While the world has seen tremendous advances in treatment for adults living with HIV, a lack of appropriate treatment options adapted to paediatric needs still contributes to resistance, treatment failure, and low treatment coverage among children living with the disease. Almost half of the estimated 1.7 million children living with HIV today are not accessing treatment. Without treatment, one third of children with HIV die in their first year of life; half die before their second birthday.

HIV STATISTICS

50% of children with HIV will die before their

1.7 MILLION children are living with HIV

ONLY 54% of children are receiving lifesaving treatment

TREATMENT CHALLENGE

There is currently no cure for HIV, but the disease can be managed with combinations of antiretroviral drugs. Advances for adults and adolescents living with HIV have made today’s HIV medicines far simpler and more effective than earlier treatment options. But until recently, the only medicines available for babies and kids were bitter-tasting, difficult to dose, and required refrigeration – making them unsuitable for children and their caregivers. In some places, older paediatric antiretrovirals are still used even though they are no longer recommended because of increasing resistance.

DNDi aims to help end the neglect of paediatric HIV by developing and rolling out optimal child-friendly antiretroviral formulations for kids living with HIV, with a special focus on babies and the youngest children who are at the highest risk of dying without treatment.
A ‘4-in-1’ treatment requiring no refrigeration for less than a dollar a day

Together with our manufacturing partner, Cipla Ltd, DNDi has completed development of a ‘4-in-1’ combination HIV treatment specifically designed for infants and young children. The easy-to-administer, strawberry-flavoured formulation requires no refrigeration and is a great improvement over the current treatment option: a bitter-tasting syrup with high alcohol content that needs to be kept in a cold chain. The regimen comes in the form of granule-filled capsules that parents and caretakers can administer easily by opening the capsules and sprinkling on soft food, water, or milk.

Developed with financial support from Unitaid, Agence Française de Développement (AFD), and others, the 4-in-1 was submitted to the US Food and Drug Administration for tentative approval in October 2019. DNDi began running a study called LOLIPOP in Uganda in 2019 to generate additional data to support worldwide scale-up. To help ensure access, Cipla has committed to price the treatment at under a dollar a day for children weighing up to 14 kg.

Addressing a deadly HIV co-infection

In keeping with our commitment to respond to evolving research and patient needs, DNDi has initiated work to develop an improved treatment for cryptococcal meningitis, a common, life-threatening opportunistic infection for people with advanced HIV.

The drug flucytosine is a key component of WHO-recommended first-line treatment for HIV-related cryptococcal meningitis, but standard formulations are poorly adapted for use in under-staffed and overburdened hospitals. With pharmaceutical development studies completed in 2019, DNDi is now preparing to start clinical trials that aim to deliver a simpler, sustained-release formulation of the drug adapted for use in resource-limited settings.

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“Tackling a deadly HIV co-infection

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“We are happy to extend our R&D work for children with HIV/AIDS and take an important step forward with the DNDi partnership by developing an entirely new breakthrough paediatric formulation to alleviate suffering and help society.”

Dr Y. K. Hamied
Chairman, Cipla Limited

Junacia struggles to give foul-tasting HIV medications to her child in the Cape Flats neighbourhood in Cape Town, South Africa. Children are still being born with HIV, and local doctors are worried that rates of mother-to-child transmission are not going down enough.

2019 DISEASE FACTSHEET: HIV