EXECUTIVE SUMMARY

This status report provides a SNAPSHOT OF PEDIATRIC HIV/AIDS GLOBALLY and in SIX KEY COUNTRIES IN SUB-SAHARAN AFRICA: Kenya, Mozambique, Nigeria, Tanzania, Uganda, and Zambia. It focuses on issues that are being prioritized by the Campaign to End Pediatric HIV/AIDS (CEPA), which—when reviewed together—PROVIDE A MEASURE OF PROGRESS TO DATE AND HIGHLIGHT ONGOING CHALLENGES.

CEPA is a three-year campaign that seeks to increase coverage rates for comprehensive prevention of parent-to-child transmission (PPTCT+) and high-quality pediatric treatment services from the current average of 45% to the globally agreed-upon target of 80%. Such action is critical to ensure universal access to HIV prevention, treatment, and care, and to achieve Millennium Development Goals 4, 5, and 6 by 2015.

This status report highlights concrete progress in both the quality and scale of responses to pediatric HIV/AIDS. For example:

- Kenya, Mozambique, and Zambia have already adopted the new World Health Organization guidelines issued in November 2009, which raise the standards for antiretroviral treatment, infant feeding, and PPTCT+ services, and Zambia is reviewing the guidelines to ensure improved implementation.
- All CEPA countries have adopted new WHO guidelines on early infant diagnosis and treatment, except for Tanzania, where adoption is under way. However, none of these countries has established systems for tracking the number of children being tested within two months—the timeframe critical for starting ARV treatment.
- All CEPA countries have some form of national budget for HIV/AIDS, except Mozambique. However, none of the national budgets includes a specific breakdown for expenditures on pediatric HIV/AIDS, which makes it difficult to track whether government spending is increasing.

The report also highlights a number of areas where significant bottlenecks continue to stymie progress. For example:

- None of the CEPA countries is currently meeting the Abuja Declaration commitment to allocate at least 15% of annual national budgets to health care.
- Stock-outs of essential drugs, commodities, and equipment for PPTCT+ and pediatric HIV/AIDS treatment remain common. Action is needed both globally—such as by the multilateral Coordinated Procurement Planning Program—and nationally to better track and address where and why these stock-outs are occurring.
- Stigma and discrimination is a major barrier to an effective response to pediatric HIV/AIDS, and major institutions such as PEPFAR and the Global Fund to Fight AIDS, TB and Malaria need to strengthen their technical expertise and monitoring on this issue. Moreover, the Stigma Index developed by the Global Network of People Living with HIV (GNP+) is being implemented in just four CEPA countries.
- While PEPFAR has set a target of training and retaining over 140,000 new health care workers by 2013, progress within most countries remains slow, and health care worker shortages are a reality in many hard-hit communities.

Finally, this status report highlights critical decisions related to pediatric HIV/AIDS that are currently being debated by national governments and donors. For example:

- New WHO treatment guidelines released in November 2009 give countries the option of choosing between triple or combination ARV therapy to prevent parent-to-child HIV transmission (Option B), or a less expensive and less efficacious version of PPTCT that includes AZT during pregnancy, delivery, and postpartum, as well as single-dose nevirapine at onset of labor and nevirapine (with or without AZT) during labor and postpartum (Option A). To date, Kenya, Mozambique, and Zambia have adopted Option A; Nigeria has chosen a combination of Options A and B; and Tanzania is still making a decision.
- The Global Fund to Fight AIDS, TB and Malaria, a multilateral funding mechanism that is critical to scaling up high-quality PPTCT+ and pediatric HIV/AIDS treatment services—has begun its 2011–2013 replenishment process and will require $20 million to continue its trajectory of growth over that period. Unfortunately, it remains unclear whether key donors will contribute their "fair share" of the resources needed.
- The Global Fund is also implementing a new reprogramming initiative to transition PPTCT services from single-dose nevirapine to dual or triple ARV therapy in 20 countries, including all six of the current CEPA countries. This initiative is an important sign of progress; however, there are concerns regarding whether the Fund is engaging civil society sufficiently, and advancing a comprehensive approach that includes all four prongs of PPTCT+ services, including family planning.

Finally, this status report concludes that we have the tools we need to eliminate pediatric HIV/AIDS. Effective treatments and technologies exist, and there are commitments in place at the country, regional, and global levels. Nevertheless, the number of children born with and dying of HIV/AIDS remains far too high. In order to achieve the agreed-upon target of 80% coverage for PPTCT+ and pediatric HIV/AIDS treatment—and save millions of lives—we must overcome key policy and implementation bottlenecks through accelerated and concerted action that involves a broad range of national and global stakeholders.

Our recommendations for accelerated action to eliminate pediatric HIV/AIDS are detailed on pages 17–18.