DNDi
Best Science
for the Most Neglected

DISEASE FACTSHEET

HIV

Protecting progress in a fragile era

Improved access to better antiretroviral treatment (ART) has prevented over 20 million deaths in the past three decades, but gaps in treatment access and pharmaceutical R&D continue to claim more than half a million lives every year. As global funding priorities shift, disrupting supply chains and access to treatment, that gap is widening, placing millions more people at greater risk of severe illness and death from opportunistic infections such as cryptococcal meningitis.

The second leading cause of death among people living with advanced HIV disease (AHD), cryptococcal meningitis can cause life-threatening swelling of the membrane surrounding the brain and spinal cord in people with severe immune suppression. In sub-Saharan Africa, where the burden of disease is highest, 70% of people who develop cryptococcal meningitis die from the infection.

FACTS

Over 40 million
people living with HIV

Over 1 million
people acquire HIV every year

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

THE PUSH FOR PROGRESS

Joining forces with national HIV programmes, clinicians, researchers, and community organizations, our teams are supporting country-level initiatives to expand screening, simplify treatment, and improve access to life-saving interventions against AHD, including diagnostics and medicines for cryptococcal meningitis that are already available. Building on earlier achievements, including the development of an easy-to-administer HIV treatment for young children, we are working to advance the development of an improved treatment for cryptococcal meningitis.

OUR GOAL IS NOW to complete development of an easier-to-use treatment for cryptococcal meningitis, continue to improve access to existing treatments, and help advance integrated models of care for AHD that make diagnosis and treatment simpler and more accessible.

IMPLEMENTING INTEGRATED STRATEGIES WHERE NEEDS ARE GREATEST

The Democratic Republic of the Congo (DRC) experienced some of the most severe consequences of global health funding cuts in 2025 as acute shortages of HIV tests and other medical tools disrupted screening, diagnosis, and treatment for people living with HIV. **The prolonged mpox outbreak added further pressure, particularly among people with AHD who face a higher risk of severe disease.**

DNDi teams collaborated with the National HIV/AIDS Programme (PNLS), Mpox Programme, National Public Health Institute (INSP), World Health Organization (WHO), PATH, and other partners to redistribute available health commodities, coordinate emergency imports, and integrate mpox screening into existing HIV and AHD care pathways. As mpox cases declined in Kinshasa, they persisted in other regions, making coordinated planning crucial for stabilizing services.

Through the Improved Access to AHD Care and Treatment for HIV (IMPAACT4HIV) project consortium, DNDi supported work to catalyse implementation of the WHO recommended package of care for AHD. Using a replicable 'hub-and-spoke' model of decentralized healthcare, severely ill patients were treated at a central hospital in Kinshasa, while nine surrounding health centres treated more stable patients closer to their homes. Around 80% of patients could be adequately treated at health centres, with 20% requiring referral to more specialized hospitals.

> **It is not that I completely can't see anything. I can do household chores now, but I can't go to the market or anywhere else alone.**

PATRICIA, from Lilongwe, Malawi, is living with HIV. She once made a good living running a salon but now struggles to make ends meet because of vision loss due to cryptococcal meningitis.

Photo credit: Thoko Chikondi-DNDi

In the first year of the project, 329 people were enrolled, with 267 receiving the full AHD care package. National AHD guidelines and an operational manual underwent technical validation, with approval expected in 2026. A multi-year training programme also began, with DNDi and partners equipping health staff to train others working in related facilities and services.

IMPAACT4HIV partners also worked to implement an integrated bidirectional approach to linking AHD and mpox services at HIV care sites and mpox centres in Kinshasa – screening people presenting with AHD for mpox, and those presenting with mpox for HIV and AHD. Monthly mentorship visits strengthened clinical screening, patient flow, and on-site problem solving. Our teams also supported the Congolese Union of Organizations for People Living with HIV (UCOP+), National Network of Community-Based Organizations and Support Groups for People Living with HIV (RNOAC), Jeunesse Espoir, and other community partners in reconnecting more than 100 people to treatment through a 'welcome back programme' designed to reduce loss to follow up amidst supply and funding shortages.

ADVANCING SAFER, SIMPLER TREATMENTS FOR CRYPTOCOCCAL MENINGITIS

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. In Africa, where the burden of disease is greatest and treatment is not easily obtained, only 30% of patients recover.

The WHO-recommended standard of care for the disease is amphotericin B and flucytosine, but standard formulations of flucytosine – delivered in four doses per day – are poorly adapted for use in resource-constrained settings. For critically ill patients, the drug often needs to be crushed and given by nasogastric tube. Together with our partner Mylan Laboratories Limited, India (a Viatris company), DNDi began work in 2020 to develop a sustained-release formulation of flucytosine that can overcome this difficulty.

A Phase I trial at FARMOVS in Bloemfontein, South Africa, completed in early 2023, enabled the selection of a sustained-release prototype formulation and dosage for use in Phase II clinical trials now underway at sites in Tanzania and Malawi. Strengthening existing clinical trial capacities in the two high-burden countries, comprehensive training on good clinical practice, safety monitoring, sample handling, data management, and patient care has also been delivered in collaboration with project partners 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.

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