



Accelerating Progress to Ending Pediatric HIV

We are at a critical inflection point for children affected by HIV.

In 2024 alone, 120,000 children were newly infected, and, without timely treatment, half of HIV positive infants will not reach their second birthday. Children remain left behind—a child with HIV is 6 times more likely to die than an adult without timely diagnosis. The science and the tools exist to eliminate pediatric HIV, syphilis, and hepatitis B from birth. The gap is in innovation adoption, implementation with fidelity, scale, and system capacity.

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is launching an ambitious 2026–2028 strategy to change this trajectory. Building on 36 years of partnership with governments—having reached 33 million pregnant women and prevented over 410,000 pediatric infections—we are doubling down on eliminating vertical transmission, ending pediatric AIDS, and achieving HIV-free survival through strengthening maternal and child health systems at scale.

With targeted government and donor partnership, EGPAF will support countries to reach the World Health Organization’s (WHO) elimination milestones—mother to child transmission rates (MTCT) under 5%, fewer than 50 infections per 100,000 births, and HBV prevalence under 0.1% in children under 5—while driving progress toward 95-95-95 outcomes for pregnant women, children, and adolescents

Our strategy centers on four high-impact pathways, working with government and actively integrating digital health solutions:

- **Bridging Solutions** Leveraging clinical and program expertise for co creating solutions and knowledge exchange
- **Catalytic service delivery**, including innovations such as multiplex testing, long-acting pre-exposure prophylaxis (PrEP), and digital tools that enhance frontline care.
- **Evidence generation and strategic data use**, including AI-enabled decision support and national health information systems.
- **Advocacy and policy influence**, to secure political commitment and sustainable domestic financing.

EGPAF has played a central role in supporting countries in reaching the global 95-95-95 targets, ensuring that people living with HIV are identified, retained in care, and achieve viral suppression. Our integrated, sustainable, and country-led support leverages missed opportunities in the antenatal care (ANC)/post-natal care (PNC) continuum for mothers and babies and closes persistent gaps in pediatric and family-centered HIV care and treatment.

EGPAF is the world’s leading organization focused on ending pediatric HIV, with:



36 years of partnership with governments



Over 33 million pregnant women served



410,000 pediatric infections prevented since 2000



Deep integration within national systems



Proven ability to **scale innovations to national policy and practice**



Digital leadership in national health information systems, electronic medical records, lab systems, and AI adoption

No other organization combines pediatric HIV expertise, MNCH integration, and systems level digital transformation at national scale.

To deliver on this agenda, EGPAF seeks partners willing to invest in:

- **Triple elimination acceleration** (including screening and testing, PrEP, treatment optimization, hepatitis B birth-dose adoption).
- **Next generation pediatric HIV** (including AI enabled early infant diagnosis, improved diagnostics and case finding, optimized ART).
- **Maternal health innovations and optimization** (including digital self care, AI assisted risk profiling, implementation of WHO Triple Elimination Guidelines).
- **Child survival and early childhood development integration** with a special focus on HIV infected and exposed children.
- **Digital health and data systems investments** that transform care at scale
- **Sustainability and transition support** to ensure governments success

THE IMPACT (2026–2028 Targets)

Aligned with WHO/UNAIDS milestones, tailored to each country, success looks like progress towards:

Elimination of Vertical Transmission

- MTCT rate <5%
- Pediatric HIV infections ≤50 per 100,000
- Syphilis infections ≤50 per 100,000
- Hepatitis B virus prevalence <0.1% in under 5s

Pediatric HIV Outcomes

- 95 95 95 for children and adolescents
- <2% vertical transmission rates for all HIV-exposed infants (HEIs) following the cessation of breastfeeding
- <5% mortality among HIV positive children annually

Maternal & Child Health

- Major reductions in maternal mortality
- Under 5 mortality <25/1,000
- Scaled nurturing care and early childhood development