

Children with HIV/AIDS falling through the cracks of treatment scale-up efforts

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Less than one-quarter (23%) of children with HIV/AIDS who need treatment are getting it, according to a report released by the World Health Organization (WHO) on the occasion of World AIDS Day (1 December 2011). Although treatment coverage for adults has been steadily climbing and has now reached approximately half of those in need, coverage for children is lagging far behind, highlighted the Drugs for Neglected Diseases initiative (DNDi), a non-profit research and development organization that has recently launched a new paediatric HIV drug development programme.

'Children with HIV/[AIDS](#) are falling through the cracks', said Dr Bernard Pécoul, Executive Director of the DNDi. '250,000 children died of HIV-related complications in 2010 – that's nearly 700 each day. This is simply unacceptable.'

There are several reasons for this situation – including lack of access for pregnant women to antenatal care, HIV testing, and antiretrovirals (ARVs) to prevent mother-to-child transmission and treat expecting mothers, as well as difficulties diagnosing HIV in infants. But one of the most important, and overlooked, is the lack of suitable formulations of ARVs adapted for children, particularly babies and toddlers. The reason for this neglect lies, ironically, with the success of the virtual elimination of HIV among newborns in wealthy countries.

'There's little profit to be made from developing treatments for the millions of children with HIV/AIDS, 90% of whom are the poorest of

the poor in sub-Saharan Africa, and the lack of market incentive means pharmaceutical companies do not develop ARVs adapted to their needs', Dr Pécoul continued. 'Without treatment, half of the children born with HIV die before their second birthday.'

WHO recommends immediate ART for all HIV-positive children less than two years old, but the safety and correct dosing have not been established in very young children for the majority of ARVs approved for [adults](#). In addition, key existing paediatric ARV formulations taste bad, require impractical multiple liquid preparations and refrigeration, and have undesirable interactions with tuberculosis (TB) drugs.

DNDi's new paediatric HIV programme aims to develop an improved first-line therapy for children under three years of age. Ideally, this ARV combination therapy needs to be easy to administer and better tolerated by children than current drugs, as well as heat stable and easily dispersible (dissolvable in water or breast milk). It must also carry minimal risk for developing resistance and require minimum weight adjustments. Finally, any new formulations must be compatible with TB drugs.

'Given the current funding crisis, we are deeply concerned that children with HIV/AIDS – who are already invisible and largely voiceless – will fall even further down on the agenda', said Dr Marc Lallemand, Head of DNDi's Paediatric [HIV](#) Programme. 'And while everything possible needs to be done to achieve the long-term goal of "eliminating" new infections among infants, including through scale-up of prevention of mother-to-child transmission programmes, a more serious response is urgently needed for HIV-positive [children](#) today.'

Provided by Drugs for Neglected Diseases Initiative

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