# HIV

## Confronting urgent threats to people with advanced HIV disease

**FACTS**

**>39 million**
people living with HIV

**>1 million**
people acquire HIV every year

**Over 600 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. Recent cuts in global funding for HIV threaten to cause a massive increase in advanced HIV disease (AHD)**, which makes people extremely vulnerable to opportunistic infections such as cryptococcal meningitis. The second leading cause of death among people living with AHD, cryptococcal meningitis can cause life-threatening swelling of the membrane surrounding the brain and spinal cord in people with severe immune suppression. Following alarming reductions in HIV funding in early 2025, DNDi undertook a rapid assessment of impacts on our partners and programmes, which we continue to monitor to help mitigate where possible. Our research and clinical trials are proceeding as planned at the time of publication.

## The push for progress

Together with our partners, we have worked to address neglected gaps in WHO-recommended treatments for HIV, first completing development of an easy-to-administer fixed-dose formulation of four drugs for children with HIV in the form of strawberry-flavoured granules easily 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 diagnostics and medicines for cryptococcal meningitis that are already available.

OUR GOAL IS NOW **to make sure that all people with cryptococcal meningitis are treated promptly and effectively, no matter where they live, while exploring opportunities to address other gaps in treatment innovation for AHD. We are working with partners to address barriers to care and scale up access to life-saving AHD treatments and diagnostics, including critical CD4 testing.**

## Ensuring access to life-saving testing and 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 almost always 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, especially because many people at risk go unnoticed due to declining use of CD4 testing.

In January 2024, DNDi joined the Improved Access to AHD Care and Treatment for HIV (IMPAACT4HIV) project consortium as an implementing partner in the Democratic Republic of the Congo (DRC). Working closely with PNLS, the national HIV programme within the DRC Ministry of Health, our teams began work to support implementation of the AHD package of care in selected health centres in Kinshasa, including treatment for

Photo credit: FARMOVS/Vicky Simpson–DNDi

> **If successful, this new formulation will be a game-changer. It will simplify treatment for both patients and healthcare providers.**

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cryptococcal meningitis, histoplasmosis, tuberculosis, and other opportunistic infections.

DNDi also continued our work with partners to advocate for stakeholder commitment to improving access to diagnostics and treatment for AHD. In May 2024, DNDi co-organized a meeting on AHD in Nairobi, Kenya, together with the AHD Alliance; End AIDS Action Group; Fight AIDS Coalition; Infectious Diseases Institute, Makerere University; Médecins Sans Frontières (MSF); Partners in Hope; and St. George's, University of London. The meeting focused on strategies to drive demand creation and scale up access to AHD services and medical tools in Africa – and resulted in the Nairobi Declaration on access to CD4 testing, bringing attention to the problem of declining CD4 testing in its call to action for global, regional, and local stakeholders to support the development, production, introduction, and scale-up of new effective CD4 technologies.

## 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. In 2020, together with our partner Mylan Laboratories Limited, India (a Viatris company), DNDi began developing a sustained-release formulation of flucytosine that would overcome this difficulty.

**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 clinical trial capacities in high-burden countries.**

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 in Tanzania and Malawi. Working with 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, local healthcare professionals – including principal investigators and laboratory staff – received training in pharmacokinetic sampling, clinical trial preparation, and study management, and recruited the first patient into the study in February 2025. If proven effective, the new formulation could reduce the burden on healthcare workers and patients by allowing easier administration and only twice-daily dosing.

Learn more:
dndi.org/paediatric-hiv
dndi.org/cryptococcal-meningitis