



**Elizabeth Glaser
Pediatric AIDS Foundation**
Fighting for an AIDS-free generation

EGPAF Pediatric Strategy

2022–2024

CONTENTS

I. Rationale for EGPAF Pediatric Strategy	4
II. Guiding Principles	10
III. EGPAF Pediatric HIV Strategy: Theory of Change	11
IV. Status of Pediatric HIV Programming in EGPAF.	12
V. EGPAF’s Pediatric HIV Performance	16
VI. Strategic Objectives	23
VII. Operationalizing the Strategy	28
VIII. Monitoring Progress	32

RATIONALE FOR EGPAF PEDIATRIC STRATEGY

In 2020, 1.7 million children (0-14 years) were living with HIV globally, representing 4.5% of the 37.7 million individuals living with HIV.

Between 2016 and 2020, pediatric antiretroviral therapy (ART) coverage increased from 44% to 54%; however, during this time, adult ART coverage increased from 55% to 74%, highlighting the persistent discrepancy between pediatric and adult treatment. Global prevention of mother-to-child transmission (PMTCT) coverage has largely plateaued during the past five years, stagnating between 83% and 85%. This represents at least 220,000 HIV-infected pregnant women annually who are not accessing critical PMTCT services. During this period, new pediatric infections decreased from 190,000 in 2016 to 150,000 in 2020. While this decrease is in part due to effective PMTCT services, it is also in part due to improved and revised modeling data that have decreased the estimated number of new pediatric HIV infections. Each of the 150,000 new HIV infections among children in 2020 could have been prevented. Nearly 65,000 infections occurred among children in 2020 because women already living with HIV were not diagnosed during pregnancy and did not start treatment. Missed opportunities to prevent vertical HIV transmission in 2020 are described in Figure 1. Figure 2 depicts the number of children living with HIV on treatment over time. While the number of children living with HIV has decreased over time, the treatment coverage has not improved much in the last 5 years.

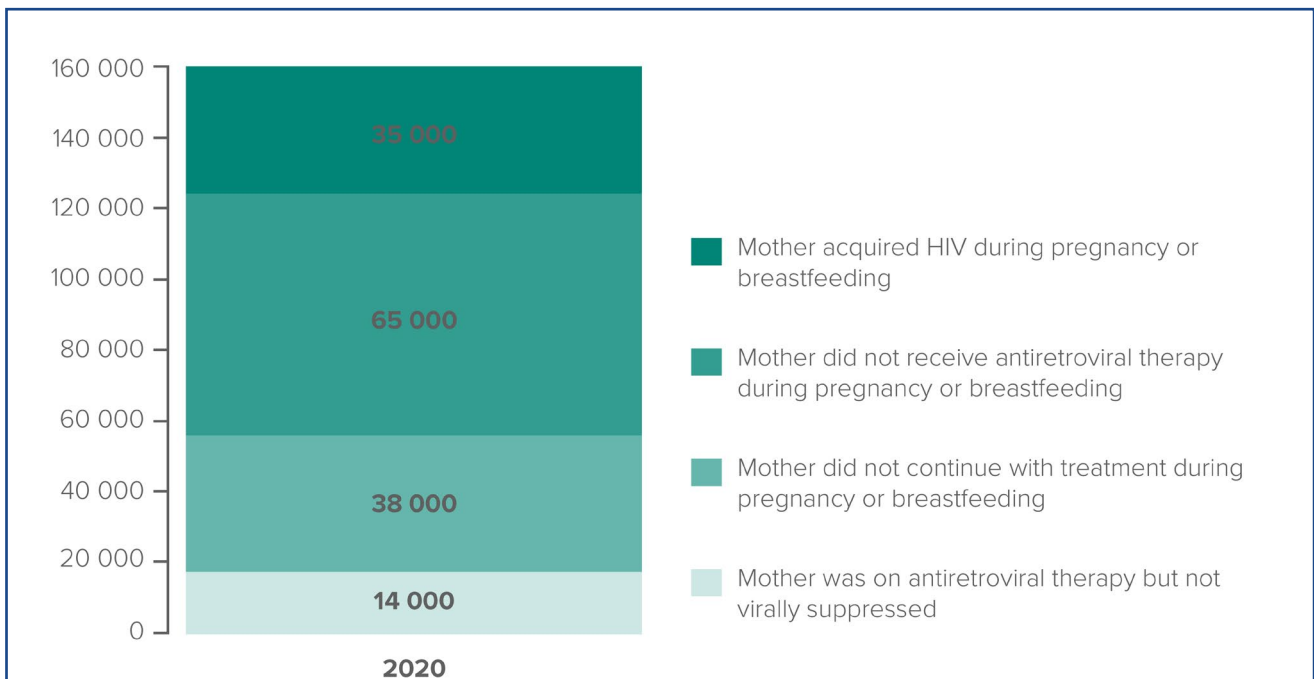


Figure 1. New vertical HIV infections by cause of transmission, global, 2020

Source: UNAIDS epidemiological estimates, 2021 (<https://aidsinfo.unaids.org/>).

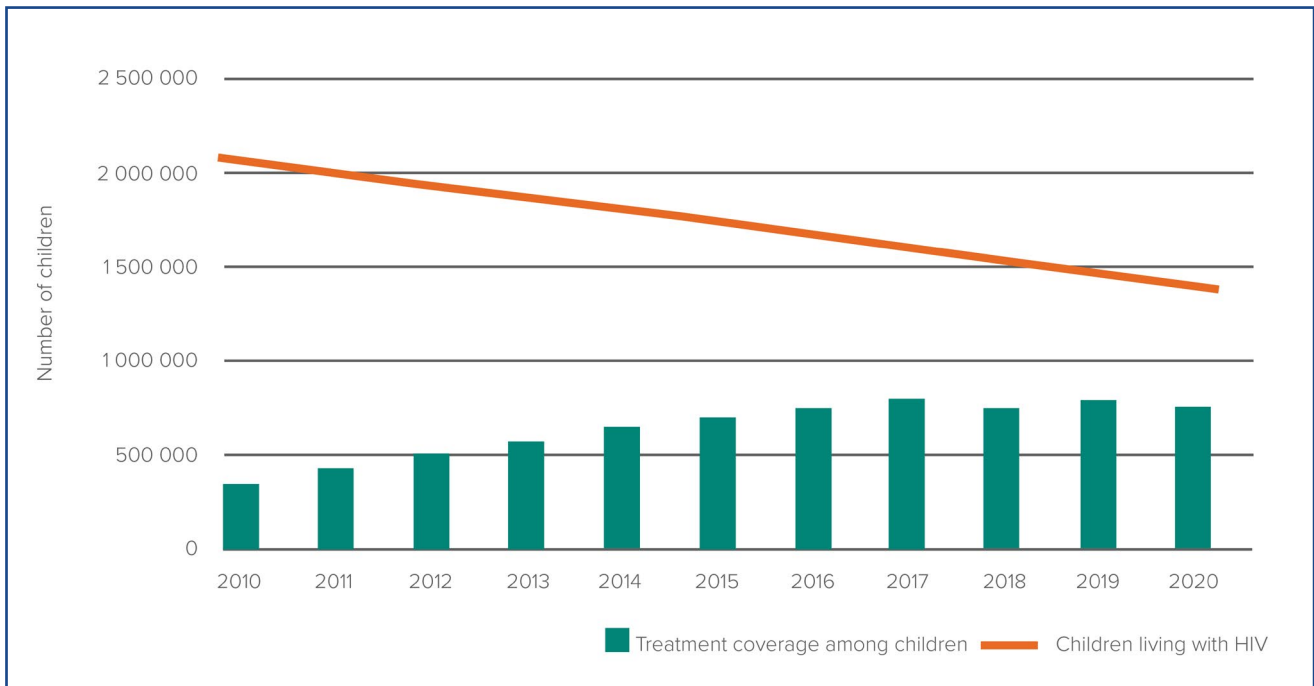


Figure 2. Number of children living with HIV and receiving ART, 2010–2020

Source: UNAIDS epidemiological estimates, 2021 (<https://aidsinfo.unaids.org/>).

Mortality in the first year of life among untreated infants living with HIV is very high. The mortality of untreated, perinatally infected children peaks at 2 to 3 months of age, with about 35% dying by 12 months of age and 52% by 24 months of age. An estimated 40% of children living with HIV remain undiagnosed. Access to early infant HIV diagnosis (EID) remains low, with only 63% of infants exposed to HIV globally tested by the second month of life in 2020. EID performances reached 25% and 74% in 2020 in West and Central Africa and in Eastern and Southern Africa, respectively. In addition, PMTCT/ART uptake among HIV-positive pregnant and breastfeeding women (PBFW) and pediatric ART coverage remains lower in the West and Central African regions. Figure 3 depicts the percentage of HEI children who were tested at 8 weeks of age by region.

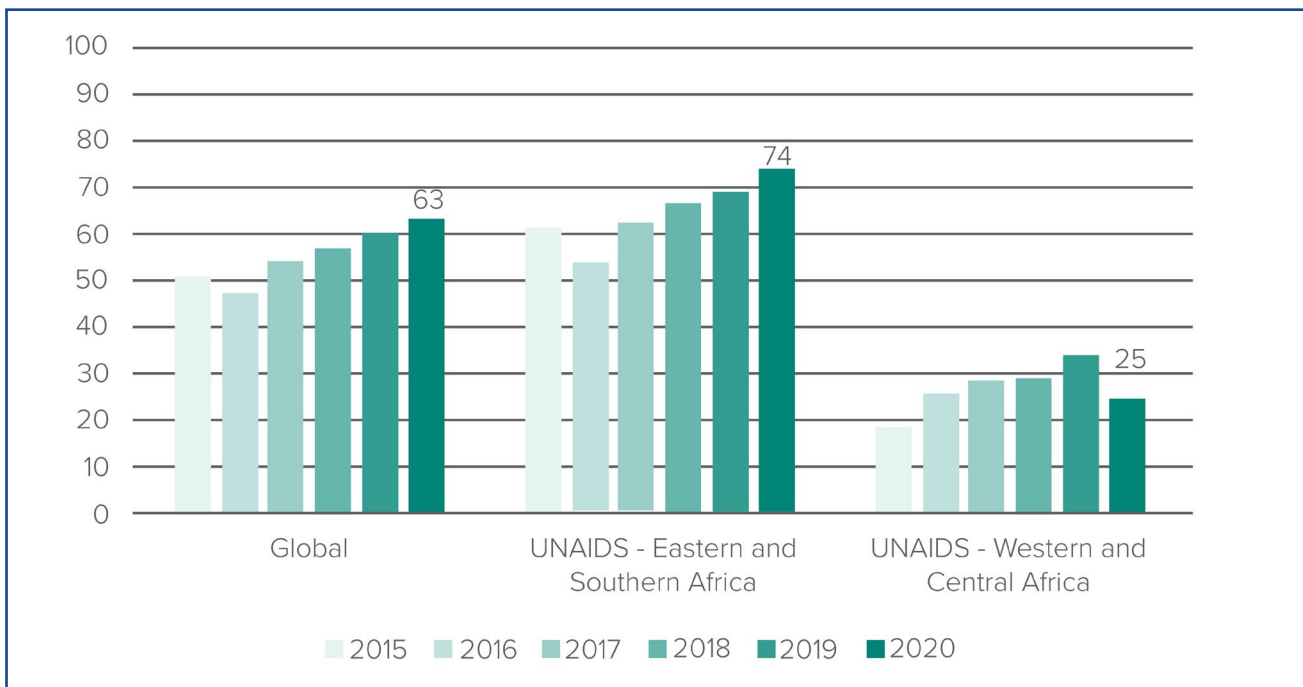


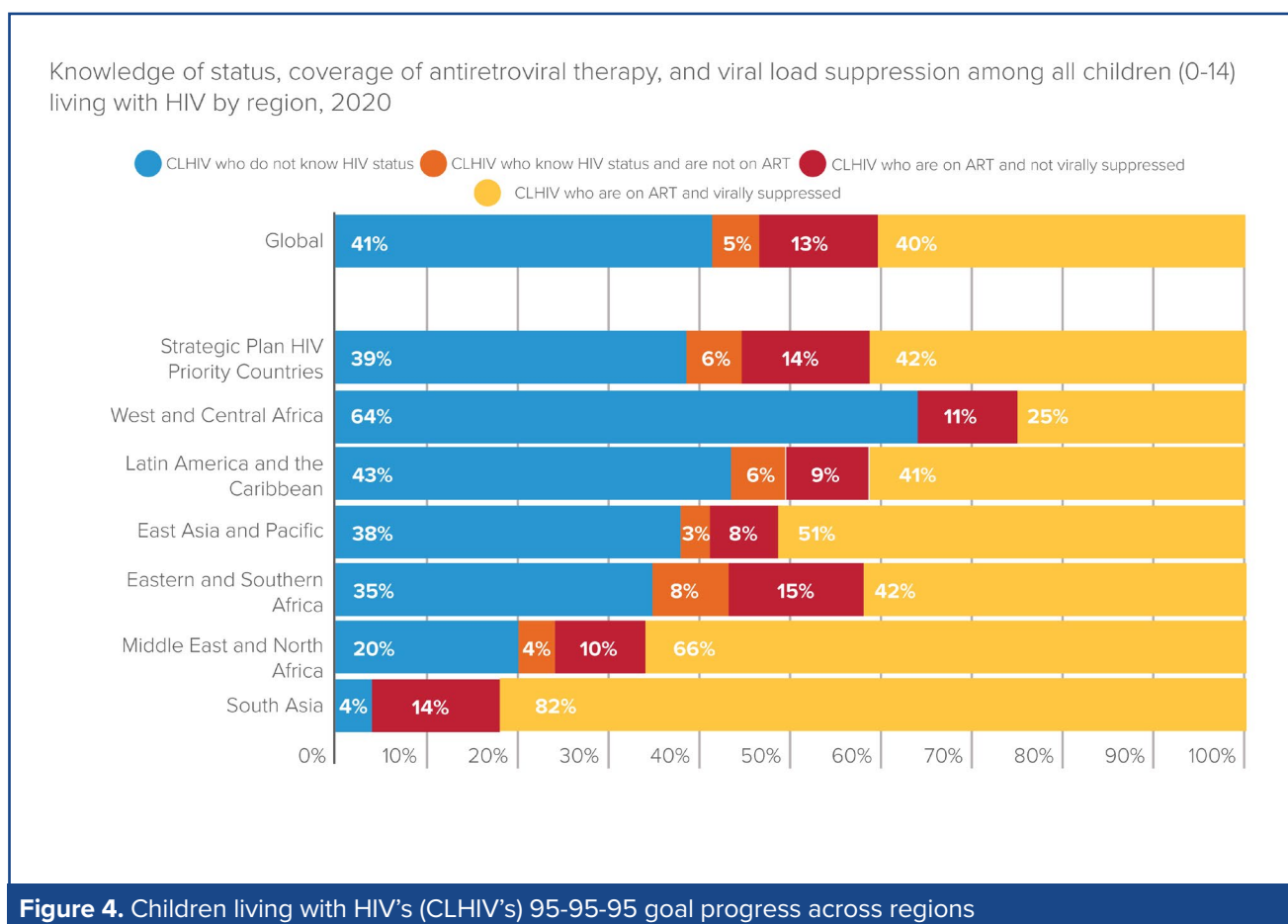
Figure 3. Percentage of HIV-exposed children with polymerase chain reaction tests at 8 weeks, globally and by region, 2015–2020

Source: UNAIDS epidemiological estimates, 2021 (<https://aidsinfo.unaids.org/>).

Pediatric AIDS–related deaths decreased from 120,000 in 2016 to 99,000 in 2020; however, pediatric AIDS–related deaths as a proportion of all AIDS-related deaths increased during this period from 14% to 14.5%. Although global deaths from AIDS-related causes across all ages decreased from 850,000 to 680,000, children are still disproportionately dying from AIDS.

During the past five years, significant global initiatives have been implemented to close the pediatric HIV diagnosis and treatment gaps, including Start Free, Stay Free, AIDS Free; the Vatican Initiative; Global Accelerator for Pediatric Formulations Network (Gap-f); and the culmination of the Accelerating Children’s HIV/AIDS Treatment Initiative. These efforts, of which Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has been a vocal leader, have largely focused on galvanizing political momentum and resourcing for pediatric HIV, increasing pressure for the timely development and deployment of more efficacious pediatric treatment, and expanding public-private engagement for pediatric HIV. These efforts have been instrumental in bringing together a range of key stakeholders and, in particular, advancing the introduction and scale of improved pediatric HIV formulations, including pediatric dolutegravir (DTG). These efforts have been complemented by an increased global focus on pediatric HIV service delivery strategies and optimal service quality, including the development and launch of the Pediatric HIV Service Delivery Framework, the Pediatric and Adolescent HIV Learning Collaborative for Africa, and the International Pediatric HIV/AIDS Symposium in Africa.

While the global and regional focus on pediatric HIV during the past five years is encouraging, clear gaps along the HIV cascade, specifically for infants, children, and adolescents, remain. Although 85% of pregnant women living with HIV were on ART in 2020, 54% of children living with HIV were on ART in 2020. Of children living with HIV, 46% are not receiving ART; this translates to 782,000. Furthermore, only 40% of children living with HIV are virally suppressed, compared to 67% of adults.¹ The 95-95-95 target progress for children living with HIV is illustrated in Figure 4.



Source: UNAIDS epidemiological estimates, 2021 (<https://aidsinfo.unaids.org/>).

The global pediatric focus has not been matched with requisite resourcing from donors and ministries of health. Approximately 6% to 7% of the fiscal year (FY) 2020 U.S. President's Emergency Plan for AIDS Relief (PEPFAR) funding was for dedicated pediatric services, and pediatric-focused funding from private donors is decreasing.

At the national level, pediatric HIV continues to struggle for funding, political focus, and prioritization. EGPAF's role as a leading advocate, innovator, researcher, and implementer in the pediatric HIV space is integral to maintaining high prioritization.

To do this, EGPAF needs to continue to demonstrate programmatic leadership across its pediatric HIV portfolio, generate evidence in areas of emerging importance, and maintain a core institutional focus on pediatric HIV.

¹ <https://www.unaids.org/en/keywords/children>.

EMERGING AREAS OF IMPORTANCE FOR EGPAF

As the number of new pediatric HIV infections and the number of CLHIV continue to decrease in coming years, emerging areas of the pediatric HIV response will become increasingly important. These include the following:

- › Optimizing identification and follow-up of HEI and use of effective early infant identification methods including point of care technology
- › Increasing our focus on addressing the suboptimal **health outcomes of HIV-exposed and uninfected children**, including program optimization, innovation, external technical assistance, advocacy and research to address current gaps in the evidence; introducing services and better longitudinal tracking to better respond to the needs of these children as they age; and increasing visibility in this area
- › Intensifying the focus on optimal **quality of pediatric HIV services across the care continuum** and on implementing, evaluating, and monitoring pediatric HIV services to ensure adherence to national policies and normative guidance
- › Continuing to **push innovation in pediatric HIV service delivery models** (differentiated service delivery) including expanding our focus on quality of life for children and caregivers; integrating HIV services with wraparound home-, school-, and community-based services; and ensuring engagement in care at each life stage
- › Expanding our **collaboration with strategic partners to optimize linkages** (early childhood development [ECD], orphans and other vulnerable children [OVC]); strengthening our advocacy, and growing our capacity
- › **Defining and advancing a pediatric HIV research agenda**, which includes greater focus on HIV-exposed and uninfected children and other priority areas such as TB, COVID-19, and non-communicable diseases
- › Being intentional about our visibility and marketing strategy to ensure that we are actively sharing and are sustainable for clients and providers
- › **Integrating ECD and linkage to OVC services** across pediatric programming
- › Tailoring strategies to **engage caregivers, infants, and children** and in care and long-term retention to reduce the risk of loss to follow-up and improve clinical outcomes for initial identification (EID), disclosure of status, and viral load suppression (VLS)
- › Building our **expertise within pediatric thought and strategic leadership at national, regional, and global level on HIV and beyond.**



Photo: Eric Bond/EGPAF, 2020

Through this strategy, EGPAF seeks to to solidify our leadership in the pediatric HIV response in coming years, working toward addressing critical gaps in HIV services with tactical partnerships while innovating for the most cost-effective, sustainable pediatric HIV strategies for the future.

GUIDING PRINCIPLES

This strategy will be governed by the guiding principles outlined below. The principles reflect the current status, priorities, and principles across EGPAF's pediatric work.

- › Convey EGPAF's role in serving pediatric populations in HIV prevention, care, and treatment through direct program implementation, technical assistance (TA), innovation, research and advocacy to contribute to the global body of knowledge, updated normative guidance, and improved outcomes for pediatric populations
- › Prioritize designing and implementing patient-centered approaches that meet the unique needs of pediatric populations, including strategic and meaningful engagement with additional stakeholders such as peers and caregivers
- › Strengthen integration of services such as TB/HIV integration for improved access to and uptake of services as well as treatment outcomes
- › Ensure continuous learning within, across, and between countries and programs to facilitate ongoing sharing, adaptation, and response to optimize pediatric programming
- › Promote evidence-informed programming concerning adaptation of programming from other settings and implementation of evidence-informed tools and resources
- › Strengthen and build strategic and relevant global, national, and subnational partnerships in our pediatric HIV response
- › Generate and disseminate new evidence from EGPAF programming in the pediatric HIV space
- › Collaborate across stakeholders and sectors for improved cooperation across the HIV cascade, focused on pediatric gaps
- › Ensure amenability of programming to local needs and contexts while prioritizing sustainability of programming for successful uptake and transition to local systems

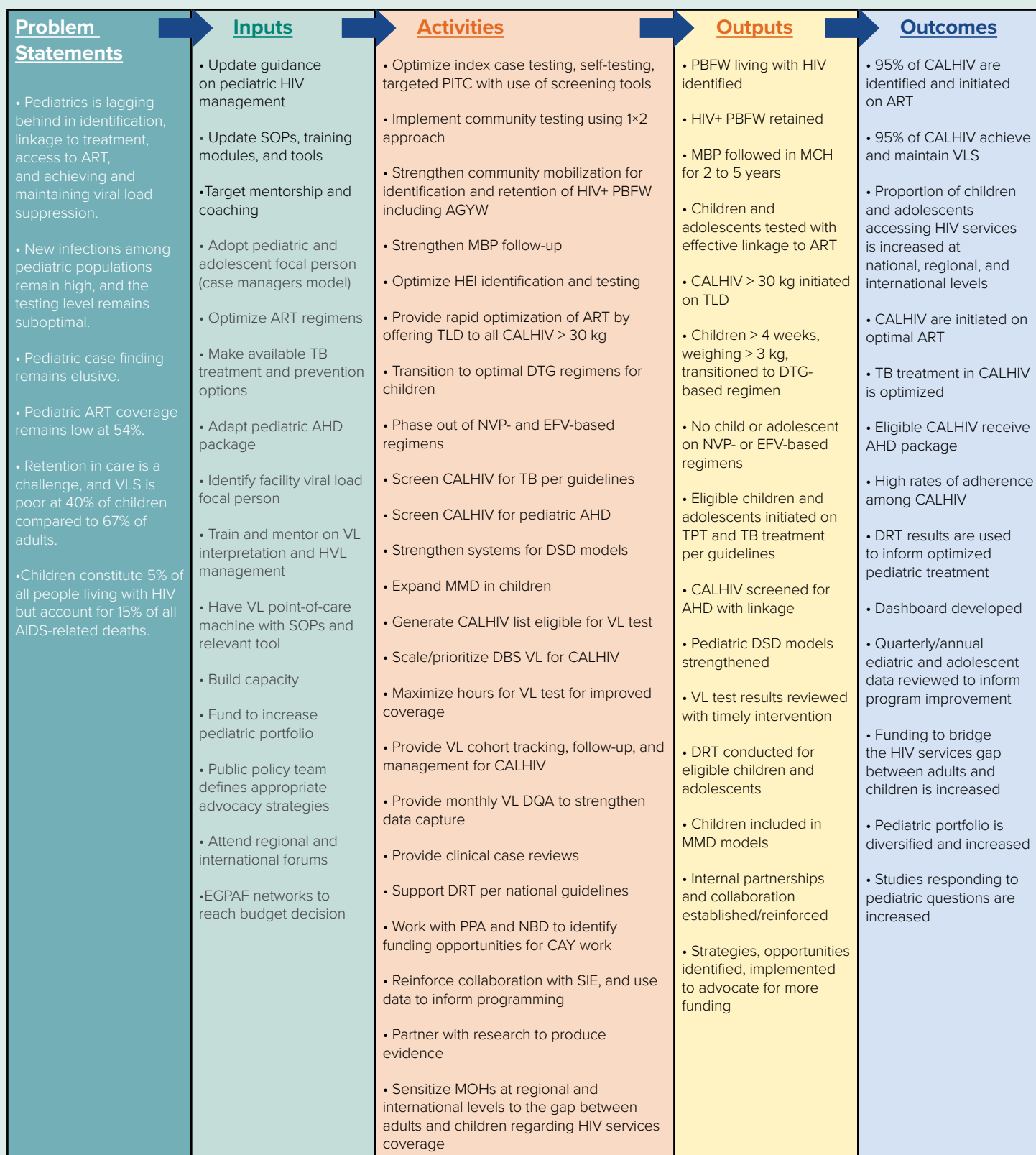


Figure 5. Theory of Change

AHD = advance HIV disease; AGYW = adolescent girls and young women; CALHIV = children and adolescents living with HIV; CAY = children, adolescent, youth; DBS = dried blood spot; DQA = data quality assurance; DRT = drug resistance testing; DSD = differentiated service delivery; EFV = efavirenz; HEI = HIV exposed infants; HVL = high viral load; MBP = mother baby pairs; MCH = maternal and child health; MMD = multi-month dispensation; MOHs = ministries of health; NBD = New Business Development; NVP = nevirapine; PBFW = [pregnant and breastfeeding women]; PITC = provider-initiated testing and counseling; PPA = Public Policy and Advocacy; SIE = strategic information and evaluation; TLD = enofvir/lamivudine/dolutegravir; TPT = TB preventive therapy; VL = viral load;

STATUS OF PEDIATRIC HIV PROGRAMMING IN EGPAF 2019-2022

EGPAF has a strong history of promoting PMTCT through evidence-informed program implementation in multiple PEPFAR-supported countries.

EGPAF has several global projects focusing specifically on pediatric HIV support and outcomes, such as PACE, ViiV Breakthrough, ELMA 2.0, Unitaid-funded SPAAN/Optimal, the DNDi-funded REACH project, and New Horizons Collaborative.

Notably, much of our pediatric portfolio is driven by private donors and awards. These tailored awards are integral to developing tools, marketing our work, and increasing visibility. EGPAF is actively implementing diverse pediatric-focused programming across the gambit of the HIV cascade, as outlined in Table 1.

Table 1. EGPAF’s Pediatric HIV–focused Projects

Project Name	Countries	Scope	Resources
PACE funding	Democratic Republic of Congo and Kenya	<p><i>Two-phased initiative to accelerate pediatric case finding in Democratic Republic of Congo and Kenya</i></p> <ul style="list-style-type: none"> Phase 1—intensify index case contact testing of children to expand coverage of pediatric case finding while working through HIV testing and services community of practice to collaborate with all EGPAF teams to scale what works in pediatric index testing Phase 2—conduct a cost analysis of index testing strategies and additional data analysis to inform optimal strategies for pediatric case finding during COP20 	<ul style="list-style-type: none"> Kenya PACE presentation PACE initiative presentation

<p>ViiV Breakthrough Partnership</p>	<p>Mozambique and Uganda</p>	<p><i>Identify critical gaps in pediatric and adolescent HIV services</i></p> <ul style="list-style-type: none"> • Develop and implement a comprehensive package of sustainable, quality interventions informed by the Pediatric HIV Service Delivery Framework that contributes to ending pediatric AIDS and that will be adopted in national guidelines 	<ul style="list-style-type: none"> • ViiV Breakthrough overview • Pediatric service delivery framework • QPR presentation
<p>ELMA 2.0</p>	<p>Côte d'Ivoire and Kenya</p>	<p><i>Identify gaps in HIV services</i></p> <ul style="list-style-type: none"> • Provide TA to the ministries of health to optimize service delivery. Focus areas include case finding, linkage to ART and viral suppression, and new diagnoses. 	<ul style="list-style-type: none"> • Project QPRs • EGPAF Connect page
<p>SPAAN/ Optimal/ Unitaid/CHAI</p>	<p>Lesotho, Eswatini, Mozambique, Côte d'Ivoire, and Zimbabwe¹</p>	<p><i>Streamline and accelerate the introduction of new, child-friendly ARV formulations</i></p> <ul style="list-style-type: none"> • Focus and strengthen current plans and roll-out of solid formulations of LPV/r and the DTG 50 mg/pDTG 10 mg tablet as well as future plans to introduce DTG dispersible formulation • Optimal: overcome new product introduction challenges, develop more stable and effective pediatric ART delivery models, and support the efficient and streamlined introduction of an optimized package of pediatric ARVs, including child-friendly DTG formulations 	<ul style="list-style-type: none"> • EGPAF Connect page (SPAAN) • Accelerating Access to Optimal Child-Friendly Antiretroviral Formulations (brief) • SPAAN–AE form for pediatric AVS (here) • SPAAN final report • Optimal EGPAF Connect page

¹ SPAAN-only country.

<p>REACH</p>	<p>Kenya, Tanzania, and Uganda</p>	<p><i>Streamline and accelerate the introduction of new, child-friendly ARV formulations</i></p> <ul style="list-style-type: none"> • Focus on current plans for solid formulations of LPV/r and future LPV/r 4-in-1 as first or second line (as well as “responsible transition of LPV/r formulations”) 	<ul style="list-style-type: none"> • EGPAF Connect page
<p>New Horizons Collaborative</p>	<p>South Africa,² Republic of Congo,² Rwanda,² Nigeria,^{2,3} Cameroon,^{2,3} Uganda,^{2,3} Kenya^{1,2} Zambia,^{2,3} Zimbabwe,^{2,3} Eswatini,^{2,3} and Lesotho^{2,3}</p>	<p><i>Advance a holistic, integrated approach to high-quality and sustainable pediatric and adolescent HIV care and treatment with a particular focus on those in need of second- and third-line medication</i></p> <ul style="list-style-type: none"> • Drug donation of darunavir from Johnson & Johnson as well as TA to participating countries to identify children failing treatment and facilitating their transition to second- or third-line ART • Build awareness of and addresses challenges faced by adolescents and young people concerning adherence, disclosure, psychosocial support, retention, and transition to adult care by developing tool kits and training modules 	<ul style="list-style-type: none"> • Disclosure toolkit • Transition of care toolkit • Treatment Failure Management toolkit

ARV = antiretroviral; LPV/r = lopinavir/ritonavir

² New Horizons project countries.

³ New Horizons project countries participating in the New Horizons study

INTERNAL AND EXTERNAL TECHNICAL LEADERSHIP AND COLLABORATION

Currently at EGPAF we are trying to develop both internal and external technical leadership.

Internal technical leadership is achieved through various communities of practice (CoPs). These CoPs comprise both country and headquarters technical staff with expertise and responsibilities in various technical areas. CoP meetings are held in addition to various technical meetings to discuss project progress, implementation approaches, and lessons and to cross-share among countries about areas that affect pediatric HIV services. They are coordinated primarily at the global level. The following meetings are held:

- › HIV testing and services (HTS) CoP
- › Pediatric CoP
- › Pediatric antiretroviral (ARV) project technical meetings
- › Retention task force
- › Advanced HIV disease technical working group
- › AY! (adolescent and youth!) CoP

The main aim of the pediatric CoP is to identify and focus on gaps and strategies to optimize pediatric care and treatment outcomes.

Box 1. Pediatric CoP Objectives

- Share emerging global evidence about pediatric and adolescent HIV services
- Establish a forum for global and country technical discussion
- Map and share promising practices, models of care, and tools across country programs
- Generate improvement packages along the three 95 goals
- Facilitate South-to-South technical assistance
- Share lessons learned from pediatric pilot projects for scale-up
- Contribute to advancing the pediatric agenda outside of EGPAF
- Ensure external facing representation for EGPAF

EGPAF'S PEDIATRIC HIV LEADERSHIP

EGPAF engages in platforms as a leader to enhance global visibility, advocacy, and has expert roles in various forums; these include, Gap-f, Pediatric ARV Drug optimization, Pediatric HIV/TB Rome Action Plan. Across 11 EGPAF country programs, external technical leadership and collaboration are achieved by technical staff being members of and participating in external pediatric-focused technical groups and forums whose focus include prioritization, development, and introduction of key pediatric HIV products, including the following:

Global Acceleration for Pediatric Formulations (Gap-f) is a network hosted by WHO that provides an umbrella function for partners across the spectrum of innovation and access to better pediatric medicines—spanning multilateral, public, private, and nonprofit sectors—and leverages the expertise and resources needed to target and optimize the investment of time, personnel, effort, and funding with the ultimate purposes of improving the quality of life of and reducing illness and death in infants and children with treatable or preventable illnesses. Gap-f focuses on establishing priorities based on identifying needs and gaps; accelerating time to investigate, develop, and deliver priority products through synchronized action and best practices derived from across technologies and disease areas; and directly intervening where needs remain unaddressed.

Pediatric ARV Drug Optimization is an initiative that was launched to address medium- and long-term priorities for drug development to accelerate access to optimal formulations in the context of fragmented markets for ARV drugs in children, to identify research gaps, synergies, and promote alignment.

Pediatric HIV/TB Rome Action Plan is a compilation of commitments by key stakeholders to accelerate research, development, registration, introduction, and uptake of HIV and TB diagnostics and medicines for children living with HIV, with the ultimate objective of reducing morbidity and mortality among this highly vulnerable group.

Pediatric ARV Working Group was constituted to develop dosing recommendations for WHO guidelines, to prioritize the single- and fixed-dose ARV formulations needed, and to advise about key research and pharmacovigilance activities.

ARV Procuring Working Group has the aim of securing the pediatric ARV market by adopting a coordinated approach to the procurement of low-volume pediatric ARVs. The ARV Procuring Working Group promotes the uptake into national guidelines of optimal products recommended by WHO and facilitates the procurement of low-volume products through promoting quarterly order placement cycles either directly through its Procurement Consortium members or indirectly for other procurement channels by aligning timelines.

Across countries with active pediatric programming, EGPAF identified 10,000 children living with HIV and linked them to care including initiation on ART in 2020. Table 2 outlines EGPAF’s pediatric performance.

Table 2. Performance across EGPAF Country Programs over 12 months

Indicator	Time Frame	Indicator	Results
Identification	FY2021	HIV testing	364,576 children 0–14 tested, with 2% testing positive (<i>n</i> = 5612)
Index testing	FY2021	HIV index testing	163,733 index tests among children, with 2% positivity (<i>n</i> = 3287)
Treatment	FY2021	Children newly initiated on ART treatment	5943 newly enrolled 107% linkage
Treatment	FY2021	Children currently on ART treatment	5,4217 children aged less than 15 years currently receiving ART
Viral load coverage	FY2021	Children with a documented viral load in the last year	21,603 viral load tests conducted
VLS	FY2021	The number of children who reached viral suppression of those with a documented viral load viral load suppression: <1000copies/ml ³	17,302 suppressed
Proxy Retention rate	FY2021	Children retained in care on ART	95% retention rate
Proxy VL coverage	FY2021	Viral load testing coverage among children on ART	79% viral load coverage
VL suppression rate	FY2021	Children who are virally suppressed (percentage)	83% suppression rate

FY = fiscal year; Q = quarter

HIV TESTING IN CHILDREN

Figures 6a and 6b depict a decreasing trend in the number of children (0-14 years) tested through EGPAF programs from January 2020 to December 2021. There is a distinguishable difference in the amount and trends across country programs.

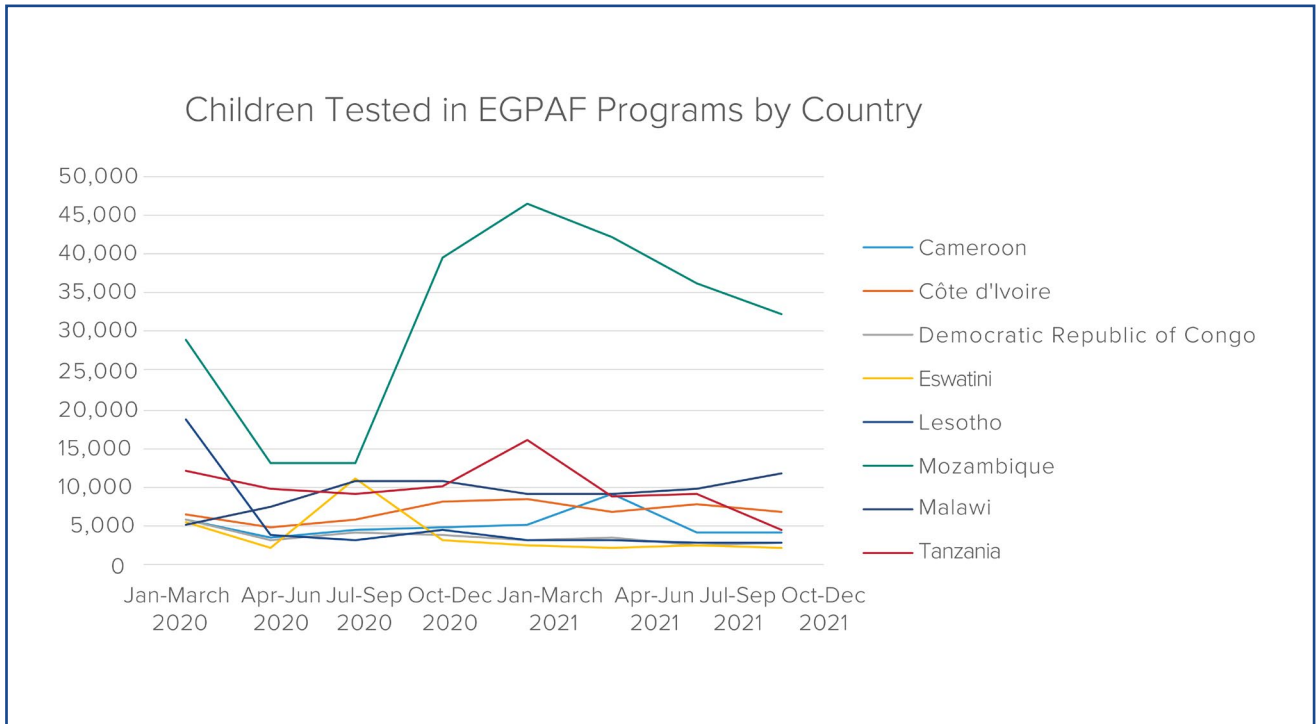


Figure 6a. Children tested in EGPAF programs, by country

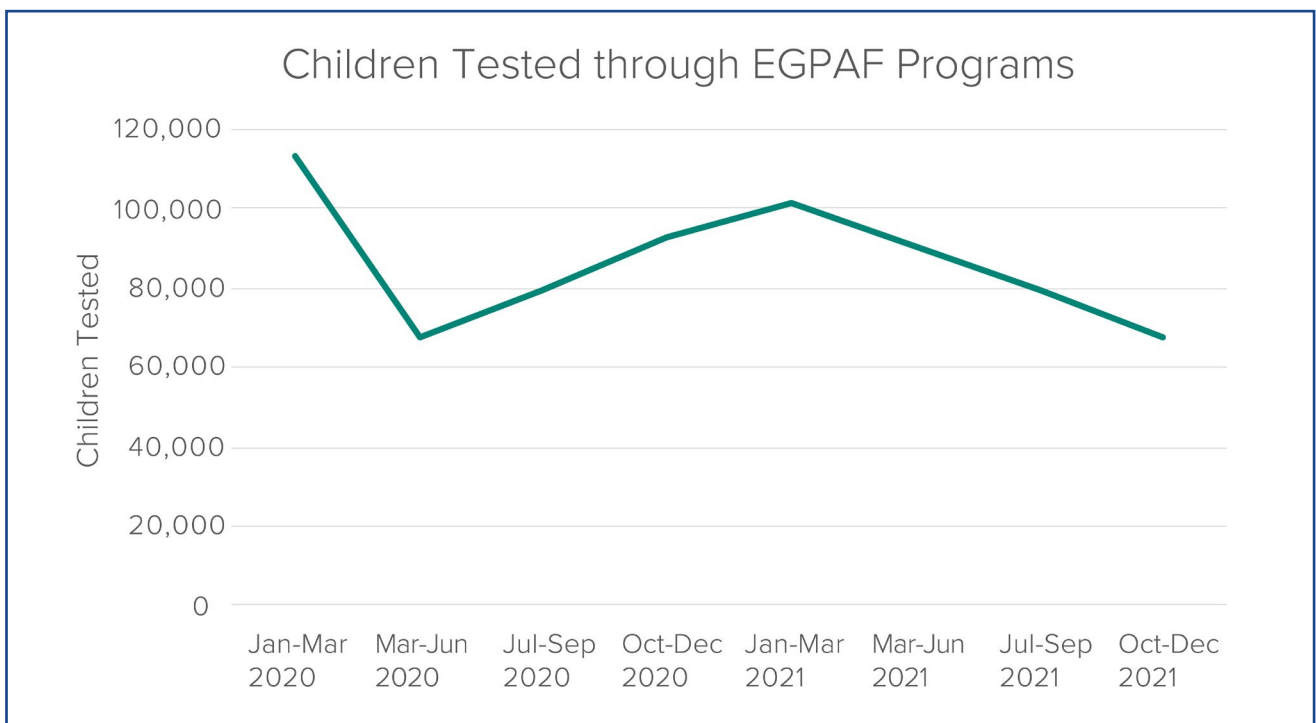


Figure 6b. Children tested through EGPAF programs

The HIV positivity yield shows a slight decreasing trend at the aggregate level, aside from an increase between April 2020 and September 2020. At the country level, the yield fluctuates across and within programs (see Figure 7a). The fluctuations across and within programs is because of difference in Pediatric HIV prevalence across countries together with the use of different testing modalities and approaches.

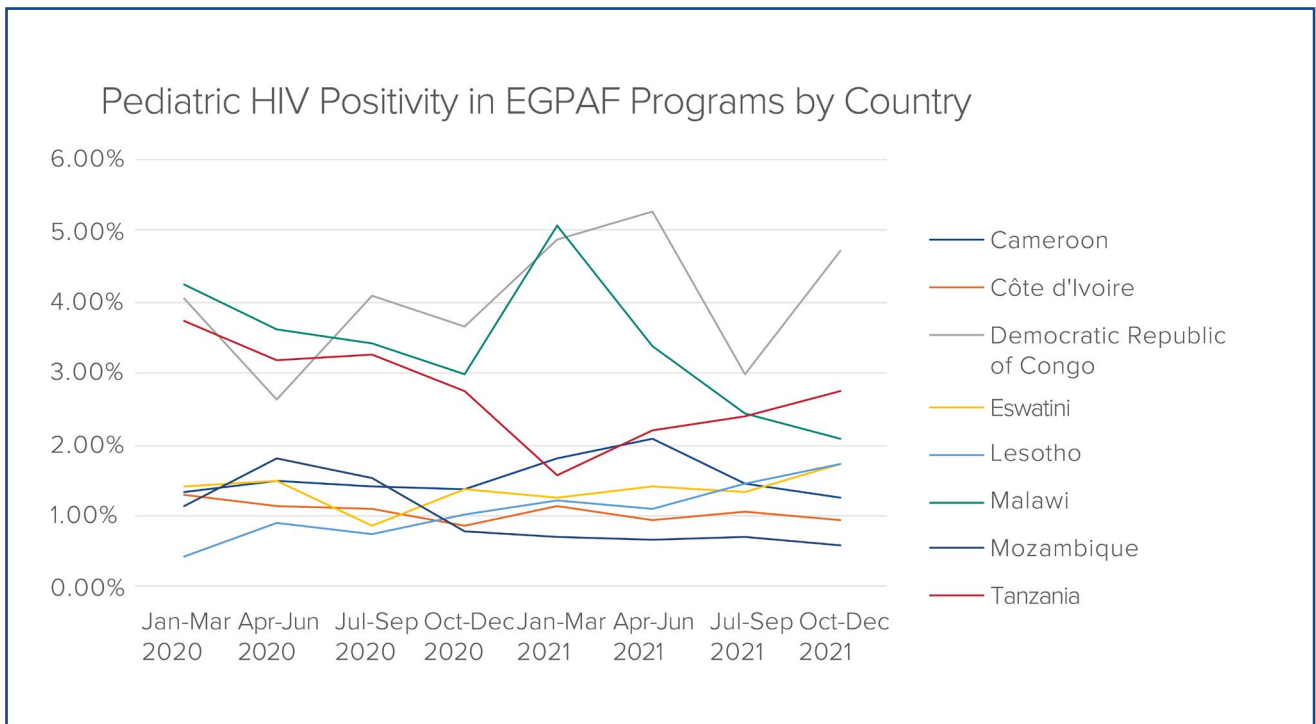


Figure 7a. Pediatric HIV positivity in EGPAF programs, by country

TREATMENT COVERAGE

Figures 8a and 8b outline trends in the children 0-14 years on ART in EGPAF programs, showing a decline over time at the aggregate level. Across countries, the trend in treatment coverage either is consistent or slightly declines over time.

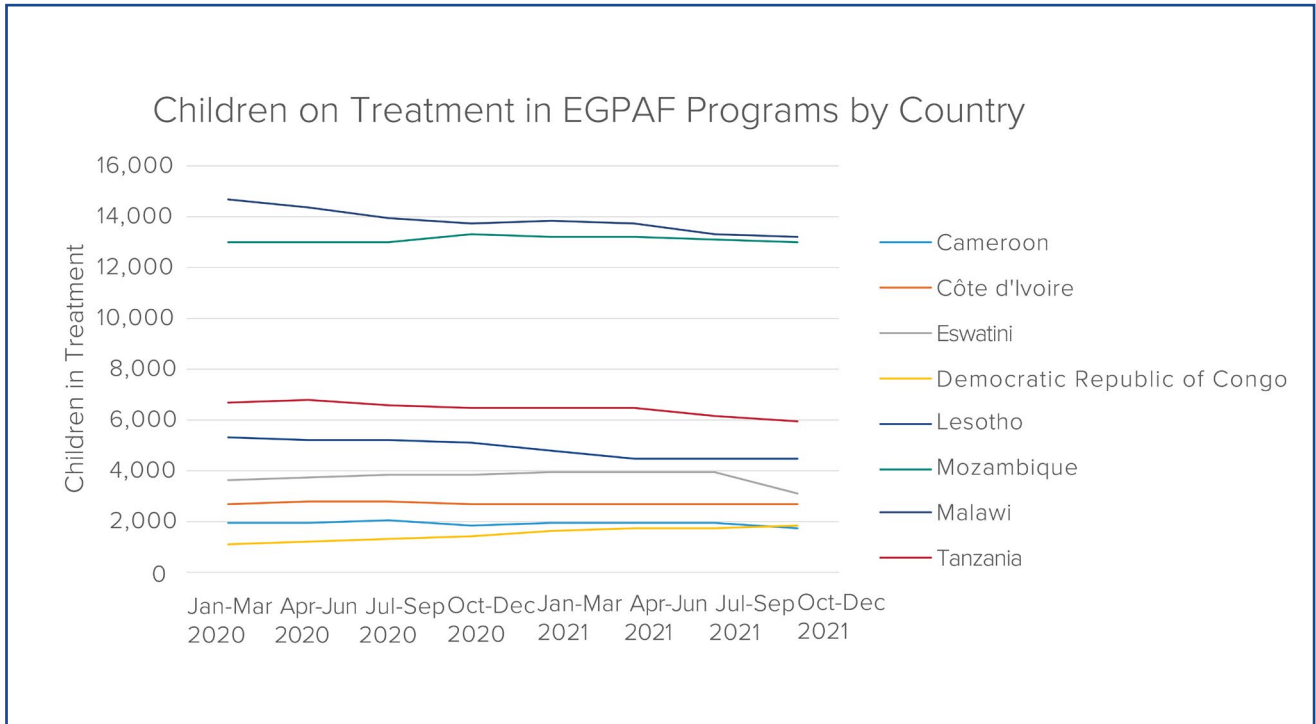


Figure 8a. Children on treatment in EGPAF programs, by country

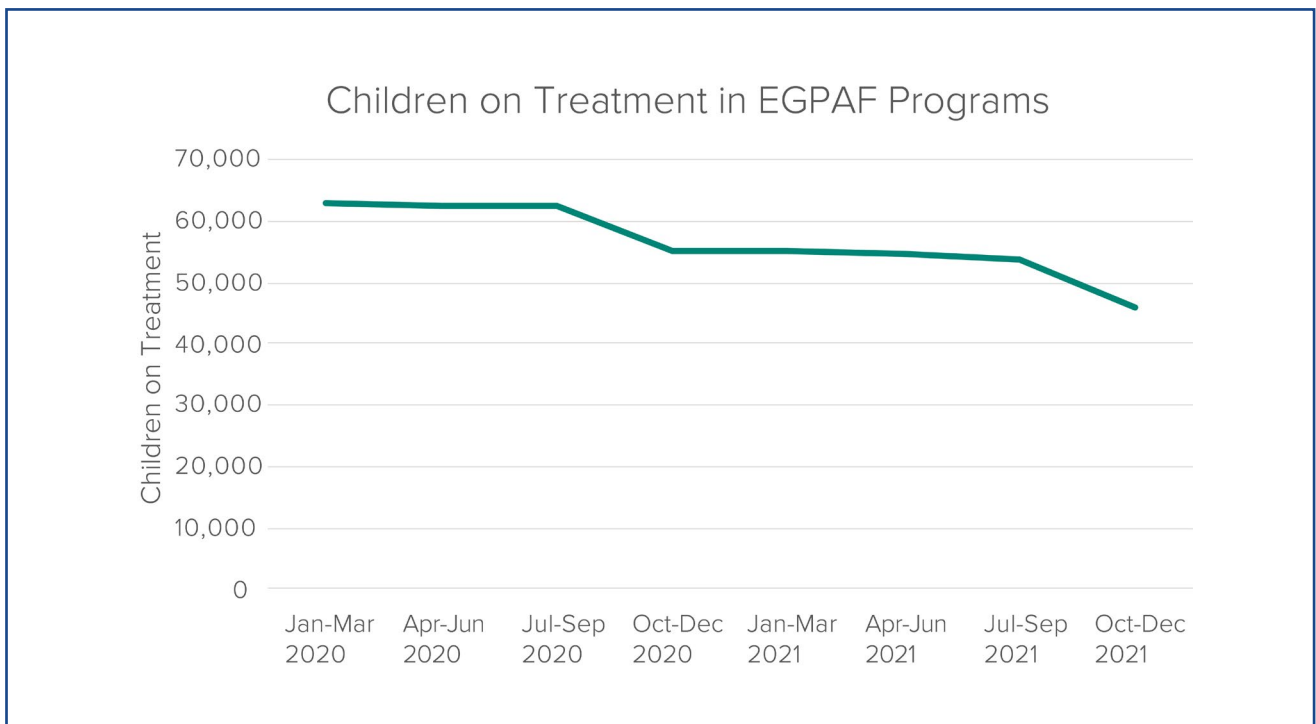


Figure 8b. Children on treatment in EGPAF programs

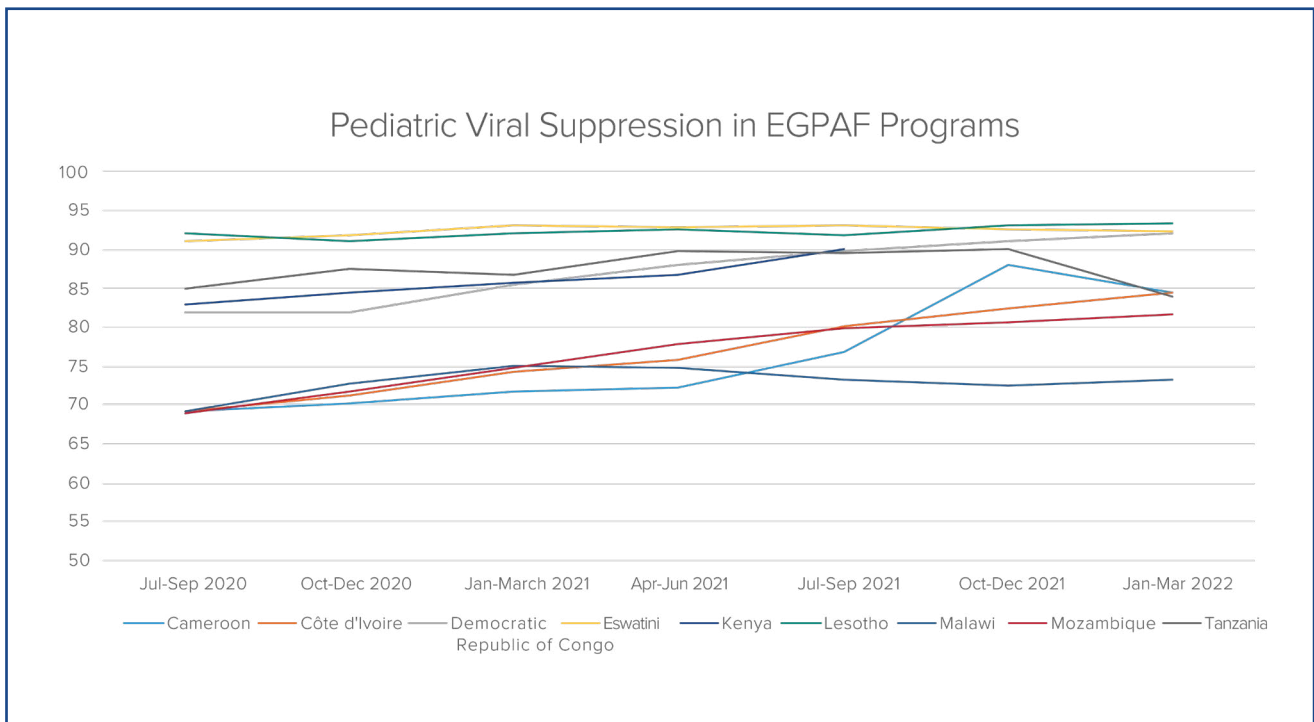


Figure 9. Pediatric viral suppression in EGPAF programs

PEDIATRIC HIV OPPORTUNITIES

Based on performance and identification of key gaps and opportunities for engagement, EGPAF programs have placed increased emphasis in the following pediatric HIV areas:

- › Improve early identification and initiation on ART for pregnant women, with better follow-up and retention of mother–infant pairs
- › Integrate pre-exposure prophylaxis among pregnant and breastfeeding women
- › Complete the full HIV-testing algorithm for HIV-exposed infants, including a final confirmatory test after exposure ends (e.g., after cessation of breastfeeding)
- › Identify effective approaches to reach and diagnose an increasingly smaller number of yet-undiagnosed children living with HIV such as using index case testing among women on ART and deceased ART clients, scaling up use of validated HTS screening tools for pediatrics and effectively reducing the number for identification, and integrating testing within high-yield settings such as TB clinics
- › Identify effective models of care for children to improve retention in services such as family model of care, mother–infant pairs follow-up, multi-month dispensation with effective drug stock management, and community models of care including caregiver support
- › Increase access to routine viral load monitoring, per national guidelines, and improve provider capacity to respond to viral load results

- › Address unique pediatric needs through capacitation of providers and stakeholders to facilitate responsive service provision for disclosure of HIV status, transitions in care, and navigation of treatment failure and caregiver screening as well as referral for mental health support
- › Increase the availability of second- and third-line ART for children failing on first-line treatments
- › Build skills and capacity for effective pharmacovigilance
- › Ensure initiation and completion of linkage to OVC services
- › Integrate other maternal, newborn, and child health services and ECD in pediatric HIV
- › Improve HIV advanced disease monitoring, response, and management for pediatric populations



Photo: Eric Bond/EGPAF, 2020

STRATEGIC OBJECTIVES

EGPAF's vision focuses on achieving an AIDS-free generation, which requires intentional focus on the pediatric HIV agenda. EGPAF is known globally as a pediatric AIDS leader, and we intend to strengthen this in maximizing EGPAF's leadership in pediatric HIV prevention, care, and treatment through TA, program innovation and implementation, public policy and advocacy, and evidence generation through research efforts.

Objective 1. Increase EGPAF's visibility as a global leader in pediatric HIV to sustain gains and further catalyze the global pediatric HIV response

Actions to strengthen EGPAF's visibility as a leader in pediatric HIV include the following:

- › Participate in regional and global debates, coalitions, and platforms (e.g., African Union, Organisation of African First Ladies Against HIV/AIDS, Rome Action Plan, GAP-f, the Coalition for Children Affected by AIDS (CCABA) to ensure pediatric populations remain prioritized in the global HIV agenda, for example, Global AIDS Strategy, UN High-level Meetings
- › Support multilateral and global entities and stakeholders (e.g., UNAIDS, WHO, UNICEF, ViiV Healthcare, Gilead, ELMA, Unitaid, Global Fund, PEPFAR, J&J) to prioritize pediatric populations in global strategies, frameworks, investment cases, guidance, and normative documents
- › Work alongside civil society organizations demanding generation, advocacy, and community-led monitoring of pediatric-related services
- › Present evidence generated through EGPAF's pediatric HIV programs (e.g., patient and program outcomes protocol) at national-, regional-, and global-level conferences and in publications, webinars, and so forth
- › Strengthen partnerships and collaborations including opportunities for external TA for increased focus and funding for pediatric HIV

Objective 2. Provide TA that produces improved pediatric outcomes

Actions to strengthen TA for pediatric HIV include the following:

- › Leverage EGPAF’s technical expertise and experience to develop and/or consolidate tools and best practices, such as technical briefs, training resources, and job aids for pediatric HIV, to provide resources for relevant and effective external TA to ministries of health and other stakeholders
- › Market EGPAF’s pediatric HIV capabilities as a valued global technical leader in pediatric HIV and a trusted thought partner by donors and implementing partners, such as Global Fund, Unitaid, PEPFAR, WHO, UNICEF, Gilead, ViiV, and the European Union, and expand relationships with them
- › Provide accessible, acceptable, quality, and effective TA for pediatric HIV at global, national, and subnational levels

Objective 3. Provide quality, responsive, innovative, and differentiated health services for pediatric populations, including mothers and communities, to address gaps in the global HIV cascade, and contribute to making progress toward achieving the 95-95-95 goals

Actions to provide pediatric HIV services include the following:

- › Optimize case findings in children and adolescents including EID and HIV exposed infants HEI identification and follow up; target provider-initiated testing and counseling including use of screening tools; scale up family index testing to identify children at facility, community, and partner notification services (adolescents); and integrate testing in TB settings and other high-yield settings
- › Support, monitor, and document the transition to optimal pediatric regimens including pharmacovigilance
- › Scale up effective models for identification of pregnant women and ensuring of early ART initiation and VLS for PMTCT such as community models, integration of services including OVC, and adolescent-responsive services
- › Implement interventions to improve retention in care and treatment outcomes for women in PMTCT, children (including OVC), caregivers, and adolescents including adherence support, disclosure support, caregiver literacy support, and patient-centered approaches including differentiated service delivery models
- › Improve viral load test coverage and suppression rates using evidence-informed interventions including point-of-care viral load and data utilization

- › Support early implementation and evidence generation for the adoption and scale-up of innovative technologies and models of care
- › Regularly review available pediatric country and global data to identify gaps, share experiences, and respond accordingly
- › Utilize cross-learning platforms to share evidence-informed best practices for roll-out and adaptation across EGPAF countries
- › Intentionally engage young clients (young adolescents) and/or relevant stakeholders, including caregivers, to evaluate satisfaction with services or review program design

Objective 4. Generate and share cutting-edge data and evidence to translate science into practice for improved pediatric HIV outcomes through innovations and research

Actions to facilitate evidence generation and translation into practice include the following:

- › Enhance the existing EGPAF global research agenda with clearly defined priority research questions for pediatric HIV
- › Conduct research to inform the global pediatric HIV response with rapid scale of evidence-informed packages and improved monitoring of our programs including cohort monitoring and long-term monitoring across the life approach
- › When feasible, ensure that research includes pediatric populations and data on community interventions for improved outcomes
- › Collaborate across the Strategic Information and Evaluation, Research, Program, and Technical teams for any systematic data collection with the intent to share results externally
- › Utilize cross-learning platforms to share evidence-informed best practices for roll-out and adaptation across EGPAF countries

Objective 5. Advocate for public policy change to support improved pediatric HIV outcomes

Actions for enhanced advocacy for policy change and prioritizing of pediatric HIV outcomes include the following:

- › Work at the global and regional levels, alongside country teams and technical staff, to influence commitments and target infants, children, and adolescents for HIV prevention and treatment (e.g., the UN High-level Meeting on HIV/AIDS Political Declaration and UNAIDS Global AIDS Strategy 2021-2025)
- › Facilitate participation of EGPAF staff to provide expertise and join stakeholders in drafting and updating national guidelines that affect pediatric health and HIV services for prevention and treatment
- › Advocate for improved health services and enabling environments for infants, children, and adolescents living with and affected by HIV and AIDS while ensuring engagement of significant stakeholders such as caregivers and peers
- › Advocate for strong financial support for programs that seek to reduce new infections among children and promote quality, evidence-informed services, testing, and treatment from infancy through adolescence
- › Work with country teams on policy issues in-country that affect pediatric populations

KEY RECOMMENDATIONS

- 1.** Develop a 3- to 5-year pediatric HIV forecast to identify key areas in the pediatric HIV response in which EGPAF solidifies its leadership
- 2.** Introduce minimum quality pediatric standards across EGPAF
- 3.** Grow a network of dedicated, high-caliber pediatric HIV leaders in each country, and through the pediatric CoP, increase networking across EGPAF
- 4.** Lead a quarterly/biannual pediatric event (e.g., a webinar), and invite external participants/speakers to showcase EGPAF expertise and drive critical dialogues on priorities
- 5.** With the new business development team, develop a long-term strategy for pediatric HIV funding opportunities
- 6.** Regularly update and revise relevant pediatric technical including guidance and ARV optimization tools based on the global updates and new products/approaches
- 7.** Use pediatric HIV services dashboard to continue to monitor, document, and share results both internally and externally
- 8.** Enhance documentation of pediatric HIV (technical briefs, abstracts, reviews, manuscripts) and link to ongoing advocacy, policy and programming efforts

OPERATIONALIZING THE STRATEGY

A time-bound operational plan will be developed to guide the implementation of this strategy. Representatives from relevant teams across EGPAF will contribute to the development and implementation of those plans. EGPAF’s programs, projects, and research teams will use this strategy to advance their contributions to pediatric HIV goals and objectives where relevant and possible. Collectively across teams, staff will maintain roles and responsibilities (see Table 3), working succinctly toward common objectives.

Table 3. Roles and Responsibilities

EGPAF Team	Roles	Responsibilities
Technical Strategy and Innovation (TSI)	Provide technical expertise, support, and collaboration to inform work streams to optimize pediatric programs and harmonize technical efforts to optimize pediatric performance, innovation, and leadership	<ul style="list-style-type: none"> • Disseminate and take the lead on ensuring uptake and implementation of the strategy • Leverage expertise across TSI team to contribute to reaching goals
Catalytic Initiatives and Program Optimization	Maximize the impact of EGPAF’s catalytic projects to pilot innovative strategies, generate evidence to inform EGPAF programs and beyond, and increase EGPAF’s position as a leader in bringing innovation and optimization into practice	<ul style="list-style-type: none"> • Contribute to evidence generation in addressing gaps in the pediatric space • Support quality, sound implementation of models tailored to infants, children, adolescents, and their mothers/ caregivers • Package and broadly disseminate (internally and externally) data, approaches, and guidance to support EGPAF and partners to optimize the impact of pediatric services

Innovation	Provide technical expertise, support, and collaboration to inform work streams to optimize pediatric programs and harmonize technical efforts to optimize pediatric performance, innovation, and leadership	<ul style="list-style-type: none"> • Generate ideas to address identified gaps and novel technologies • Initiate linkages to build relationships with funders and global actors • Track emerging opportunities
External TA	Provide external TA to a broad range of partners in emerging and innovative areas	<ul style="list-style-type: none"> • Leverage EGPAF best practices, evidence, and tools to promote and provide external TA focused on pediatric needs to ministries of health and other entities
Strategic Information and Evaluation (SI&E) and TSI	Facilitate access to specific data dashboards disaggregating pediatric indicators	<ul style="list-style-type: none"> • Contribute to data trend analysis and use • Support updating of and access to dashboards and identified data
Country Teams with Project Implementation and Country Management (PICM)	Contribute to the EGPAF pediatric portfolio, applying this strategy within country programs, and generate evidence and learning documents	<ul style="list-style-type: none"> • Implement and support country teams to develop work plans and strategies for pediatric programming in line with strategy objectives and aims • Share best practices and documented learning focused on pediatric populations across teams and countries

<p>Research</p>	<p>Lead pediatric-focused research, enable aggregated and disaggregated data analysis, and support pilot data generation from best practices for pediatric HIV care and treatment</p>	<ul style="list-style-type: none"> • Develop research/evaluation protocols • Publish on EGPAF-supported pediatric research results • Participate in discussions about bridging of research and implementation as well as areas of focus for future investigation, for example, longitudinal tracking to better address the needs of these children as they age • Support dissemination of evidence-informed learning
<p>Public Policy and Advocacy (PPA)</p>	<p>Contribute to global pediatric-targeted policy and advocacy as guided by EGPAF</p>	<ul style="list-style-type: none"> • Guide and support global and regional PPA activities to advance pediatric HIV access and results • Support initiatives aimed at facilitating building enabling environments responsive to pediatric needs
<p>External Affairs (EA)</p>	<p>Lead external communications related to pediatric programming, best practices, and novel evidence generation</p>	<ul style="list-style-type: none"> • Continue to support publications and distribute EGPAF pediatric experiences outside and inside EGPAF across platforms
<p>New Business Development</p>	<p>Identify and coordinate new business development opportunities to generate resources for pediatric endeavors</p>	<ul style="list-style-type: none"> • Utilize the strategy and documents for proposals, aligning data measures and country/population needs • Engage across teams to leverage existing and new expertise to include/focus on in proposals

PICM, SI&E, Research, TSI, PPA, EA	Support ongoing generation of evidence, documentation, and sharing of expertise internally and externally	<ul style="list-style-type: none">• Disseminate to field teams and global and regional partners using project reports, briefs, webinars, CoPs, regular cross-cutting/team calls, and so forth
---	---	---



MONITORING PROGRESS

EGPAF continues to invest in and track contributions to HIV prevention, care, and treatment for pediatrics through stand-alone projects and integrated country programming. This monitoring guidance is intended to provide avenues for overarching tracking of objectives and strategies outlined in the pediatric strategic plan (see Table 4).

Table 4. EGPAF Pediatric (0–14 Years) Indicators

<p>Objective 1. Increase EGPAF’s global leadership in pediatric HIV to further generate momentum in the global pediatric HIV response, and sustain gains</p>	<ul style="list-style-type: none"> • Number of global venues at which EGPAF represents pediatric needs (coalitions, meetings, etc.) • Number of documentation efforts and dissemination activities (documents, webinars, papers, conference session) highlighting EGPAF pediatric expertise and experience
<p>Objective 2. Engage in TA endeavors to provide and build progress toward optimized pediatric outcomes</p>	<ul style="list-style-type: none"> • Number of external TA ETA projects focused on pediatric HIV

<p>Objective 3. Provide quality, responsive, innovative, and differentiated health services for pediatric populations, including mothers, to address gaps in the global HIV cascade and contribute to making progress toward the 95-95-95 goals</p>	<ul style="list-style-type: none"> • Number of new pediatric HIV infections (EID, HEI) • Number of PBFW infected during pregnancy and breastfeeding period, retained in PMTCT, and post-natal care PNC • Number of HEI with PMTCT final outcome documented • Number (%) of infants, children, and adolescents living with HIV who are on ART • Proportion of countries and sites achieving pediatric treatment optimization targets • Number (%) of infants, children, and adolescents on ART with a documented viral load and undetectable viral load • Number (%) of infants, children, and adolescents who died due to HIV/AIDS • Number of documented best practices focused on pediatric HIV
<p>Objective 4. Generate research that builds understanding, know-how, and the evidence base, and drive the translation of science into practice for pediatric HIV</p>	<ul style="list-style-type: none"> • Number and impact of mission-focused, peer-reviewed research publications and oral presentations • Number of internal or external sessions focused on translating evidence into practice on pediatric-related topics
<p>Objective 5. Advocate for an enhanced and enabling environment in the public policy sphere that is responsive to the needs of pediatric populations and their stakeholders</p>	<ul style="list-style-type: none"> • Number of policies that have been adopted in line with EGPAF policy/advocacy goals • Number of advocacy venues EGPAF engaged that highlight pediatric needs • Number of pediatric-focused projects that highlight or integrate Public Policy and Advocacy–focused elements to strengthen advocacy aligned with pediatric needs

Furthermore, best practices, documented efforts, and cross-learning material will be housed in accessible shared folders in SharePoint. To facilitate cross-country learning, tracking of progress, and potentially identifying areas for TA, regular sharing on existing platforms such as Technical Directors Forum, CoPs, and Technical Strategy and Innovation quarterly updates will occur on a consistent basis.



While EGPAF strives to use photos which accurately depict the actions, topics, or populations referenced, unless specifically indicated, the photographs in this document do not imply program participation, health status, attitude, behavior, or action on the part of persons who appear therein.

Elizabeth Glaser Pediatric AIDS Foundation

WWW.PEDAIDS.ORG

 [Facebook.com/EGPAF](https://www.facebook.com/EGPAF)

 [Twitter.com/EGPAF](https://twitter.com/EGPAF)
