

Children and AIDS

We are thrilled to hear that mother-to-child transmission of the AIDS virus has been nearly wiped out in America and Western Europe, thanks to early H.I.V. testing for pregnant women and the widespread use of antiretroviral therapy, which inhibits the passage of the virus to babies.

Bizarrely, this could be bad news for the rest of the world. AIDS treatment exists for adults because adults get the disease in America and Europe. That provides a paying market for drugs and diagnostic tests. People with AIDS have also become vocal advocates who have shamed the world into manufacturing AIDS drugs for poor countries. But with few children with AIDS in rich nations, companies will have little incentive to improve on current pediatric AIDS products, and governments will continue to make sick children an afterthought.

American children with AIDS take children's antiretrovirals, although the syrups taste horrible and many antiretrovirals do not exist in a pediatric form. But even those that do are at least six times the price of generic adult treatments. There are no pediatric drugs in cheap generic forms or easy-to-take combination drugs. So sick children in poor nations lucky enough to get antiretrovirals take generic adult pills that are cut in half or thirds by caregivers, a practice that can result in dangerous overdosing or underdosing. Many sick children are orphans living in poverty and chaos. They need the easiest, most child-friendly medical regime possible.

Lack of training is another obstacle to treating children. In Africa, practically none of the AIDS doctors and nurses have pediatric training. Because children's treatments are unfamiliar and complicated, and change as a child grows, it is tempting for swamped health workers to stick to standard protocols and treat only adults.

Making children an AIDS priority begins with stimulating research and development to produce new drugs and tests. The major buyers of AIDS treatments should guarantee brand-name and generic manufacturers a market if they come up with better or cheaper pediatric AIDS drugs. Training for AIDS workers in Africa must include pediatric treatments, and countries should integrate treating children into their plans for fighting AIDS. The world has recognized that an adult with AIDS in Zambia has as much right to treatment as one in Norway. Children should not be left to die simply because they cannot pay.