



Elizabeth Glaser
Pediatric AIDS
Foundation

*Until no
child has
AIDS.*

**UNAIDS 38th Programme Coordinating Board
Statement by the Elizabeth Glaser Pediatric AIDS Foundation
June 28, 2016**

While fully supporting the points made by my NGO colleagues who just spoke, the Elizabeth Glaser Pediatric AIDS Foundation would like to highlight some of the positive elements of the High Level Meeting, specifically the pivotal outcomes achieved for children and adolescents. First, we celebrated the certification of the elimination of mother-to-child HIV transmission by Armenia and Belarus, along with other notable achievements of the Global Plan to Eliminate Mother-to-Child Transmission. We would also like to congratulate Thailand for its certification last week.

Second, UNAIDS and PEPFAR announced that the Global Plan will be followed by a new global framework to end the AIDS epidemic among children, adolescents and young women by 2020. The framework includes 3 interwoven components each with highly ambitious Fast Track targets. They are: **Start free** to end vertical HIV transmission, **Stay free** to cut new infections among adolescents and young women, and **AIDS Free** to increase treatment for children and adolescents.

The new framework reflects an understanding that achieving an AIDS-free generation requires a more comprehensive and cyclical approach that starts and ends with PMTCT, including primary prevention among girls and young women, but also promotes starting and keeping children on treatment, virally suppressed, and healthy as they move into adolescence and adulthood.

And third, we were thrilled to see that elements from all three parts of this framework were included as commitments in the HLM Political Declaration, including eliminating vertical HIV transmission, providing 1.6 million children with treatment by 2018, and reducing new infections among adolescents and young women to under 100,000 by 2020.

We applaud such bold targets and the commitment to urgent action that they signify. We were also pleased that the targets were backed by other commitments to address the protracted challenges that may prevent us from meeting those targets. For example, mother-to-child transmission is stubbornly persistent in the breastfeeding period, where 60% of infections are now occurring. Only half of HIV-exposed infants are being tested, and test results are taking months to get back to caregivers. Children living with HIV are not being found and linked to treatment. The average age children are starting treatment is close to five years old, when 80% of HIV positive children will have already died by that age. Treatment adherence and viral suppression is far too low among children and adolescents. Optimal pediatric formulations are still not available. And stigma plus harmful gender norms and practices continue to prevent effective prevention and treatment among girls and women.

We must tackle all of these challenges head on, in clinics, in community settings, in schools, in law- and policy-making bodies, in laboratories, and elsewhere, and the Political Declaration lays out specific steps we must take to do so.

In closing, we would like to thank those actors in this room who have set the ball firmly in motion for a day when children are no longer being infected by HIV, and no longer dying of AIDS-related illnesses.

Thank you.