HIV

Ensuring access to optimal treatment for children and people with advanced HIV disease

FACTS

1.5 million children are living with HIV

Only 57% of children with HIV are receiving life-saving antiretroviral treatment

630 thousand people die from advanced HIV-related illnesses every year

Improved access to better antiretroviral treatment (ART) has prevented over 20 million deaths in the past three decades, but not everyone is benefiting equally. **Gaps in treatment access and pharmaceutical R&D continue to claim more than half a million lives every year. Access to treatment among children living with HIV continues to lag behind adults, with barely half receiving life-saving ART. People with advanced HIV disease (AHD) remain extremely vulnerable to opportunistic infections** such as cryptococcal meningitis, which can lead to life-threatening swelling of the membrane surrounding the brain and spinal cord in people with severe immune suppression. The fungal infection is the second leading cause of death among people living with AHD.

The push for progress

Together with our partners, we developed an easy-to-administer fixed-dose formulation of four drugs recommended for children with HIV. The '4-in-1' combination treatment comes in strawberry-flavoured granules that are palatable and can easily be sprinkled on water, milk, or food. Our teams are now working to develop a simpler, sustained-release formulation of flucytosine – a key component of WHO-recommended treatment for cryptococcal meningitis – while working with partners to improve access to life-saving interventions against AHD, including medicines for cryptococcal meningitis that are already available.

Our goal is now **to make sure optimal ART is available to all children who need it and that all people with cryptococcal meningitis are treated promptly and effectively, no matter where they live. Together with partners, we are exploring ways to close access gaps and advance pharmaceutical R&D that will save lives now and in years to come.**

Improving access to child-friendly medicines

In a long overdue 'treatment revolution' for children living with HIV, multiple new child-friendly ART regimens are being introduced in high-burden African countries. Developed in partnership with Cipla and first approved in South Africa in 2022, **the 4-in-1 is now registered as an alternative treatment in six African countries, with Mali, Uganda, Kenya, Mozambique, and the Democratic Republic of the Congo (DRC) adding their approval in 2023.** DNDi continued to support the roll-out of optimal HIV treatments for children throughout the year, with specific projects aimed at boosting access in the DRC, Senegal, and South Africa. This included work to **extend access to HIV services for young children** in two previously underserved provinces of the DRC, achieved in partnership with PNLS, the DRC's national AIDS programme.

Ensuring access to life-saving treatment for people with advanced HIV disease

Over 70% of people who develop cryptococcal meningitis can survive if they receive early treatment, but left undiagnosed and untreated, the disease is usually fatal. Access to diagnostics and medicines – including WHO standard-of-care liposomal amphotericin B (LAmB) and flucytosine – remains a major challenge in sub-Saharan African countries.

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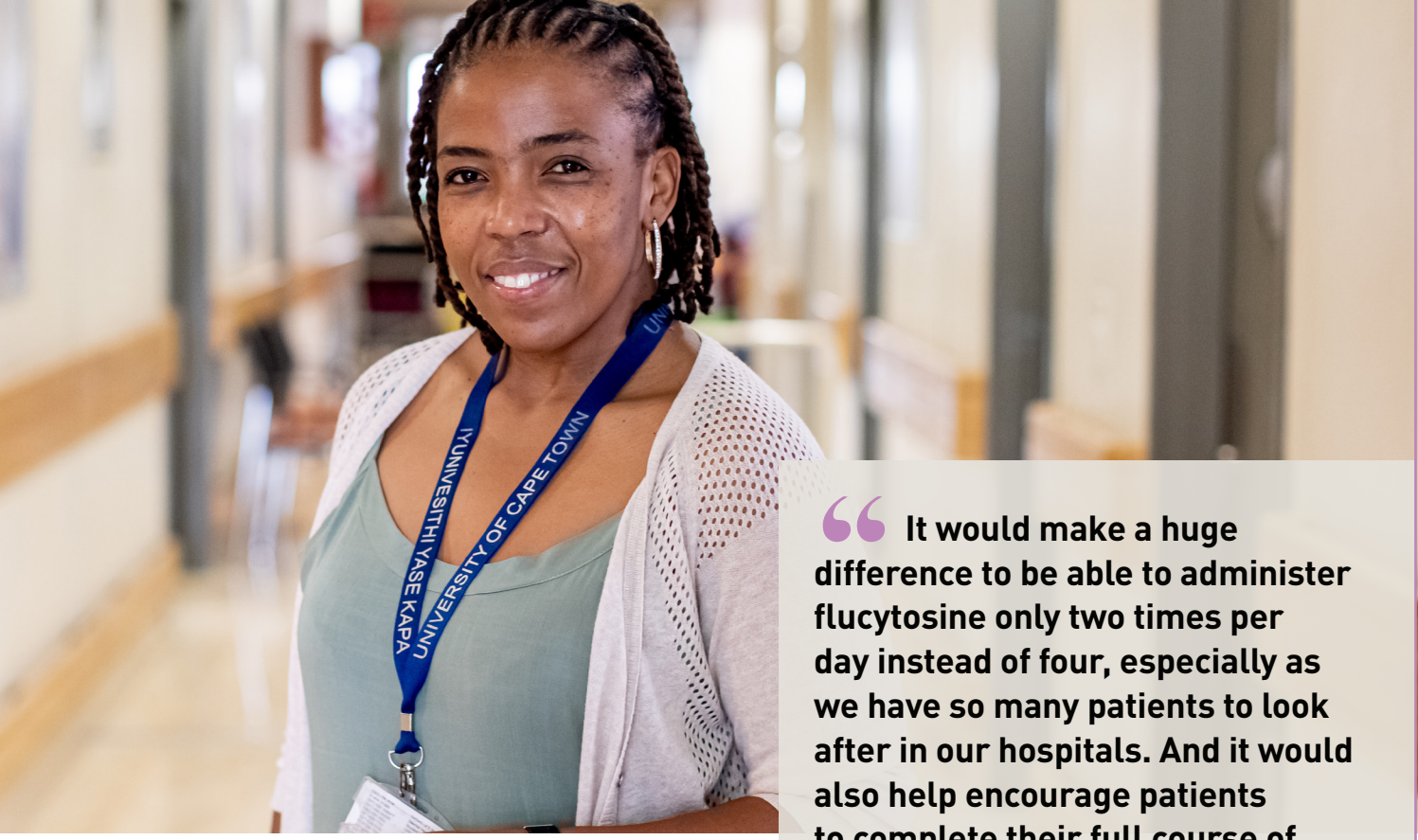

Photo credit: Karin Schembruker–DNDi

“It would make a huge difference to be able to administer flucytosine only two times per day instead of four, especially as we have so many patients to look after in our hospitals. And it would also help encourage patients to complete their full course of treatment once they return home.

Ida Oliphant, a nurse, helps treat patients with cryptococcal meningitis at Khayelitsha Hospital in Cape Town, South Africa.

In 2023, DNDi and Georgetown University’s HIV Policy Lab completed development of the Advanced HIV Disease (AHD) Policy Dashboard, an online resource that maps national guidelines for AHD and cryptococcal meningitis across 35 African countries. The dashboard serves to monitor progress and encourage countries to fast-track the full adoption of life-saving interventions against AHD. It also aims to reduce the time lag between the generation of scientific evidence and policy adoption by national health authorities. The AHD dashboard and an accompanying policy brief were launched at the 22nd International Conference on AIDS and STIs in Africa (ICASA) in December 2023.

DNDi has also continued to work with partners Unitaid, Clinton Health Access Initiative, and St George’s, University of London to lower the cost of LAmB in sub-Saharan African countries and to advocate for better access to diagnostics for AHD and cryptococcal meningitis.

Working towards simpler, safer treatments for cryptococcal meningitis

Standard formulations of flucytosine – delivered in four doses per day – are poorly adapted for use in understaffed and overburdened hospitals in resource-constrained settings. For critically ill patients, the drug often needs to be crushed and given by nasogastric tube. DNDi began developing a sustained-release formulation of flucytosine in 2020 together with our partner Mylan Laboratories Limited, India (a Viatris Company).

Aiming to deliver a simpler, easier-to-administer formulation of the drug that is affordable and accessible to more people, the project is also strengthening existing local clinical trial capacities. A Phase I trial at FARMOVS in Bloemfontein, South Africa, was completed in early 2023 and enabled the selection of a sustained-release prototype formulation and dosage for use in Phase II clinical trials set to begin in Tanzania and Malawi in 2024. Training of local healthcare workers on pharmacokinetic sampling processes and other preparatory activities critical to conducting Phase II clinical trials continued in 2023 with partners including the National Institute for Medical Research, Tanzania; University of North Carolina Project, Lilongwe, Malawi; Luxembourg Institute of Health; St George’s, University of London; and FARMOVS.