



# EGPAF Pediatric Strategy 2022–2024

## OVERVIEW

In 2021, 1.7 million children (0-14 years) were living with HIV globally, representing 4.4% of the 38.4 million individuals living with HIV. In 2021, 52% of children living with HIV were accessing antiretroviral therapy (ART), whereas 76% of adults living with HIV were accessing ART, a major inequity in treatment access between adults and children.

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.

**Through this strategy, EGPAF seeks 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
- › Prioritize designing and implementing patient-centered approaches
- › Strengthen integration of services
- › Ensure continuous learning within, across, and between countries and programs
- › Promote evidence-informed programming
- › Strengthen and build strategic and relevant global, national, and subnational partnerships
- › Generate and disseminate new evidence
- › Collaborate across stakeholders and sectors for improved cooperation
- › Ensure amenability of programming to local needs and contexts while prioritizing sustainability



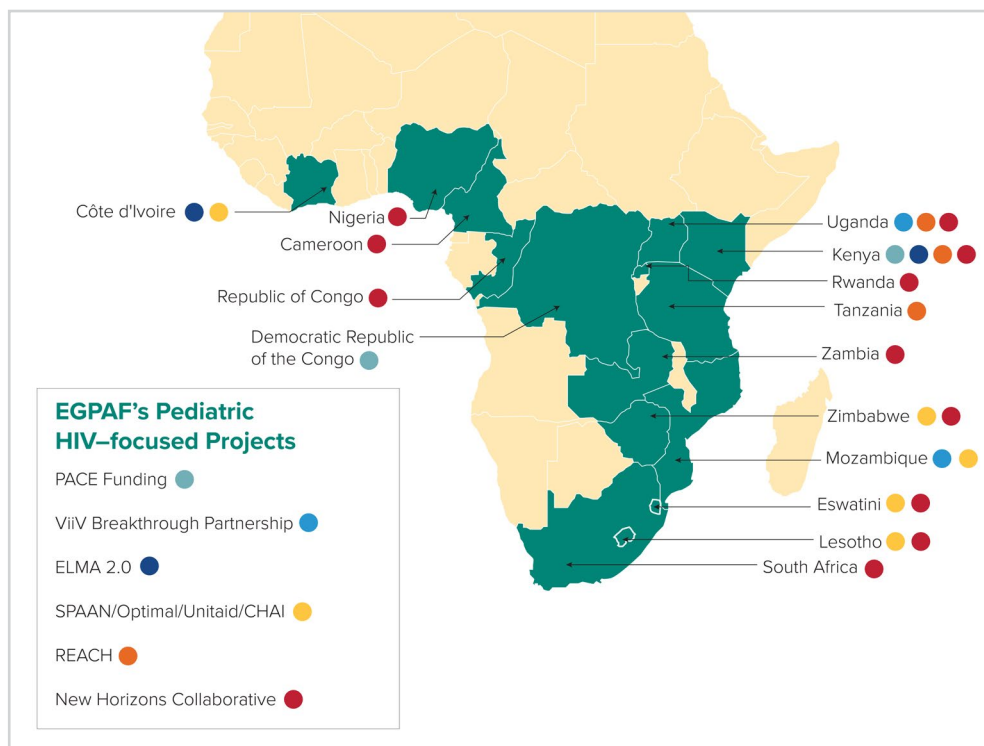
Photo: Eric Bond/EGPAF, 2020

## STATUS OF PEDIATRIC HIV PROGRAMMING AT EGPAF

EGPAF has a strong history of promoting prevention of mother-to-child transmission of HIV through evidence-informed program implementation in multiple PEPFAR-supported countries. The Foundation has several global projects focusing specifically on pediatric HIV support and outcomes. 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.

## EGPAF'S PEDIATRIC HIV PERFORMANCE

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.



Indicator	Time Frame	Indicator	Results
Identification	FY2021	HIV testing	364,576 children 0–14 tested, with 2% testing positive ( $n = 5612$ )
Index testing	FY2021	HIV index testing	163,733 index tests among children, with 2% positivity ( $n = 3287$ )
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: $<1000\text{copies/ml}^3$	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

## STRATEGIC OBJECTIVES

- › **Objective 1.** Increase EGPAF's visibility as a global leader in pediatric HIV to sustain gains and further catalyze the global pediatric HIV response
- › **Objective 2.** Provide TA that produces improved pediatric outcomes
- › **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
- › **Objective 4.** Generate and share cutting-edge data and evidence to translate science into practice for improved pediatric HIV outcomes through innovations and research
- › **Objective 5.** Advocate for public policy change to support improved pediatric HIV outcomes

## 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.



## INTERNAL AND EXTERNAL TECHNICAL LEADERSHIP AND COLLABORATION

### INTERNAL

- › HIV Testing and Services (HTS)
- › Pediatric CoP
- › Pediatric ARV project technical meetings
- › Retention task force
- › Advanced HIV disease TWG
- › AY! CoP

### EXTERNAL

- › Global Acceleration of Pediatric Formulations (GAP-f)
- › Pediatric ARV Drug Optimization (PADO) meetings
- › Pediatric HIV/TB Rome Action Plan
- › Pediatric ARV working group
- › ARV Procuring Working Group
- › The Africa REACH initiative
- › Global Alliance for ending AIDS in children by 2030

## 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.

<p><b>Objective 1.</b> 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"> <li>• Number of global venues at which EGPAF represents pediatric needs (coalitions, meetings, etc.)</li> <li>• Number of documentation efforts and dissemination activities (documents, webinars, papers, conference session) highlighting EGPAF pediatric expertise and experience</li> </ul>
<p><b>Objective 2.</b> Engage in TA endeavors to provide and build progress toward optimized pediatric outcomes</p>	<ul style="list-style-type: none"> <li>• Number of external TA ETA projects focused on pediatric HIV</li> </ul>
<p><b>Objective 3.</b> 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"> <li>• Number of new pediatric HIV infections (EID, HEI)</li> <li>• Number of PBFW infected during pregnancy and breastfeeding period, retained in PMTCT, and post-natal care PNC</li> <li>• Number of HEI with PMTCT final outcome documented</li> <li>• Number (%) of infants, children, and adolescents living with HIV who are on ART</li> <li>• Proportion of countries and sites achieving pediatric treatment optimization targets</li> <li>• Number (%) of infants, children, and adolescents on ART with a documented viral load and undetectable viral load</li> <li>• Number (%) of infants, children, and adolescents who died due to HIV/AIDS</li> <li>• Number of documented best practices focused on pediatric HIV</li> </ul>
<p><b>Objective 4.</b> 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"> <li>• Number and impact of mission-focused, peer-reviewed research publications and oral presentations</li> <li>• Number of internal or external sessions focused on translating evidence into practice on pediatric-related topics</li> </ul>
<p><b>Objective 5.</b> 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"> <li>• Number of policies that have been adopted in line with EGPAF policy/advocacy goals</li> <li>• Number of advocacy venues EGPAF engaged that highlight pediatric needs</li> <li>• Number of pediatric-focused projects that highlight or integrate Public Policy and Advocacy–focused elements to strengthen advocacy aligned with pediatric needs</li> </ul>

*While the Elizabeth Glaser Pediatric AIDS Foundation makes effort 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.*