PEPFAR Priority Areas

Children: Delivering on Our Commitment

December 2016
Without lifesaving antiretroviral therapy HIV-infected children, 50% will die before their second birthday.

80% will die by their fifth birthday.
Key Issues, Challenges, and Priorities

Children
Overview

Children are our future

PEPFAR is the world’s largest donor to children living with and affected by HIV/AIDS, and we are committed to supporting these children with the clinical and social services they need to not only survive but thrive.

• Over 13.4 million children are living without one or both of their parents due to AIDS.
• About 95% of children directly affected by HIV/AIDS live with their extended family.
• 1.8 million children are living with HIV/AIDS. Through PEPFAR now 60% have access to live saving treatment.
• Nearly 2 million babies have been born HIV-free with PEPFAR support.
In 2000, the global community came together with the Millennium Development Goals. Goal 4: Reduce Child Mortality set a target of reducing child mortality by two-thirds by 2015. PEPFAR has been a leader in multiple areas, including the elimination of mother-to-child transition, reducing AIDS-related maternal mortality, and expanding treatment for children. As a result of our work, as well as that of our partners, great progress has been made and must be sustained.

Source: UNAIDS, 2016; Nigeria data under revision
PEPFAR Activities and Impact

Children
On World AIDS Day 2014, PEPFAR and the Children’s Investment Fund Foundation (CIFF) announced the Accelerating Children’s HIV/AIDS Treatment (ACT) Initiative. This $200 Million partnership aimed to double the number of children receiving life-saving treatment within two years.

Saving the lives of children is more than just the right thing to do – it’s imperative to ensure that economies flourish, jobs are created, and communities remain strong for decades to come.
Partnering to save children: the ACT Initiative

ACT is being implemented in nine PEPFAR countries: Cameroon, DRC, Kenya, Lesotho, Malawi, Mozambique, Zambia, and Zimbabwe.

These countries were chosen because of three criteria:

1. **Low coverage of treatment for children in need**
   - Inadequate treatment coverage means high mortality among children living with HIV

2. **High burden of pediatric HIV**
   - Targeting large populations of children living with HIV will have the greatest impact on global pediatric treatment coverage

3. **High disparity between adult and pediatric treatment coverage**
   - Countries with high adult treatment coverage have demonstrated capacity for scaling up treatment
## Acceleration of Numbers of Children Receiving ART in the ACT Initiative

<table>
<thead>
<tr>
<th>Countries Participating in ACT</th>
<th>Children receiving ART by September 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>8,386</td>
</tr>
<tr>
<td>DRC</td>
<td>5,034</td>
</tr>
<tr>
<td>Kenya</td>
<td>115,326</td>
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<tr>
<td>Lesotho</td>
<td>9,548</td>
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<tr>
<td>Malawi</td>
<td>77,193</td>
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<tr>
<td>Mozambique</td>
<td>75,237</td>
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<tr>
<td>Tanzania</td>
<td>66,488</td>
</tr>
<tr>
<td>Zambia</td>
<td>118,597</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>80,836</td>
</tr>
<tr>
<td>All ACT Countries</td>
<td>556,645</td>
</tr>
</tbody>
</table>

By the end of 2016, PEPFAR was supporting nearly 1.1 million children (< 20 years old) on ART in all of their regional and country programs.
Orphans and Vulnerable Children
Worldwide, over 13 million children are living without one or more parents due to AIDS. Not only are these children more vulnerable to violence, abuse, exploitation, and neglect, but they are also more likely to engage in unsafe behaviors that increase the risk of HIV infection. More than 80% of these children live in sub-Saharan Africa.

For this reason, PEPFAR contributes more than 10% of program funds to mitigate the physical, emotional, and economic impacts of HIV/AIDS on children.

PEPFAR is supporting critical care and support for nearly 6.2 million orphans and vulnerable children to mitigate the physical, emotional, and economic impact of HIV/AIDS on children.
OVC Programming

PEPFAR is the world’s largest donor to OVC programs. Working with country partners, PEPFAR’s OVC programs mitigate the impact of HIV and strengthen systems by:

• Responding directly to the economic, educational, psychosocial, and protection needs of children – and their families – while ensuring access to quality health services

• Protecting children from HIV/AIDS and other risks to their development

• Working directly with families, communities, national social service systems, health systems, and partner governments to strengthen capacity for OVC service delivery

OVC programs also play a key role in PEPFAR initiatives, including ACT, the DREAMS Partnership for adolescent girls and young women, and the super fast track partnership with UNAIDS: Start Free, Stay Free, AIDS Free.
Prevention of Mother to Child Transmission
Mother-to-Child Transmission

Mother-to-child transmission is the leading cause of HIV infection in children. While it is a problem worldwide, the greatest burden remains in sub-Saharan Africa.

PEPFAR uses site-specific data to ensure our programs prioritize the highest burden areas with the greatest need to maximize impact.

Since 2009, there has been a 60 percent decline in new HIV infections in children. Thanks to PEPFAR support, nearly 2 million babies have been born HIV-free who would have otherwise been infected.
Option B+: Saving Mothers and Babies

PEPFAR invests in preventing mother-to-child transmission (PMTCT), with a focus on Option B+, or providing lifelong antiretroviral treatment for all HIV-infected pregnant and breastfeeding women.

Option B+ is aligned with the 2015 WHO Guidelines on Treatment for All, and research has shown that it leads to the best outcome for women, their partners, and their children.
Where do we go from here?

Children
The approach to end the AIDS epidemic among children, adolescents, and young women by 2020:

- Eliminate new HIV infections among children by reducing the number of children newly infected to less than 40,000 by 2018 and 20,000 by 2020.
- Reach and sustain 95% of pregnant women living with HIV with lifelong HIV treatment by 2018 so mothers thrive to support their children.
- Reduce the number of new HIV infections among adolescents and young women to less than 100,000 by 2020.
- Provide VMMC to 25 million additional men by 2020 globally, including 11 million in the geographic areas of highest HIV burden, with a focus on young men ages 15-29.
- Provide 1.4 million children (0-14) and 1 million adolescents (15-19) with HIV treatment by 2020.
Priority Areas for Action for an AIDS-Free Generation

- Increase HIV testing by age 2 months of infants born to women with HIV infection to save their lives
- Only 50% of infants who test positive for HIV are linked promptly to lifesaving ART – this number needs to increase dramatically.
- Maximize case identification outside of PMTCT/EID programs with strategic, targets approaches to HTC for children
- Intensify efforts to identify and link to treatment children with HIV in West and Central African regions, where pediatric treatment coverage remain low and the only major region where pediatric treatment coverage is substantially lower than adult coverage.
- Encourage changes in policy and practice to make sure that young children receive the best ART regimens available, as recommended by the WHO, and encourage developments of better treatment options for children.
- Scale-up of virologic monitoring should prioritize children who are at high risk of treatment failure.
- Use age-appropriate support services to ensure children -and especially adolescents- are retained in care and are supported to grow into healthy and productive adults.
Thank You!