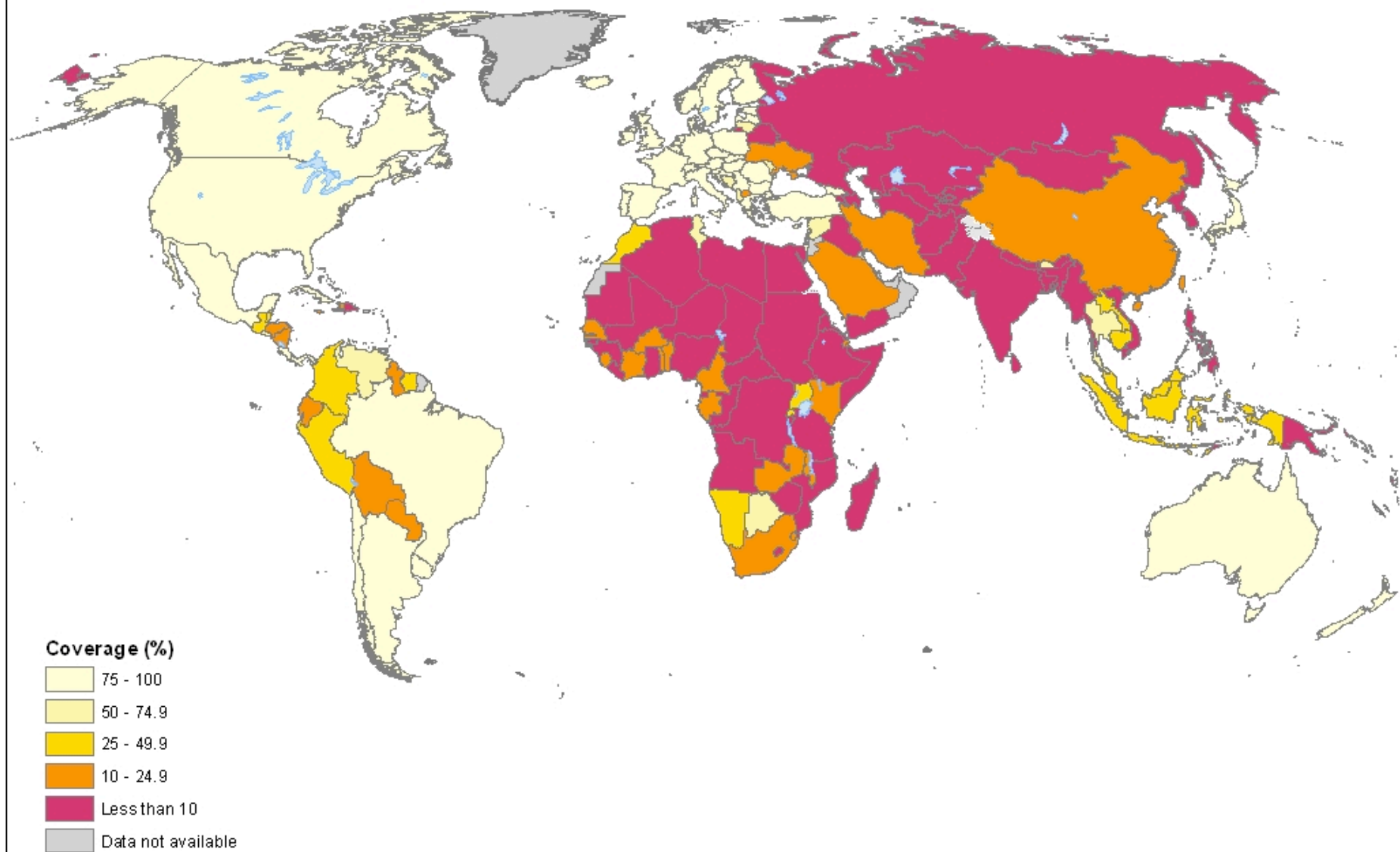


Policy Development in the Context of Market Projections

**Pediatric Diagnosis and Monitoring Working Group Meeting
Denver, CO
February 9, 2006**

**Thomas N. Denny
New Jersey Medical School
Newark, NJ
dennytn@umdnj.edu**

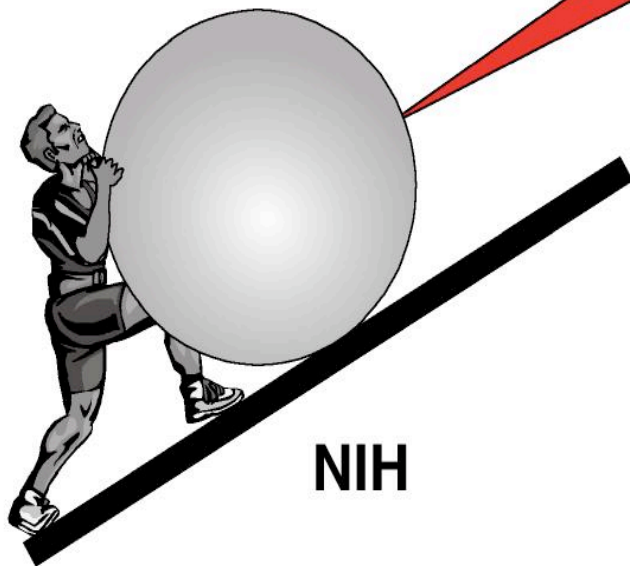
**Estimated percentage of people on antiretroviral therapy among those in need,
situation as of June 2005**



“Push” and “Pull” Mechanisms

Supply = Push

Research provides new opportunities that lead to innovation.

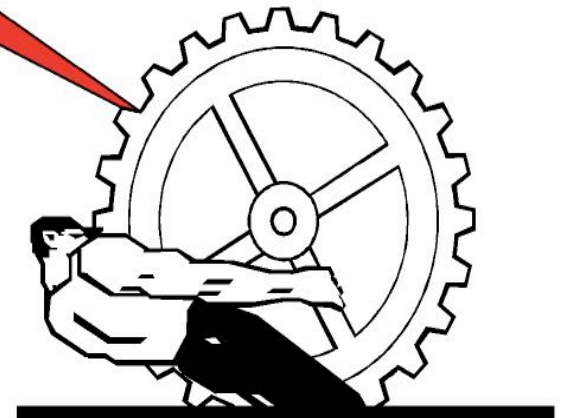


NIH

Demand = Pull

Respond to the needs of the marketplace. Need to be flexible, contractual, committable, not to be subject to political change.

\$\$



Bioshield

“Push” and “Pull” Mechanisms For Laboratory Diagnostics

- **Push**

- Gates
- Duke Foundation
- NIH (SBIRs)
- Industry
- HIV Forum

- **Pull**

- Global Fund
- World Bank
- UNAIDS
- PEPFAR
- Clinton Foundation
- NIH

***From 3 x 5 to Universal Access – Globally that means
10 million plus on ART by 2010***

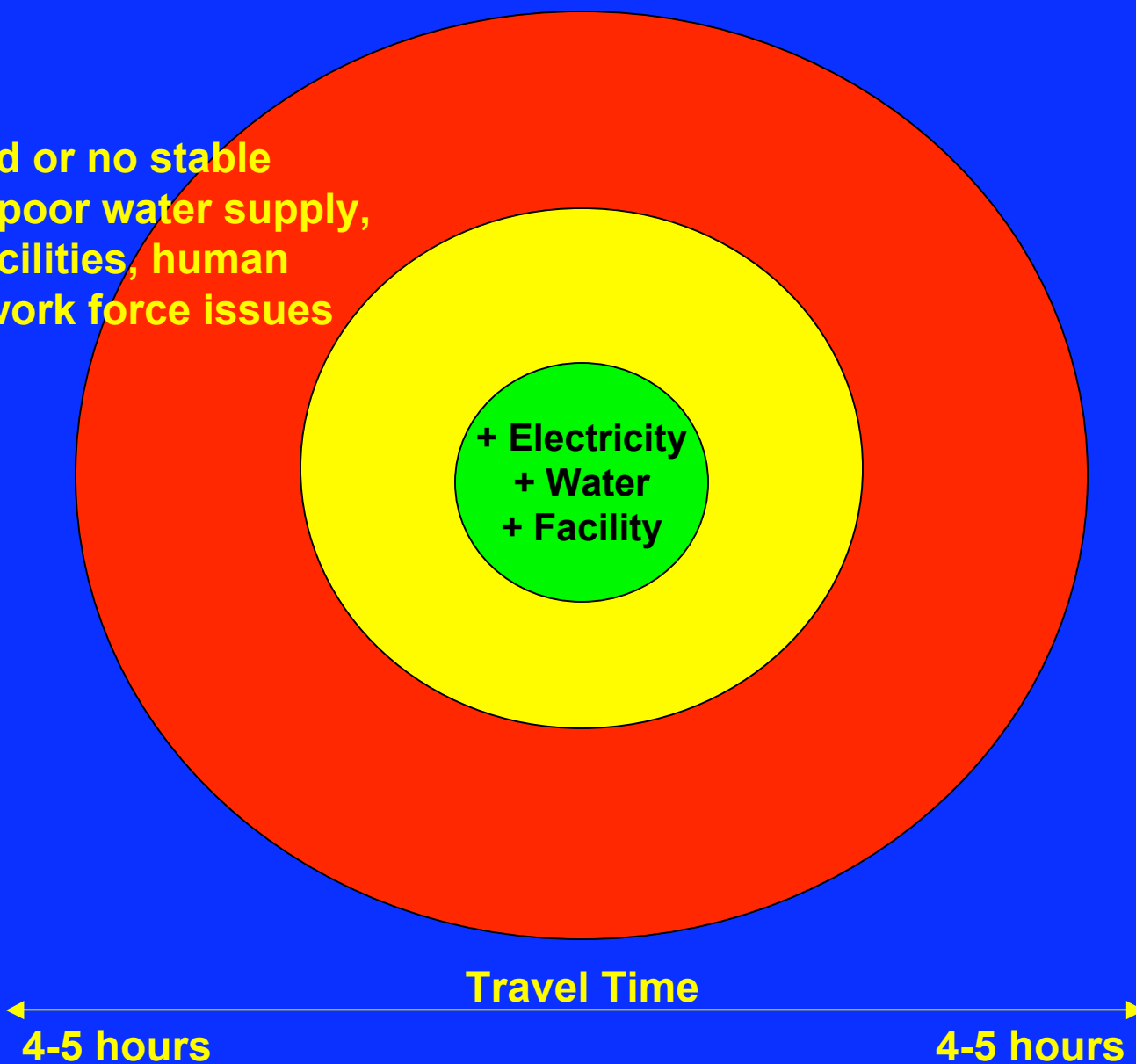
Limited or no stable
Electricity, poor water supply,
poor facilities, human
capital / work force issues

+ Electricity
+ Water
+ Facility

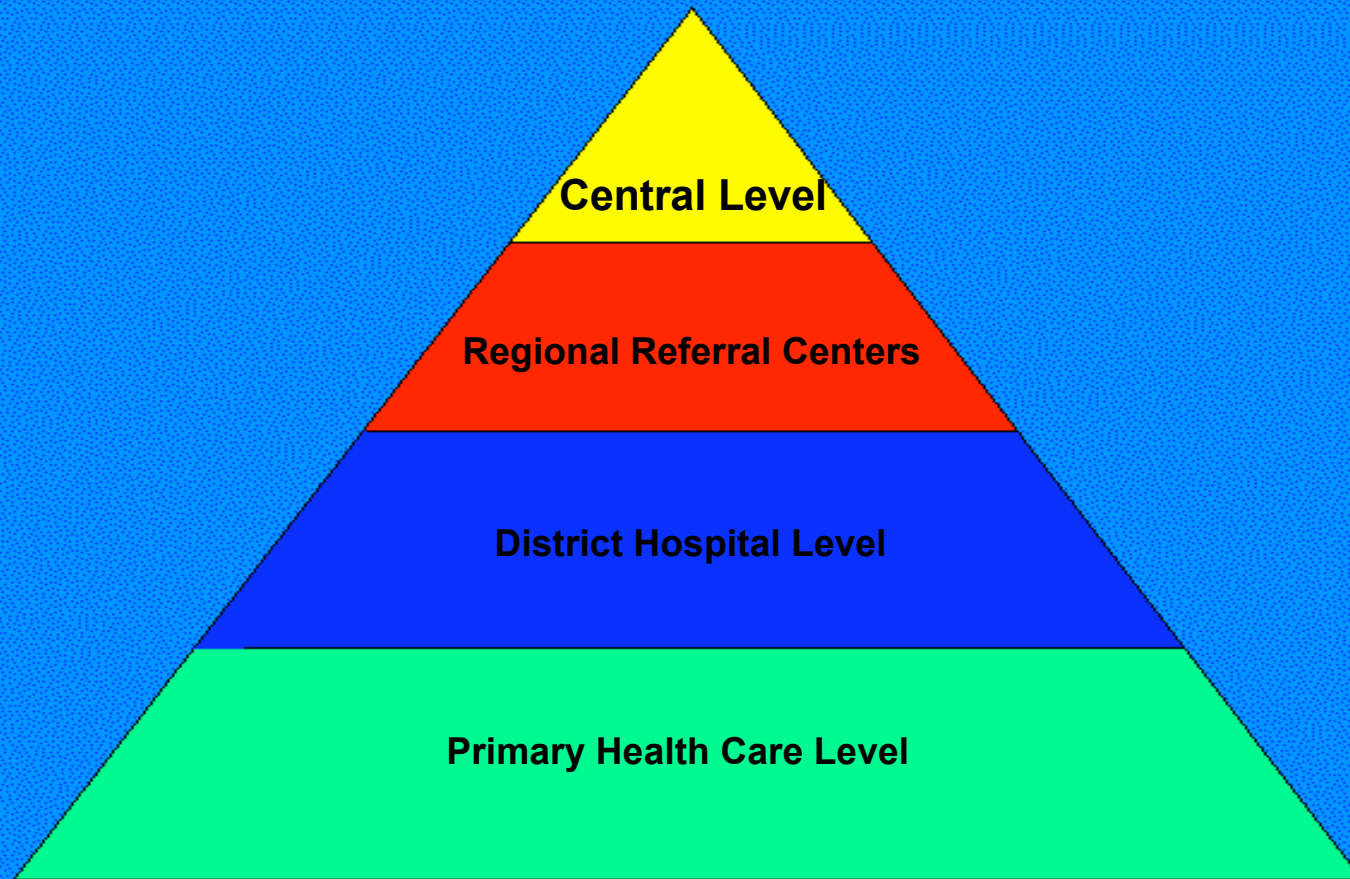
Travel Time

4-5 hours

4-5 hours



Levels of Clinical Care and Laboratory Services



Current Pediatric Therapy Needs (2005)

**Current estimates of children in
need of ART and PCP
prophylaxis:**

ART:

children = 660,000

infants = 270,000

PCP:

children = 4,000,000

infants = 2,100,000



Total = 7,030,000

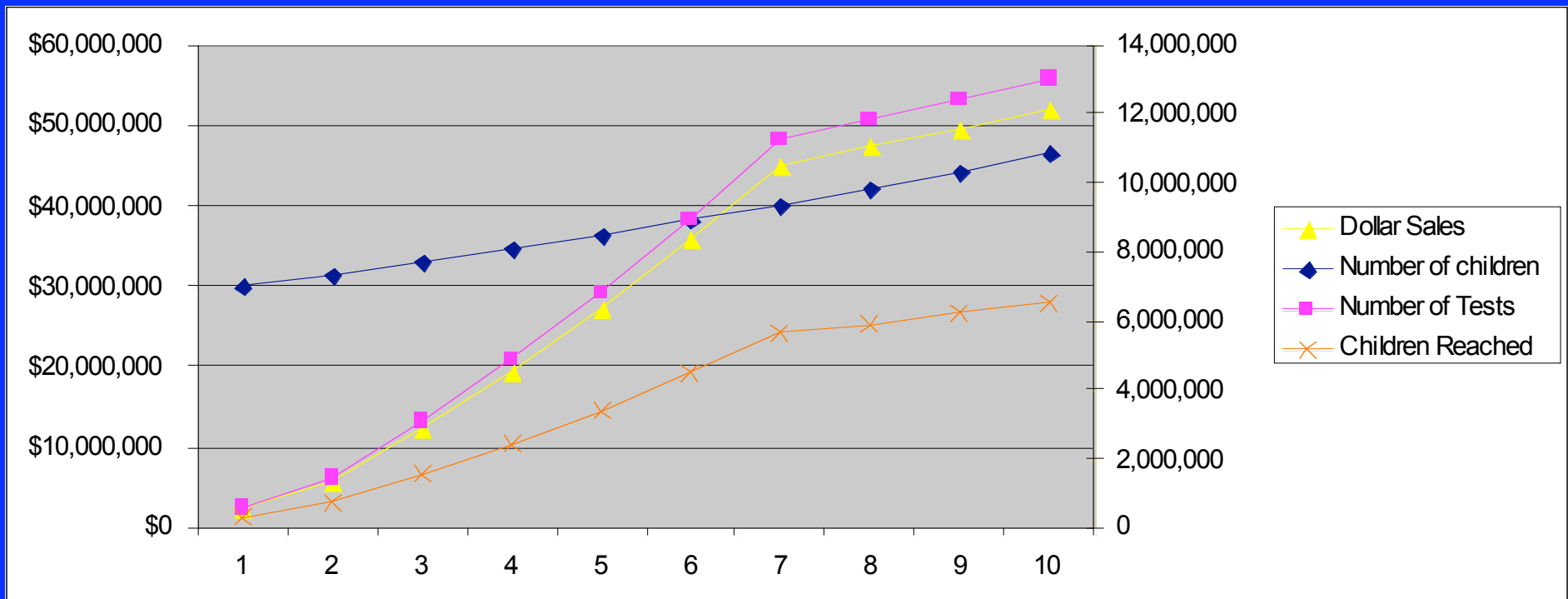
J. Ties Boerma et al. - Bulletin of the WHO, February 2006

Pediatric Lab Evaluation / Monitoring Schedule

- **CD4 Monitoring Frequency:**
 - At the time of diagnosis
 - Every 2 months during first 6 months of life
 - Every three months from 6-18 months of age
 - Every six months for children > 18 months of age

*The Columbia Clinical Manual, Care and Treatment of HIV/AIDS
In Resource-Limited Settings 2005 (M Rabkin, W El-Sadr and E. Abrams)*

Pediatric Lab Testing Addressable Market



Net gain 5%/year (10% growth / 5% death rate)

Children reached: 4% to 50% in five years – plateau @ 60%

Tests / year = 2

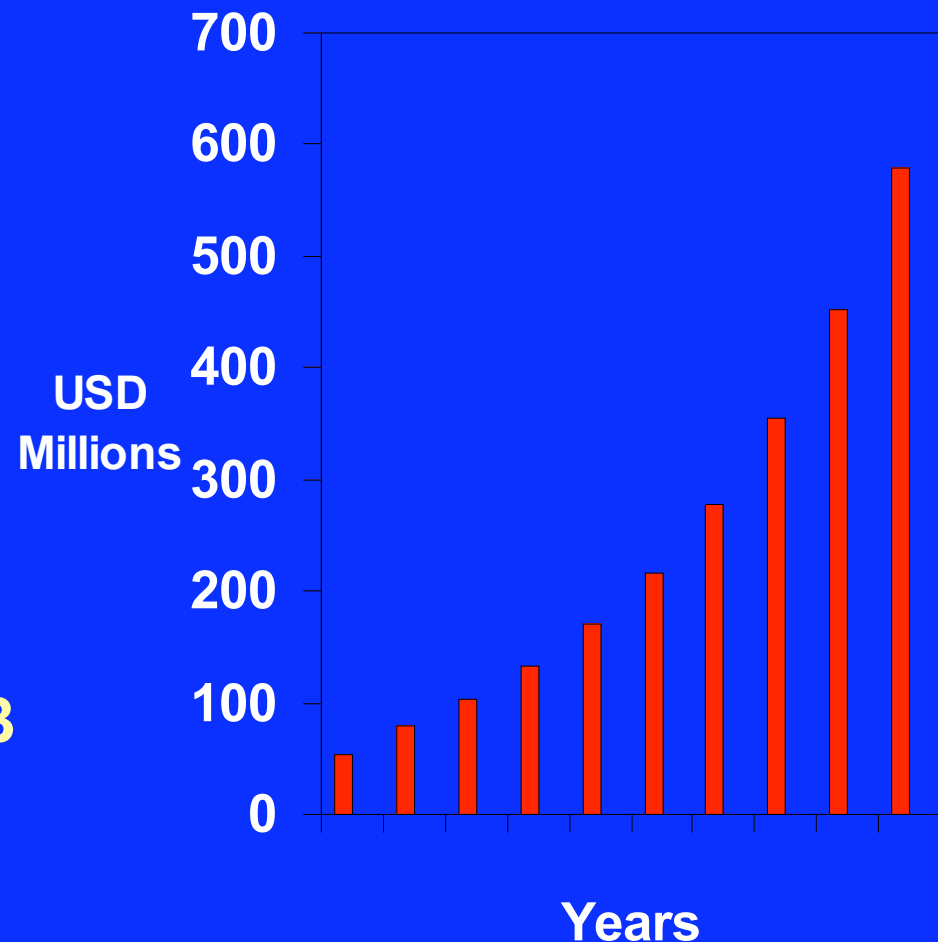
Ten year market: ~\$297,000,000

Global Health Council Update 2006

Table 2: Resource Needs for HIV/AIDS (\$ Million) ⁱ			
	2006	2007	2008
1. Prevention-Related Activities			
1.1 Vulnerable Populations ⁱⁱ	\$ 1,897	\$ 2,442	\$ 2,895
1.2 Community ⁱⁱⁱ	\$ 2,952	\$ 3,476	\$ 4,014
1.3 Biomedical Prevention Strategies ^{iv}	\$ 3,592	\$ 4,053	\$ 4,521
Prevention Total	\$ 8,441	\$ 9,969	\$11,430
2. Treatment and Care Components			
2.1 Palliative Care	\$ 308	\$ 302	\$ 295
2.2 Provider Initiated Testing	\$ 66	\$ 79	\$ 109
2.3 OI Treatment	\$ 686	\$ 703	\$ 707
2.4 OI Prophylaxis	\$ 287	\$ 403	\$ 510
2.5 ART, Including nutritional support	\$ 1,642	\$ 2,482	\$ 3,624
2.6 Laboratory Testing	\$ 54	\$ 79	\$ 104
Treatment and Care Total	\$ 3,043	\$ 4,048	\$ 5,349
3. Resource Needs for Support for OVC by Activity			
3.1 Education	\$ 193	\$ 287	\$ 443
3.2 Health Care Support	\$ 145	\$ 174	\$ 200
3.3 Family/Home Support	\$ 971	\$ 1,255	\$ 1,604
3.4 Community Support	\$ 14	\$ 18	\$ 25
3.5 Organization Costs	\$ 246	\$ 322	\$ 422
Resource needs for support for OVC total	\$ 1,569	\$ 2,055	\$ 2,694
4. Program Costs	\$ 1,500	\$ 1,400	\$ 1,800
5. Human Resources	\$ 400	\$ 600	\$ 900
TOTAL	\$14,900	\$18,100	\$22,100
ⁱ UNAIDS. "Resource needs for an expanded response to AIDS in low and middle income countries" Seventeenth Programme Coordinating Board Meeting. 2005. ⁱⁱ Includes activities targeted toward special populations, prevention programs for people living with HIV, programs focused on MSM, harm reduction programs for IDU, youth in school, youth out of school, programs focused on sex workers and their clients. ⁱⁱⁱ Community includes condom social marketing, public and commercial sector condom provision, prevention activities in the workplace, community mobilization, voluntary counseling and testing, and mass media efforts. ^{iv} Includes improving management of STI, prevention of mother-to-child transmission, blood safety, post-exposure prophylaxis (health-care setting, rape, etc), safe medical injections, and universal precautions.			

Global Health Council Data with Ten Year Projected Growth

Ten year = USD ~2.14B



“Push” and “Pull” Mechanisms For Pediatric HIV Laboratory Diagnostics

- **Push**

- Gates
- Duke Foundation
- NIH (SBIRs)
- Industry
- HIV Forum

- **Pull**

**~1 Billion USD
Market**

Essential Lab Package (Beyond 2005)

- **HIV Infection Status**

Serology (> 18 months
of age)

PCR (< 18 months of
age)

- **Immune Status**

- **Determine Viral Load**

- **Organ Function Testing**

Liver, Kidney





That's All,
Folks!