



PAEDIATRIC ANTIRETROVIRALS



*OVERCOMING BARRIERS AND
IDENTIFYING SOLUTIONS TO
IMPROVE ACCESS TO OPTIMAL
DRUGS IN RESOURCE-LIMITED
SETTINGS*



Shirin Heidari, International AIDS Society
Martina Penazzato, World Health Organization

Children (<15 years) estimated to be living with HIV | 2012



Total: 3.3 million [3.0 million – 3.7 million]

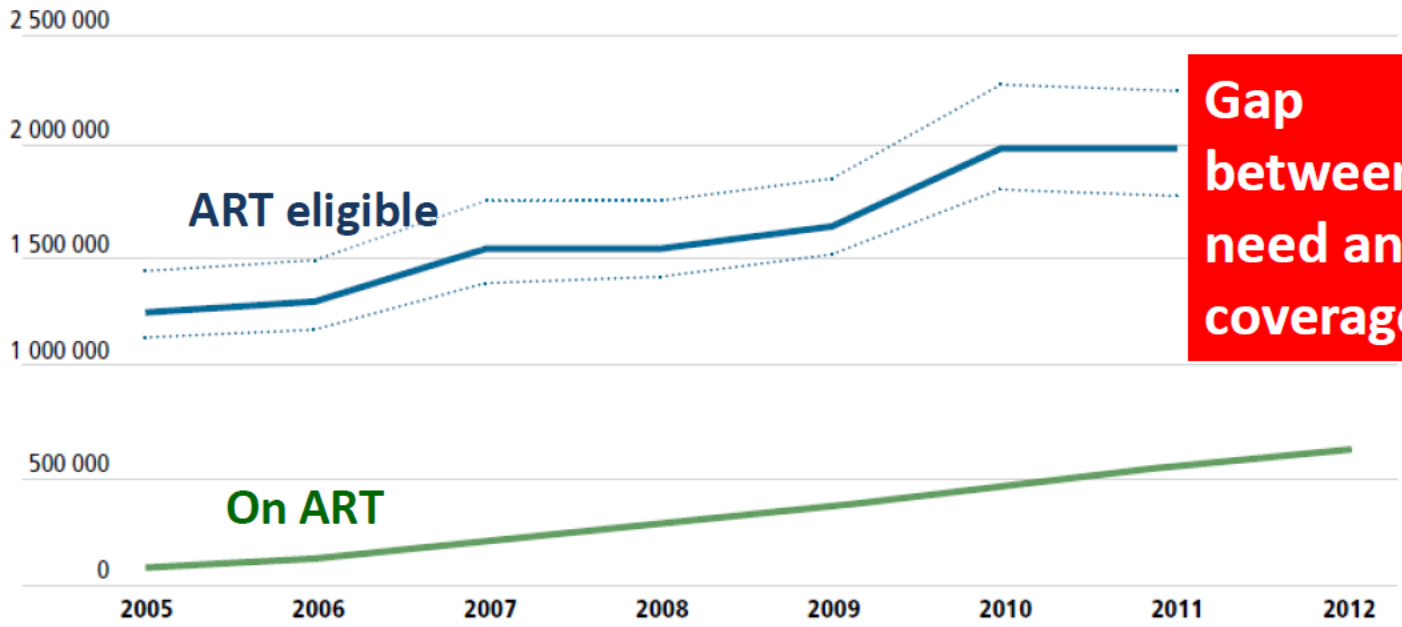
New HIV infections in 2012 260 000 [230 000 – 320 000]

Deaths due to AIDS in 2012 210 000 [190 000 – 250 000]

TREATMENT 2.0 DRUG OPTIMIZATION 

630,000 children received ART in 2012

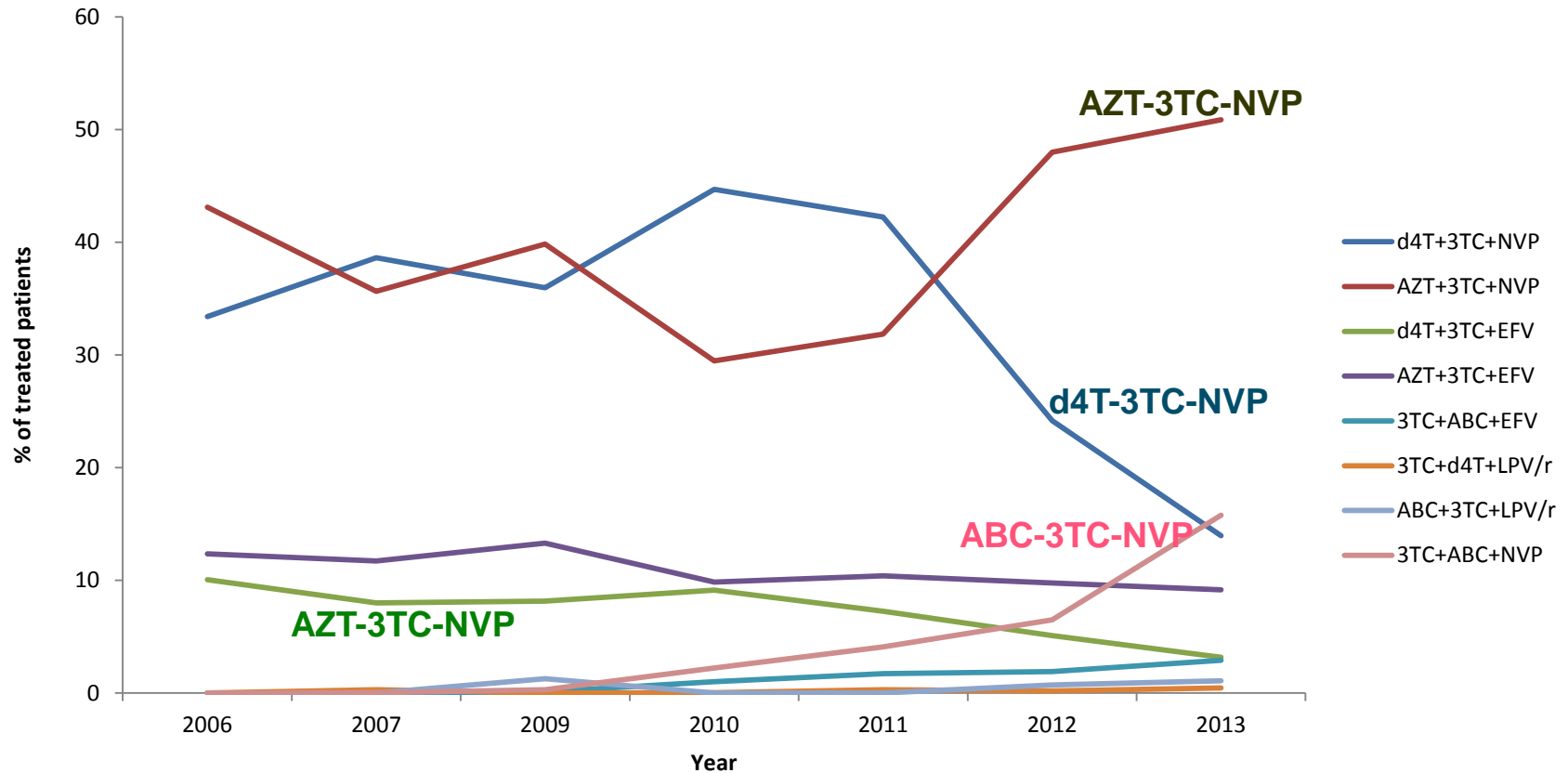
HIV/AIDS Department



**Gap
between
need and
coverage**

Global evolution of main 1st line ART combinations (2006-2013) *

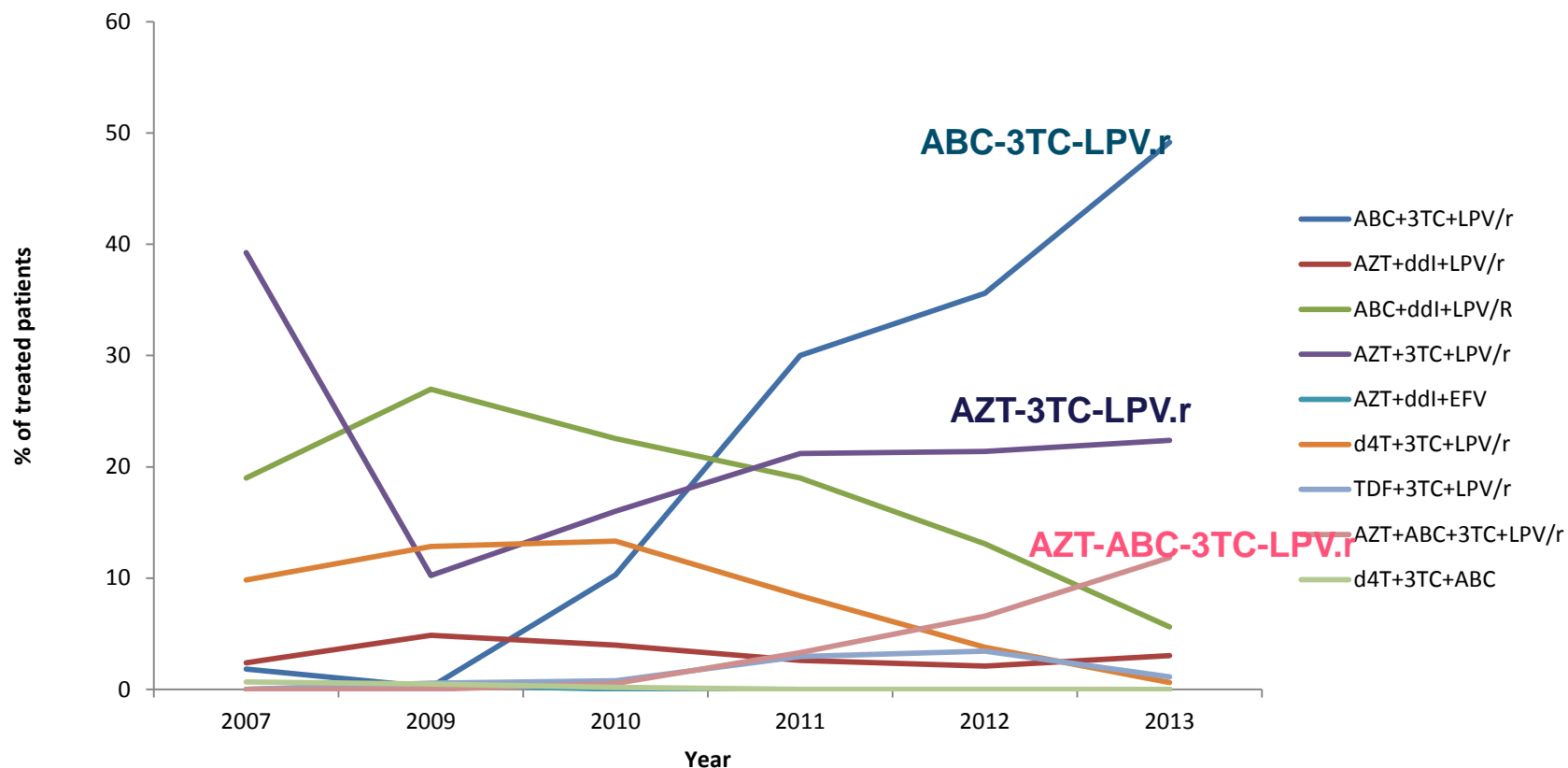
Evolution of the main children first line regimens, 2006-2012



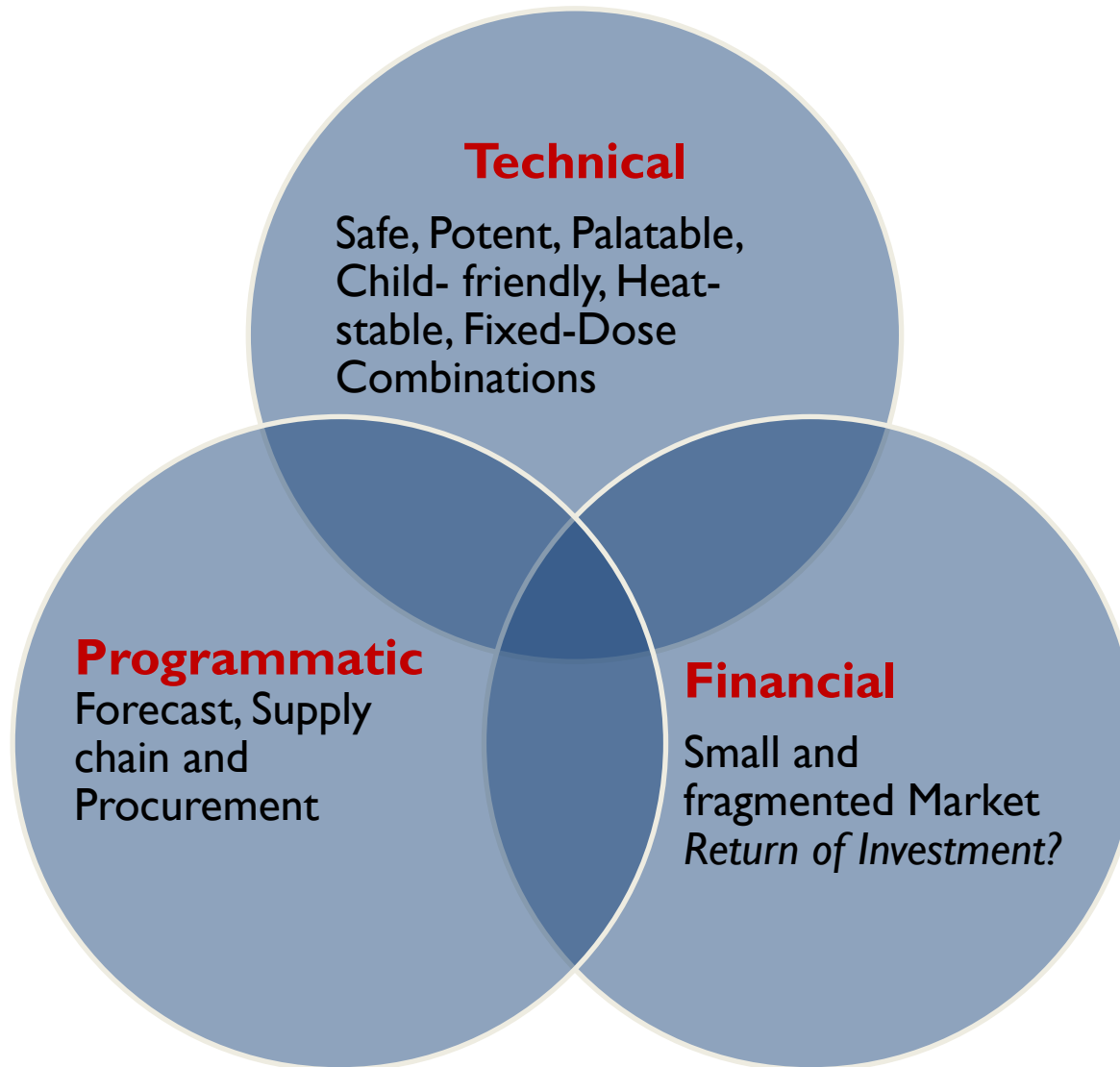
*12 countries which have been followed since 2006 and have complete report in all years: Burkina Faso, Burundi, Cambodia, Cameroun, Ethiopia, Kenya, Lesotho, Namibia, Nigeria, Uganda, Zambia, and Zimbabwe

Evolution of main 2nd line combinations (2007-2013)*

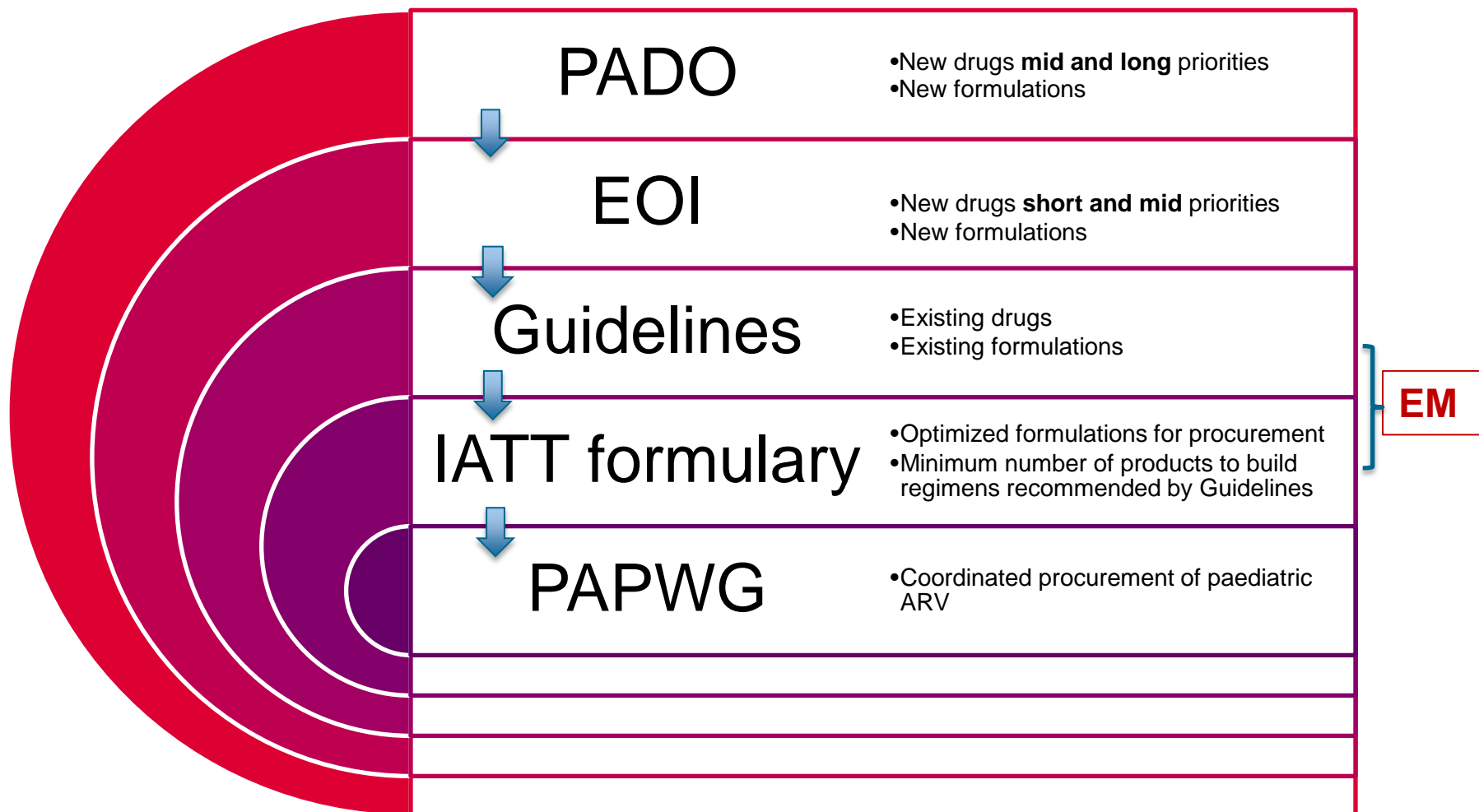
Evolution of the main children second line regimens, 2006-2013



*12 countries which have been followed since 2006 and have complete report in all years: Burkina Faso, Burundi, Cambodia, Cameroun, Ethiopia, Kenya, Lesotho, Namibia, Nigeria, Uganda, Zambia, and Zimbabwe



HOW to optimize paediatric ARVs and better shape the market?



Lack of direction on
desired paediatric profile
(regimens, combinations,
formulations)

No reliable forecasts
on paediatric needs
and demands, with
information about age
range

Developing FDCs are
technically difficult

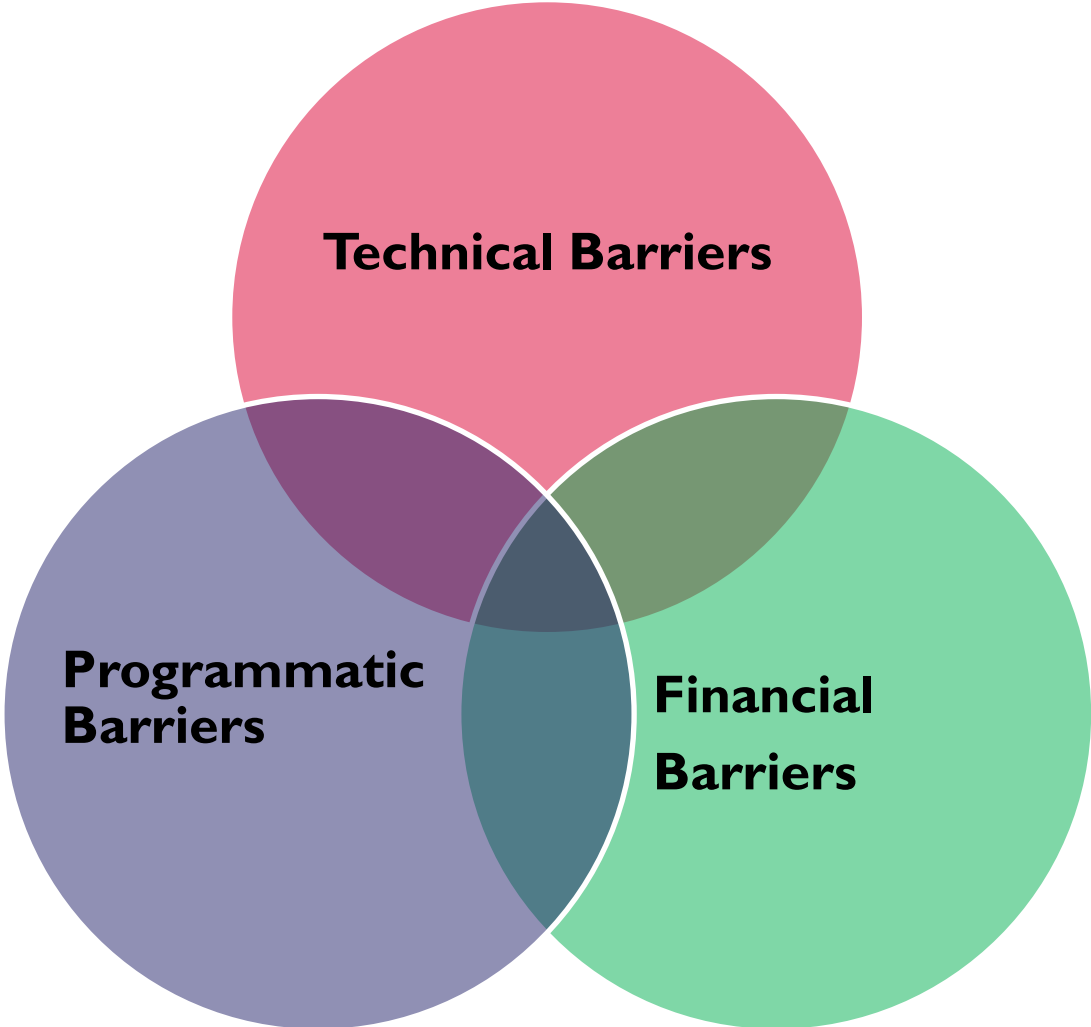
Procurement is
fragmented and better
coordinated
procurement is needed

Industry are often
excluded from
discussions

Information about
target price would
be valuable



So...what do we need to make this happen ?



- Provide an overview of ongoing global efforts to address challenges in paediatric ARV development and delivery
- Initiate a dialogue with paediatric ARV manufacturers and partners on these efforts, and explore innovative solutions to address barriers



Agenda

09:00 – 09:30	Welcome and roundtable introduction <i>Co-chairs: Shirin Heidari (IAS) and Martina Penazzato (WHO)</i>
09:30 – 09:40	New paediatric treatment recommendations <i>Martina Penazzato (WHO)</i>
09:40 – 09:45	Q & A
09:45 – 09:55	IATT optimal paediatric formulary <i>Marianne Gauval (CHAI)</i>
09:55 – 10:00	Q & A
10:00 – 10:10	Paediatric ARV Procurement Working Group (PAPWG) <i>Martin Auton (Global Fund)</i>
10:10 – 10:15	Q & A
10:15 – 10:25	Overview of the Paediatric ARV Optimization Meeting <i>Martina Penazzato (WHO)</i>
10:25 – 10:30	Q & A
10:30 – 11:00	Break
11:00 – 12:50	Discussion on creative solutions to overcome barriers to development and delivery of optimal paediatric ARV formulations <ul style="list-style-type: none">• What are the bottlenecks with paediatric ARVs?• What are some solutions to these bottlenecks? <i>Facilitator: Shaffiq Essajee (CHAI)</i>
12:50 – 13:00	Summary and closing <i>Co-chairs: Shirin Heidari (IAS) and Martina Penazzato (WHO)</i>