



## *Pediatric Treatment and Care*

The U.S. President's Emergency Plan for AIDS Relief is the largest commitment ever by any nation for an international health initiative dedicated to a single disease.

*U.S. Department of State*

*U.S. Agency for International Development*

*U.S. Department of Defense*

*U.S. Department of Commerce*

*U.S. Department of Labor*

*U.S. Department of Health and Human Services*

*Peace Corps*

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**Children and infants** represent almost 15 percent of all new HIV infections worldwide. Despite the large number of children living with HIV/AIDS, children currently have disproportionately low access to HIV treatment and care relative to adult populations in most developing countries. Without treatment and care, approximately 50 percent of all HIV-positive children will die before age two. In addition to preventing transmission from mother to child, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is working with host nations to provide family-centered treatment and care services for children living with and affected by HIV/AIDS.

Barriers currently limiting the scale-up of pediatric treatment and care services include a lack of providers equipped with the necessary skills to address the special needs of HIV-positive children, the relatively high cost of pediatric antiretroviral treatment formulations, regulatory barriers to registering pediatric formulations, and limited information about pediatric doses of medicines at different ages and weights. In March 2006, the Public-Private Partnership for Pediatric AIDS Treatment was announced, through which the U.S. Government is now working with pharmaceutical companies, implementing organizations, and multinational organizations such as the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) to address these barriers.

### **The Power of Partnerships:**

Through September 30, 2008, of the people receiving antiretroviral treatment through direct U.S. Government (USG) support in the focus countries, nearly **130,100** are children age 14 and under; a **51 percent** increase over the number of children on PEPFAR-supported treatment in 2007.

→ **\$140 million** to support pediatric treatment.

In order to rapidly increase the number of HIV-positive children receiving life-saving antiretroviral treatment and care, PEPFAR is linking prevention of mother-to-child transmission (PMTCT) programs with pediatric follow-up, including pediatric treatment, pediatric training for providers, routine testing of children, and laboratory capacity building and systems-strengthening for early infant diagnosis. In some PEPFAR countries, HIV diagnosis in babies can now be done as early as six weeks after birth by collecting dried blood samples.

A new focus will be on routine testing of sick children in pediatric medical settings, which is expected to rapidly identify large numbers of HIV-positive children, and provide the possibility of direct links to treatment and care.

