NEW INFECTIONS IN SUB-SAHARAN AFRICA, BY AGE (2018)

Girls and young women are particularly at risk, with more than 6,000 young women becoming infected with HIV every week.²³



WHO IS MOST AT RISK?

Globally, success in the fight against HIV/AIDS hinges on the ability of prevention and treatment programs to reach three important populations: adolescent boys and girls, young women, and people who are marginalized.

- Among young people, HIV prevention continues to be an important priority. For many African countries, a phenomenon known as the “youth wave” describes the rising proportion of children in their populations. In fact, from today to 2050, more than 50% of the world’s population growth is projected to occur in Africa.²⁴ If prevention services do not expand at the same rate, more and more young people are at risk of HIV infection.²⁵ And in many countries, an improved quality of life has reduced the sense of urgency around prevention—particularly among young people.²⁶
- Girls and young women are at higher risk of contracting HIV because of gender

inequalities, partner violence, and difficulty accessing prevention resources. As a result, young women contract HIV at rates that are eight times higher than their male peers.²⁷ In addition, if young women are not tested and treated, their children have a high risk of being born with HIV.

- Marginalized individuals, globally, are at particularly high risk of contracting HIV. Known collectively as “key populations,” they include LGBTI communities, people who inject drugs, and sex workers. In 2016, key populations accounted for 44% of all new infections and 80% of all new infections outside of sub-Saharan Africa.²⁸ In addition, these communities often face human rights abuse—sometimes in the form of national laws that criminalize their sexuality or their work—and discrimination and stigma when seeking prevention or treatment for HIV/AIDS.

INSIGHTS FROM THE FIELD

COMBATting THE HARMFUL EFFECTS OF STIGMA

As a program officer with the Elizabeth Glaser Pediatric AIDS Foundation, Dr. Caroline Akiro spends her days helping people living with HIV get the treatment they need. Recently, she was invited to meet with a group of young adults to discuss a familiar topic: stigma.

A young woman about to graduate, Hajarrah, told Caroline about losing friends. She described how a good friend stopped taking his medication the previous year because he feared others would discover his status. A different friend died after her father, fearing how neighbors would react if they found out about her HIV status, locked her in their house.

Another student, Grant, talked about his first job in a hotel. His uniform had short sleeves, which revealed scars from a common HIV-related condition. He left the job after another worker began following him around the hotel, demanding to know what caused the scars.

A young woman shared her struggle to build relationships. She said, “Some girls in primary [school] knew my status. So whenever I went to talk to a guy, the girls would go to him and say, ‘She has HIV, why are you wasting your time on her?’”

Everyone living with HIV faces the question: What will happen if I tell people? Caroline has heard these same stories before and knows that the response of others to HIV is often negative. Ending this stigma requires more than treatment. It takes advocacy, information and education to help communities understand and accept people living with HIV, as well as to ensure that fair policies are in place for everyone.

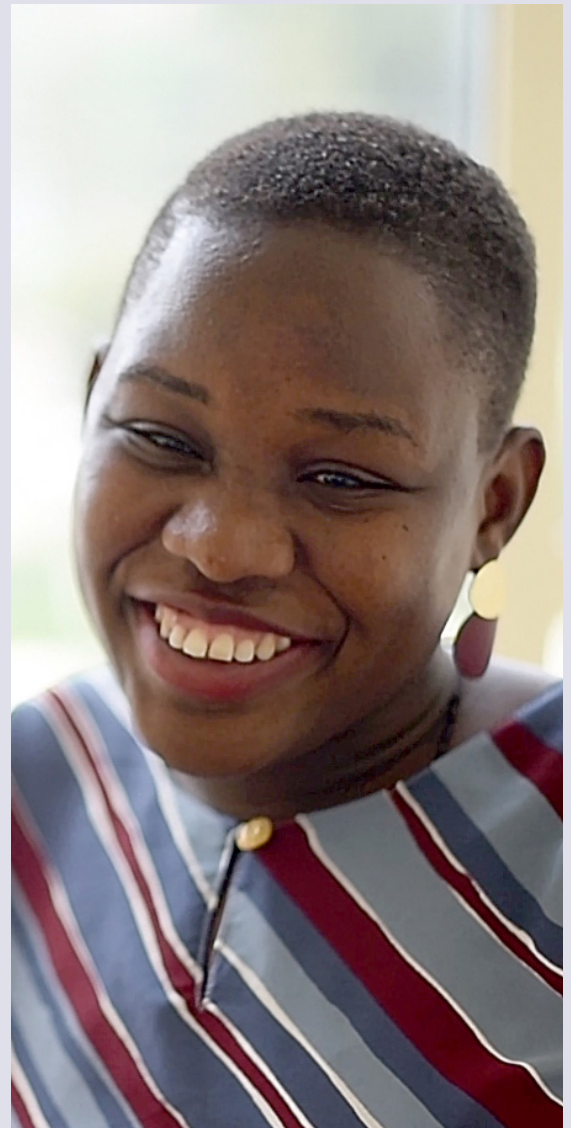


PHOTO: ERIC BOND/EGPAF, 2016

“PEOPLE WERE TALKING ABOUT HIM”

AIDS remains a stigmatizing disease, but individuals around the world are fighting back against discrimination.

Read more in [“Six Stories of Stigma Surrounding HIV/AIDS”](#) by the Elizabeth Glaser Pediatric AIDS Foundation.

OPPORTUNITIES TO ADVANCE THE FIGHT AGAINST HIV/AIDS

The fight against HIV/AIDS is centered around three critical imperatives: preventing HIV transmission, caring for people already living with HIV and AIDS, and advancing research to uncover new treatments and ways of fighting the epidemic. Philanthropy has a role in advancing progress in each of these areas.

PREVENTING NEW HIV INFECTIONS

The goal of prevention is to reduce the number of new HIV infections—and, as the epidemic evolves, the approach has become increasingly holistic. The global community is aligned on a three-pronged strategy that includes certain health services, programs that address risky behaviors, and initiatives that tackle systemic issues, such as stigma.²⁹ The most effective prevention strategies are also carefully tailored to meet the unique needs of children, young women, and other vulnerable communities.

Health services are aimed at reducing transmission, or the spread of infection from one person to another. Testing individuals to learn their status remains a cornerstone of prevention efforts. Use of condoms, male circumcision, and treatment for sexually transmitted infections are all interventions that can help reduce sexual transmission—but access and uptake are challenging. A new strategy to reduce sexual transmission focuses on pre-exposure prophylaxis, or PrEP, a medicine administered to an HIV-negative person that reduces her or his risk of contracting HIV by more than 90%.³⁰

Providing treatment for pregnant women who are HIV-positive is especially critical. Of the about 500 children who become HIV-positive every day, 90% are infected by their mothers during pregnancy, delivery, or breastfeeding.³¹ Preventing mother-to-child transmission of HIV is an incredibly cost-effective intervention. For example, it takes approximately \$5 to provide HIV counseling and testing for one pregnant woman. If she's positive, another \$70 will cover the cost of her HIV treatment and care for one year.³²

Prevention programs also look beyond medical care to address risky behaviors and the underlying societal, cultural, or political factors that make individuals vulnerable to contracting HIV. Education about HIV in school, access to HIV testing and counseling, and promoting “safer sex” are all examples of interventions that aim to change individual behaviors. At the societal level, tackling such entrenched issues as poverty and gender inequality can be transformative, but require significant funding over the long term. Philanthropic investments in this approach may include crosscutting opportunities with programs on women's empowerment, efforts to address stigma and discrimination, and advocacy to decriminalize same-sex relationships and sex work.



Integrated care allows healthcare workers to reach entire families with services to address a range of health issues.

PHOTO: ANN SUMMA/EGPAF, 2012

ENSURING GOOD HEALTH FOR PEOPLE LIVING WITH HIV

The ability of antiretroviral treatment to halt transmission of the infection is a groundbreaking innovation, proving that high-quality care contributes to prevention. Care programs deliver the antiretroviral therapy that also keeps people living with HIV healthy, which means they can continue to work, have HIV-negative children, and care for their families.³³ As more and more individuals live longer with HIV, the demand for quality, integrated care is steadily rising.

Integrated HIV care means reaching people where they are and providing them with care that meets their holistic health needs. It starts with a diagnostic test. For a pregnant woman, the test may be offered where she receives antenatal care—a simple step proven to increase the number of women who are tested and put on treatment. Philanthropic efforts to improve maternal and child health will find opportunities in supporting the integration of HIV and antenatal services.

After testing, integrated care includes the provision of antiretroviral therapies and

other basic medications, but also considers an individual's holistic health needs, such as the imperative to guard against opportunistic infections. Addressing an individual's psychological, social, and emotional issues may require counselling and other types of support.³⁴ Effective treatment programs enlist a diverse set of medical professionals, often including community health workers, who may meet with patients in their homes to help them understand and follow their treatment routine.³⁵

Because people living with HIV are on treatment for life, health systems must be prepared to deliver complex and ongoing care for a growing number of patients. Philanthropic efforts committed to strengthening these systems may incorporate capacity-building trainings to educate health care workers or finance equipment or improved facilities. Investments to support the purchase of medication for HIV or common coinfections, such as TB, can help ensure that patients are able to continue treatment. Philanthropic investments are also well positioned to support pilot programs that explore new care delivery models.

INSIGHTS FROM THE FIELD

SMALL INNOVATIONS SPEED UP THE PATH BACK TO HEALTH



Dr. Aimé Loando works at St. Pierre Health Clinic, where she heads the catalyzing pediatric tuberculosis innovations (CaP-TB) program, which tests and treats individuals who have TB. Every day, Aimé sees children such as Yangambi, who was referred to the clinic by health volunteers in her community. A diagnostic test quickly confirms that Yangambi does have TB.

Now that she has tested positive for TB, there's a second step. Nurse Marceline Nakweti explains, "According to the national TB guidelines, which CaP-TB supports and strengthens, when Yangambi was diagnosed with TB, she was also tested for HIV. The most common coinfection with HIV is TB. By integrating HIV testing with TB diagnosis, we hope to discover persons living with HIV so that they can be enrolled in antiretroviral treatment." Luckily, Yangambi's HIV test is negative.

Before she leaves the clinic, Yangambi will start the treatment regimen for TB. "To improve adherence to treatment, we use dispersible tablets in fruit flavors," explains Aimé. "It is important that governments invest in child-friendly diagnostics so that health workers can quickly diagnose TB in children and provide child-friendly medicines."

The community volunteers, the HIV test following a TB diagnosis, and the flavoring on the pills to treat TB are seemingly small innovations, but they have an enormous impact. Identifying sick children and referring them to a clinic—where they receive integrated care—helps accelerate their path back to health. And do they take the treatment? Flavoring pills, while simple, helps make medicine taste better and can increase the chance that a regimen is completed.

DISCOVERING INNOVATIONS THROUGH RESEARCH

Researchers have long been at the forefront of the fight against HIV/AIDS. Without scientific research, today's lifesaving treatments would not exist, and without the efforts of program evaluators and sociological researchers, when and why certain interventions are effective would not be understood. Creating an AIDS-free generation will require both biomedical and program research.

While today's tools and treatments are keeping people with HIV alive longer than ever before, more and better treatments—that are easier to deliver and produce fewer uncomfortable side effects—are needed. Current treatment research is based upon two goals. The first is to develop a treatment that will destroy the virus and make the infection undetectable, even when the person ceases to receive treatment.³⁶ However, this does not mean the individual is completely cured. The second, more challenging goal is “viral eradication,” or a total cure of HIV. As government funding

for research continues to fall, philanthropic investors with a higher tolerance for risk and an appetite for scientific discovery may find opportunities to be key contributors in the next wave of innovative treatments for HIV/AIDS.

Research and innovation are also taking place outside of laboratories. Programs for HIV patients are continually evaluating methods to help ensure that antiretroviral medication regimens are followed. For example, the Elizabeth Glaser Pediatric AIDS Foundation evaluated a program that uses a family-centered care approach. In the program, following an individual's HIV diagnosis, the needs of that person's entire family were considered in terms of education and treatment options. The study analyzed whether family-centered approaches produce better outcomes than standard practices, as well as whether they are acceptable to caregivers and health care providers. This type of program evaluation can help to inform future strategies and promote scaling solutions that will ultimately save more lives.



SPOTLIGHT: CHALLENGES FACING YOUNG WOMEN, CHILDREN, AND ADOLESCENTS

Global efforts to end AIDS in children and adolescents are not meeting the need. Approximately 350,000 adolescents and young women were infected with HIV in 2018—more than three times the 2020 global target of only 100,000 new HIV infections. Though adolescents account for less than 5% of all people living with HIV, they represent 16% of new HIV infections. Most of these young people live in sub-Saharan Africa.³⁷

Whether more boys than girls are newly infected depends where an individual lives. In 2018, three times as many adolescent girls in sub-Saharan African were newly infected with HIV, compared to adolescent boys.³⁸ In most other regions of the world, the trend is reversed: more boys are infected than girls.³⁹ This difference reflects the unique dynamics that define who is at risk, and underscores the need to tailor programs that meet the needs of local communities.

With the coming “youth wave,” services must expand to meet the sheer increase in population of children and young people. As long as stigma and challenges to access prevent adolescents from seeking diagnosis and care, infection rates are not predicted to decline. New approaches that make it easier and more socially acceptable to be tested are needed. Expanding integrated treatment is also key to maintaining the health of children, adolescents, and young women who are HIV-positive. In the case of young mothers living with HIV, treatment also prevents transmission to their babies. Getting to an AIDS-free generation will require tailored approaches to serve the health needs of this unique youth cohort.

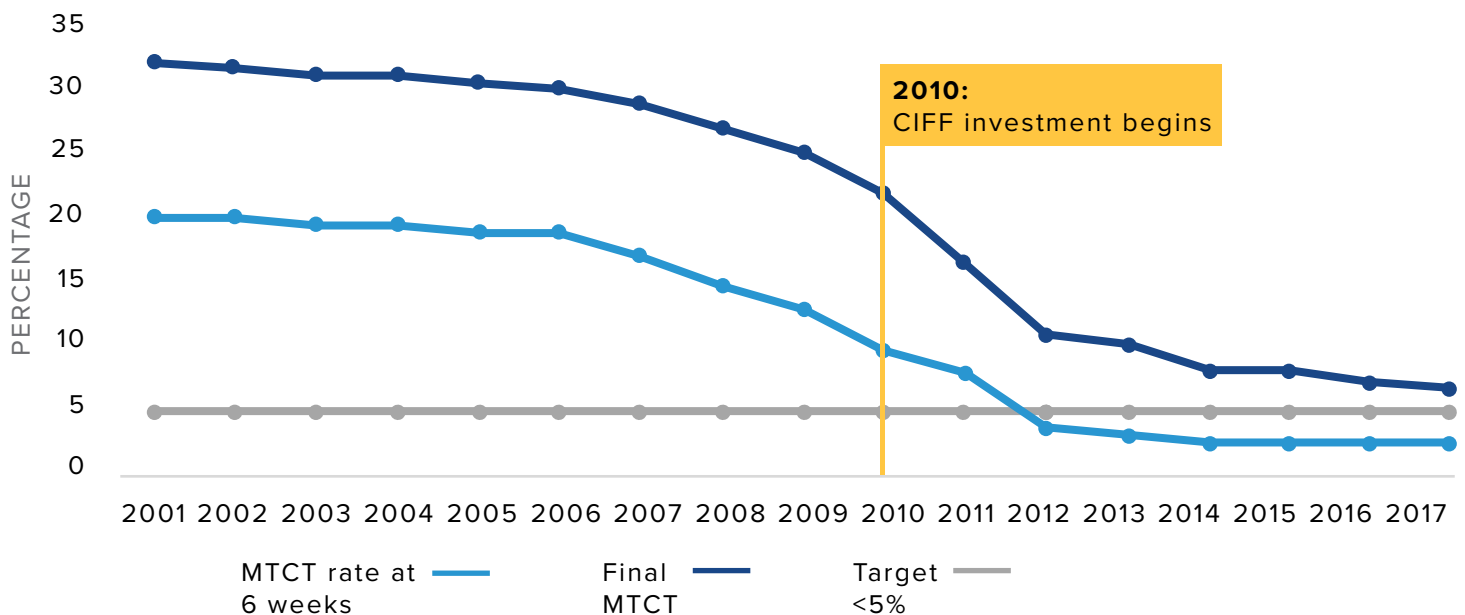
A CRITICAL INVESTMENT MARKS A TURNING POINT IN ZIMBABWE

In 2009, Zimbabwe had one of the highest rates of new HIV infections in the world, with a mother-to-child HIV transmission rate of 30%. Through investment from the Children's Investment Fund Foundation (CIFF) the Elizabeth Glaser Pediatric AIDS Foundation worked with the government to turn the tide on this epidemic by focusing on improving maternal, newborn, and child health.

EGPAF's goal was to reduce mother-to-child transmission of HIV from an estimated 30% to less than 12%. The approach centered on improving testing, treatment, increased access to PMTCT care, and tracking of both mothers and their children through the health system.

Through this targeted investment, Zimbabwe's mother-to-child transmission rate has fallen from 30% to 6.7% and the country will soon achieve virtual elimination of mother-to-child transmission of HIV. With additional resources, these life-saving results can be duplicated elsewhere, resulting in a major turning point for the epidemic overall.

THE HIV EPIDEMIC IN ZIMBABWE





Esna Mkwanda, 54, is a farmer and grandmother living in Mnenula, a village in central Malawi. One day, 18 years ago, she tested positive for HIV at the local health center.

When Esna's husband died of AIDS-related causes, she found herself alone with five children. She confided her HIV status in a friend, who encouraged her to come to an HIV support group.

"The support group is the only place where I could freely express what I was going through," says Esna. "We encouraged each other and got the momentum to reach out to others who were living in the shadows."

Eventually, Esna became the leader of the village support group. "Before I got tested for HIV, I never had an opportunity to be a leader," says Esna. "But now I have stepped out."

Then, Esna volunteered to become an expert client at the Mayani Health Center. EGPAF

trained her to be an HIV counselor and health assistant.

"Recently, I visited a client who had stopped coming to the health center for her ARVs," says Esna. "When I sat down with the lady, I learned that she was being stigmatized in the community, and that was why she did not want to be seen going to the facility. I said, 'You need to ignore them and get your medication because you have children who depend on you.'"

"Then I told her my story—that I was sick at one time because I was not taking ARVs, and that now I am taking medication and I am strong. I have been living with HIV for 18 years and I have five grown children and seven grandchildren."

"Every morning, I wake up and think that maybe I can reach out to somebody today who can be saved. I feel that I have a role to save somebody's life," says Esna.

INSIGHTS FROM THE FIELD

CELEBRATING BABIES BORN WITHOUT HIV



Dina Kisimi



Priscilla Nimanya

Dina Kisimi and Priscilla Nimanya are both experienced nurses at the Kihhi Health Center IV in southwest Uganda. Their days are filled with providing care for pregnant women, delivering newborns, and helping new mothers and their infants start off life on the right foot. Some of the women who visit their clinic are living with HIV. Dina and Priscilla take extra care of HIV-positive women by enrolling them in a prevention of mother-to-child transmission (PMTCT) program.

“When women test positive for HIV, we welcome them and take them to the family support group,” explains Priscilla. “We give them health education. Whoever has a success story can share it with us. Then we register them. We find out those who need other services like antenatal care or family planning.”

Once a child is born, he or she is regularly tested for HIV. “When a child reaches 18 months, we do a final test for HIV,” says Priscilla. “If the child is HIV-negative, we thank the mother for having kept her appointments up to the end. Then we link the mother from the family support group to continue with the HIV clinic. And we sing a song in celebration.”

Because of their efforts, the clinic is frequently filled with song. Reflecting on giving a mother the final test for her son, Dina says, “I delivered for her and now I am the last person giving her the HIV test results, and she’s very happy about it.” She continues, “I’m also very happy. I delivered for the mother. I gave her advice. She has been following what I told her. And now the baby is HIV-negative.”



With the adolescent population growing worldwide, the global community must focus on reaching vulnerable youths with a range of HIV services, including education to reduce stigma. PHOTO: ERIC BOND/EGPAF, 2016

TAKING THE NEXT STEP

Over the past 20 years, coordinated government action, coupled with catalytic philanthropic investments, changed the face of the HIV/AIDS epidemic. Today, only 62 cents of every \$100 in philanthropic investments goes to HIV/AIDS issues.⁴⁰ More philanthropic investment is needed to ensure that global progress is not lost—and to end the epidemic for good.

The advocacy, programmatic, and research community around HIV/AIDS is vibrant, and offers diverse opportunities for getting involved and making a meaningful impact. For example, while treatments exist for people living with HIV, stigma and lack of awareness remain barriers around the world to getting tested and accessing care. An estimated 18% of philanthropic dollars committed to AIDS in 2017 supported advocacy programs critical to changing the dynamics that currently lead to needless deaths.⁴¹

Most recently, more than one-half of country-specific philanthropic support was directed to high-income nations. Only 28% of country-level investments supported middle-income nations, which are home to 58% of people living with HIV.⁴² During the same time period, international aid continued to withdraw resources, leaving certain key populations vulnerable as middle-income nations struggle to fund prevention and care programs.⁴³

When these types of gaps and barriers emerge, philanthropic investments are well positioned to provide catalytic funding to continue progress. In addition, they can help expand successful prevention education programs, treat deadly HIV-coinfections, evaluate existing initiatives to generate a solid base of evidence to guide future efforts, and more.

LEADING THE RESPONSE TO TODAY'S EPIDEMIC

The Elizabeth Glaser Pediatric AIDS Foundation is a leader in shaping the systems, services, and policies that will usher in an AIDS-free generation. Launched in 1988 to raise funds for pediatric research, today our dedicated staff and partners reach men, women, and children through programs in 19 countries.

Over the last three decades, the Elizabeth Glaser Pediatric AIDS Foundation has been on the front lines of the HIV/AIDS crisis, developing best practices for delivering lifesaving services and advocating for people living with HIV. As a key partner in many of the world's highest-burden countries, our work has made a difference in millions of lives.

EGPAF AT A GLANCE

In 2019, EGPAF is supporting activities in 19 countries.



TO DATE, EGPAF HAS

PROVIDED NEARLY

30 MILLION

women with services to prevent the transmission of HIV to their babies.

TREATED NEARLY

2 MILLION

pregnant women with antiretroviral medications.

AVERTED CLOSE TO

320,000

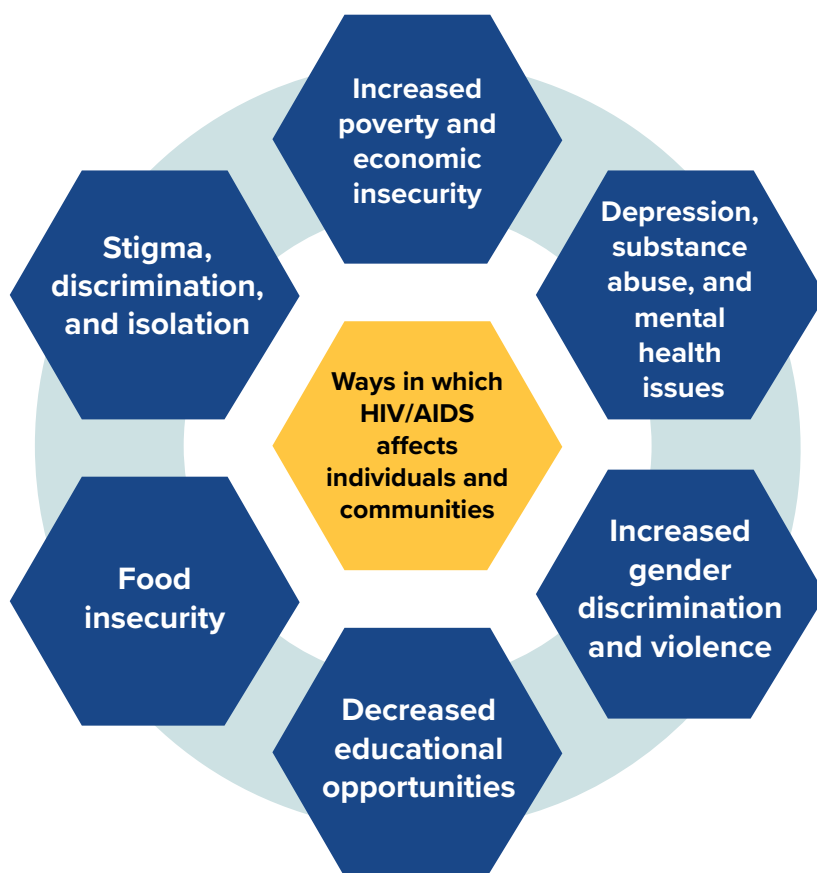
HIV infections.

Working at more than 5,000 sites across sub-Saharan Africa and India, the Elizabeth Glaser Pediatric AIDS Foundation is positioned to scale-up core initiatives to prevent mother-to-child transmission, provide accessible and integrated HIV care for children and adults, and conduct research to inform policy. In doing so, we strengthen local leadership and reach those most at risk, including children and young people.

Through its approach to tackling HIV/AIDS, the Elizabeth Glaser Pediatric AIDS Foundation helps advance a range of other development priorities.

HIV IS PART OF A WEB OF INTERCONNECTED ISSUES

Reaching the goal of an AIDS-free generation will require outside-the-box thinking that considers the many factors that contribute to—and result from—the HIV/AIDS epidemic. The Elizabeth Glaser Pediatric AIDS Foundation addresses the unique dynamics of each community, as well as the realities of living with HIV or with an HIV-positive family member.



KEY GLOBAL EVENTS

AIDS 2020 | aids2020.org | twitter: @AIDS_conference and @IASociety

The International AIDS Society hosts the seminal conference on HIV/AIDS, with live-streamed sessions available online. In years when the AIDS conference is not held, the society hosts the IAS Conference on HIV Science, which draws primarily on researchers to share scientific progress.

World AIDS Day | worldaidsday.org | twitter: @WorldAIDSDayUS

Held annually on December 1, World AIDS Day unites people in solidarity in the fight against HIV, and commemorates those who have died from AIDS-related illnesses. Worldwide events raise awareness on HIV and AIDS.

THOUGHT LEADERSHIP FROM THE UNITED NATIONS

World Health Organization | who.int | twitter: @WHO

The WHO helps countries scale up their health sectors to ensure that life-saving HIV services are accessible to everyone who needs them. It tracks the spread of HIV globally, as well as gaps in the availability of treatment and prevention services.

UNAIDS | unaids.org | twitter: @UNAIDS

UNAIDS—the official HIV/AIDS body of the United Nations--catalyzes leadership across sectors. Its data on the HIV epidemic is particularly strong, as it has an extensive collection initiative covering epidemiology, program coverage, and finance.

UNFPA | unfpa.org | twitter: @UNFPA

UNFPA co-sponsors UNAIDS and works with partners to increase HIV-related services for young people and at-risk populations. The organization shows how HIV-related services can be integrated into other family planning and sexual health programs.

UNICEF | unicef.org | twitter: @UNICEF

UNICEF works toward eliminating mother-to-child transmission of HIV, closing the HIV treatment gap among children, and preventing HIV in adolescents. Its report titled “For Every Child, End AIDS” is helpful in understanding adolescent HIV/AIDS.

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Together, we can end the AIDS epidemic and create an HIV-free generation.
PHOTO: ERIC BOND/EGPAF, 2017





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