



FACT SHEET: Campaign to End Pediatric HIV/AIDS (CEPA)

Over the next three years, the Campaign to End Pediatric HIV/AIDS (CEPA) and its network partners will accelerate action to reduce the incidence of pediatric HIV/AIDS and measurably improve the delivery of treatment to children and mothers, with a focus on seven African countries: Kenya, Uganda, Tanzania, Zambia, Mozambique, Nigeria, and Ethiopia. Ultimately, CEPA seeks to increase coverage rates for prevention of mother-to-child transmission (PMTCT+) and pediatric treatment services from the current average of 30% to 40% to the globally agreed-upon target of 80% and ensure high-quality services.

Scope of the Problem

Despite international commitments to achieve universal access to HIV/AIDS services by 2010, including 80% coverage for PMTCT+ services, progress toward these goals remains too slow, and pediatric HIV transmission remains unacceptably high, particularly in sub-Saharan Africa.

- ◆ An estimated 370,000 children were infected with HIV in 2007 alone, approximately 17% of all new infections, primarily because pregnant, HIV-positive women lack access to PMTCT+ services.
- ◆ Of the nearly 3 million people on treatment globally, only 200,000, or 6.7%, are children.
- ◆ Only one in seven (14%) of the 780,000 children in need of ART are receiving it.
- ◆ Of the 2 million children under age 15 with HIV/AIDS worldwide, 1.8 million reside in sub-Saharan Africa.

The Campaign to End Pediatric HIV/AIDS seeks to:

- ✓ **Leverage policy reforms at the global and country level.**
- ✓ **Expand and activate in-country advocacy networks.**
- ✓ **Hold governments and decision-makers accountable for tangible progress toward their policy commitments.**

CEPA's Core Objectives

CEPA will work to advance the following objectives:

- 1. Family-Centered Care and Nutrition.** Expand access to PMTCT+ and pediatric treatment, care, and support, including nutrition services, and integrate child and family services with other health services in order to improve survival rates and health outcomes for children, HIV-positive mothers, and their families.
- 2. Early Infant Diagnosis and Treatment.** Expand access to early infant diagnosis and earlier and improved pediatric treatment in order to improve survival rates and health outcomes for children.
- 3. Access to Appropriate Medications.** Reduce distribution barriers and increase the global supply of high-quality, low-cost lifesaving medicines for children and their families, including ARVs, drugs to treat opportunistic infections, and first and second-line regimens to ease dosing and administration.
- 4. Full Funding to Eliminate Pediatric AIDS.** Secure the financial resources needed to facilitate country-level scale-up of PMTCT+ and pediatric and maternal treatment programs.

CEPA Campaign Network

The Campaign to End Pediatric HIV/AIDS intends to support national-level models for effective advocacy—and will engage African civil-society organizations and networks that can provide country-specific expertise to address diverse social, economic, cultural, and political contexts. Ultimately, CEPA will help build an advocacy network that can help ensure ongoing monitoring and accountability as prevention and treatment programs are scaled up at the national level across Africa. In doing so, the campaign will advance an advocacy model that can be implemented in other countries—and potentially replicated in other regions worldwide.



Overcoming Key Bottlenecks

CEPA's partners have identified two major types of bottlenecks that must be addressed in order to ensure that PMTCT+ and pediatric HIV/AIDS programs are scaled up successfully:

1. **Implementation bottlenecks**, such as inadequate health care worker training; lack of or insufficient transportation systems for health care commodities; problems with procurement and supply chain management; and inadequate adoption of international and national guidelines for PMTCT+ and pediatric treatment.
2. **Policy bottlenecks**, such as lack of long-term predictable financing; over-reliance on external funding for antiretroviral medications (ARVs); funding shortfalls and bottlenecks in disbursement from both domestic and international sources; limitations on task-shifting to trained non-physician clinicians; and the lack of or unclear national policies and targets for scaling up access to pediatric HIV/AIDS services.

Concrete Outcomes

CEPA's advocacy efforts are expected to leverage the following large-scale, sustainable impacts to improve the lives of children:

- ◆ World Health Organization guidelines endorsing highly active antiretroviral therapy (HAART) as best practice for PMTCT are understood and implemented by key policymakers and service providers.
- ◆ Early initiation of diagnosis and treatment for all HIV-exposed infants and children, including administration of cotrimoxazole.
- ◆ Allocation of appropriate percentage of total HIV/AIDS resources to achieve 80% coverage rates for PMTCT+ and pediatric treatment and ensure high-quality services.
- ◆ Nutrition funded as key component of pediatric treatment, including micronutrients.
- ◆ New fixed dose combination drugs registered for use in focus countries.
- ◆ Increased task-shifting to allow trained non-physician clinicians to initiate PMTCT and pediatric treatment.
- ◆ Improved monitoring and capacity building of both local and global programs to ensure effective implementation of PMTCT+ and pediatric diagnosis and treatment guidelines.

How to Get Involved

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