Wake-Up Call

Charles Lyons, president and CEO of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), wrote an op-ed titled "Answering the 'Wake-Up Call'" in which he analyzed data from a 2018 UNAIDS report. Below is an edited excerpt.

September 24, 2018 By Charles Lyons

In the introduction to the 2018 Global AIDS Update from the Joint United Nations Programme on HIV/AIDS (UNAIDS), executive director Michel Sidibé characterized prevention and funding efforts as being in "crisis," urging readers to view the report, titled Miles to Go: Closing Gaps, Breaking Barriers, Righting Injustices, as a "wake-up call."

The report makes clear that certain populations—notably, children and adolescents—are consistently left behind. Unfortunately, this year's sobering dispatch comes as no surprise.

Children with HIV have had greater difficulty accessing antiretrovirals (ARVs) than adults and often are not diagnosed until the virus has irrevocably weakened them. Progress has been insufficient. As a result, it seems all but impossible that the global community will meet the benchmarks defining our path toward an AIDS-free generation.

As an example, although ARVs have made it possible to prevent transmission of HIV from mother to child in nearly all cases, the UNAIDS report shows that the proportion of women who can access the drugs while pregnant and breast-feeding has barely budged since 2014. The coverage rate for expectant mothers is high—hovering at around 80 percent globally—but it is well below the level needed to prevent infant infections on a large scale.

Perhaps the most frustrating trend noted in this year's report is the continued inadequacy of treatment for children living with the virus. In this year's report, UNAIDS revealed that just 52 percent of children with HIV are taking ARVs, compared with 59 percent of adults. Children's rate of access to medication is not only lower than adults' but also slower to improve.

Beyond these numeric inequities, there are considerable qualitative discrepancies between drugs for children and drugs for adults. Children's HIV medications are generally less effective, more cumbersome to ingest, accompanied by greater side effects and more prone to causing resistance.

Yet there is a realistic path to improving these circumstances. As the 2018 report notes, leaders from pharmaceutical companies, national governments, multilateral organizations, donors and service organizations—including EGPAF—came together at the Vatican in November 2017 to

develop a comprehensive plan for accelerating the development and dissemination of child-friendly ARV formulations.

This meeting resulted in actionable commitments and detailed pledges, including promises by several drug manufacturers to make pediatric formulations available in low-income countries for the cost of production until generics become available.

As a result of that meeting, the U.S. Food and Drug Administration is now developing guidance for the pharmaceutical industry on how it can accelerate research into pediatric ARV formulations and get new, better drugs for children to market much more quickly.

Together, these developments constitute real momentum. Yet if this year's UNAIDS report has a bottom line, it's that for too long, the global health community has allowed progress like this to breed complacency.

Before we celebrate the potential of these moves on pediatric formulations, let us commit to similarly concrete solutions to those other troubling indicators—from stagnating progress on prevention of mother-to-child transmission to unacceptably high rates of new cases and AIDS-related mortality among children.

If we do less than rise to the occasion, the 2019 UNAIDS report could be another catalog of unkept promises.

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