



GLOBAL LEADERSHIP COMMITMENT TO ACTION TO END PEDIATRIC HIV/AIDS BY DECEMBER 31, 2015

July 2010 ♦ Vienna, Austria

Despite international efforts over the past decade to ramp up programs to combat HIV/AIDS in resource-poor settings, more than 400,000 children are born with HIV each year. Worldwide there are more than two million children under 15 years of age currently living with HIV/AIDS—over 90% of them in sub-Saharan Africa.

Pediatric HIV/AIDS has been virtually eliminated in the global North, and there is no reason this cannot happen everywhere. Effective treatments and technologies exist, and there are commitments in place to prevent pediatric HIV/AIDS. Nonetheless, key policy, implementation, and funding bottlenecks continue to impede progress. If we achieved the agreed-upon target of 80% coverage for pediatric HIV/AIDS treatment, approximately 584,000 of the 730,000 children who need treatment would receive lifesaving antiretroviral medications—or an additional 309,000 children worldwide.

New initiatives involving local stakeholders in sub-Saharan Africa, including the Campaign to End Pediatric HIV/AIDS, have helped accelerate efforts to overcome the obstacles to scaling up pediatric HIV/AIDS prevention and treatment services. Progress has been made, but more needs to be done. We must achieve zero new pediatric HIV infections by ending parent-to-child transmission altogether.

Pediatric HIV/AIDS cannot be eliminated without promoting an integrated health model that includes comprehensive prevention of parent-to-child transmission (PPTCT+) services. In particular, scaled up PPTCT+ programs can make a huge contribution to reducing maternal and child mortality in countries with a high burden of HIV/AIDS and accelerating progress toward the Millennium Development Goals. In order to maximize the impact of pediatric HIV/AIDS programs, we must:

- ♦ Reposition PPTCT as part of a comprehensive family care and treatment model;
- ♦ Optimize program delivery at all stages of the treatment cascade and focus on achieving quality health outcomes; and
- ♦ Develop better, more appropriate indicators and metrics that will help drive uptake, improve the quality of health services, and prioritize HIV-free survival as the key measure of success.

Ultimately, we must achieve these core objectives in order to eliminate pediatric HIV/AIDS by 2015:

1. **Family-Centered Care and Nutrition:** Access to comprehensive PPTCT+ and pediatric treatment, care, and support, including nutrition services, and integration of child and family services with other health services must be expanded in order to improve survival rates and health outcomes for children and their families.
2. **Early Infant Diagnosis and Treatment:** Access to early infant diagnosis and earlier and improved pediatric treatment must be expanded in order to improve survival rates and health outcomes.

3. ***Access to Appropriate Medicines and Commodities:*** Global procurement, supply, distribution, and utilization of high-quality, low-cost medicines and essential health commodities must be increased, including antiretroviral drugs (ARVs) and family planning commodities. Drugs to treat opportunistic infections and second- and third-line regimens to reduce the risk of HIV resistance must be readily accessible and easy to use and administer.
4. ***Financial Requirements:*** The increased financial resources needed to facilitate country-level scale-up of comprehensive PPTCT+, maternal health, and pediatric treatment programs must be made available and utilized effectively to maximize on-the-ground results.
5. ***Political and Programmatic Action:*** The Global Fund to Fight AIDS, TB and Malaria, the U.S. Global Health Initiative and President's Emergency Plan for AIDS Relief (PEPFAR), and initiatives through the United Nations, UNITAID, and other donors must support national-level strategies to address pediatric HIV/AIDS. Government and civil-society commitments to end pediatric HIV/AIDS—both nationally and internationally—must be re-affirmed and strengthened.
6. ***Human Resources for Health:*** Effective policies and programs to expand and improve human resources capacity to support scale-up of PPTCT+ and pediatric treatment services must be developed and implemented.
7. ***Stigma and Discrimination:*** Effective policies and programs to reduce stigma and discrimination must be developed and implemented in order to ensure the success of PPTCT+ and pediatric HIV/AIDS services and maximize their impact on the lives of women, children, and their families.

Every child is important, and all children deserve to live free of HIV. In response to current policy, implementation, and funding challenges, and in an effort to seize existing opportunities, we the undersigned agree to take every necessary action—individually and collectively—to overcome the critical bottlenecks blocking progress to end pediatric HIV/AIDS.

Invited High-Level Signatories at the XVIII International AIDS Conference:

- ❖ Carla Bruni-Sarkozy, Global Ambassador for the Protection of Mothers and Children Against AIDS, Global Fund to Fight AIDS, TB and Malaria, and First Lady of France
- ❖ Dr. Margaret Chan, Director-General, World Health Organization
- ❖ Jamie Cooper-Hohn, Chief Executive Officer, The Children's Investment Fund Foundation (CIFF)
- ❖ Dr. Elly Katabira, President-Elect, International AIDS Society
- ❖ Dr. Michel Kazatchkine, Executive Director, Global Fund to Fight AIDS, TB and Malaria
- ❖ Anthony Lake, Executive Director, UNICEF
- ❖ Mrs. Graça Machel, Chair, Leadership Council, Campaign to End Pediatric HIV/AIDS (CEPA)
- ❖ His Excellency Mr. Festus G. Mogae, Founder, Champions for an HIV-Free Generation, and former President of Botswana
- ❖ Michel Sidibé, Executive Director, UNAIDS