



PAEDIATRIC HIV

- 90% of infected infants acquire HIV from their mothers, during pregnancy, delivery, or through breast-feeding
- Without treatment, 1 in 3 children die in their first year of life; and half before they reach their second birthday
- Fewer than half of children (<15 years) living with HIV are on antiretroviral medication
- Opportunistic infections such as tuberculosis (TB) are common

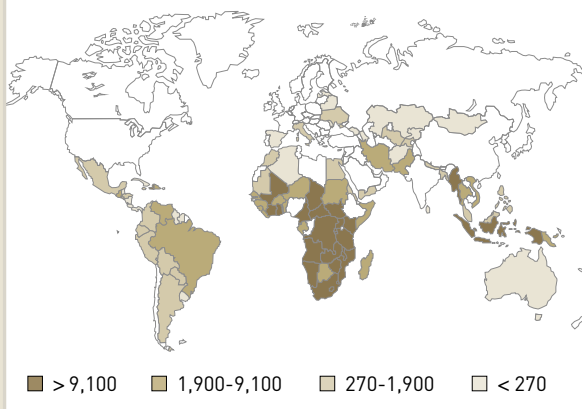
1.8

million children living with HIV in 2015

150,000

children newly infected with HIV in 2015

▼ Children (<15 years) living with HIV in 2015



Nearly **90%** of cases are in sub-Saharan Africa

300 child deaths every day



Infants and young children need treatments that are safe, efficacious, and easy to swallow, to ensure their best chance of survival to adulthood. Because children are frequently co-infected with TB, any paediatric HIV treatment also needs to be TB treatment-compatible. In 2016, based on the interim results of a DNDi-sponsored study (see p. 9), the WHO revised its guidelines to recommend the 'superboosting' of ritonavir in treatment of children co-infected with HIV and TB.

Today, the only approved protease inhibitor for young children is a foul-tasting lopinavir/ritonavir solution with a high alcohol content that requires refrigeration and is difficult to store, making it unsuitable for use in resource-poor settings. A taste-masked, oral formulation is needed.

Ultimately, it would be combined with other antiretrovirals into a single 4-in-1 capsule, thus radically simplifying treatment of HIV in children.



“I face a lot of difficulties with the medicine. I really have to battle in order for my baby to take them. It's heart-breaking to give a child four medicines at a time.”

Sani Nojiyeza

23-year-old mother to baby Mel. Sani and Mel are both HIV positive, Mel is also co-infected with TB. Durban, South Africa

DNDi aims to deliver:

- Develop a solid taste-masked first-line LPV/r-based fixed-dose formulations in combination with two NRTIs, 3TC and prioritizing ABC as the second NRTI.
- Immediate introduction of the recently US FDA approved LPV/r-pellets, before the availability of better-adapted 4-in-1 products