



“To not have to remember that every morning is earth-changing for them,” said Dr. Rachel Bender Ignacio, director of University of Washington’s UW Positive, a clinical research site focusing on H.I.V. “That stigma, that internalized stigma of taking that pill every morning, is what prevents them from taking it.” Long-acting drugs are likely to be an even greater boon in populations that have long been hard to reach: patients who have spotty access to health services, or who have trouble taking daily pills because they have unstable housing or transportation, are struggling with substance use, are mentally ill or face discrimination and stigma.

In 2022, nearly 30 years after the advent of combination antiretroviral therapy, more than nine million of the 39 million people living with H.I.V. worldwide were not receiving treatment. About 630,000 died from AIDS-related illnesses that year. Even in the United States, about one-third of those diagnosed with H.I.V. are not keeping the virus in check. “We still haven’t addressed these sort of underlying issues around access,” said Gregg Gonsalves, a longtime H.I.V. activist and an epidemiologist at the Yale School of Public Health. “We can be elated about the science and the clinical implications” of long-lasting drugs, he added. “But for many people, it’s going to be a distant dream.” The Fight Against H.I.V. An estimated 40 million people are living with H.I.V. worldwide. About 10 million of them do not have access to treatment. A Fading Weapon: Some H.I.V. experts worry that a decline in the use of condoms, which help prevent sexually transmitted infections, has been accelerated by the public health focus on prevention medication. Risking a New Health Crisis: Uganda had made great progress against H.I.V. Now that a new law has criminalized sex between same-sex adults, terrified patients are fleeing clinics, and experts fear a resurgence. Hope for Healthy Aging: Older people with the virus are more vulnerable to heart disease. A recent study showed that a statin drug could significantly lower their risk of heart attacks and strokes.

Drug Delayed

The drugmaker Gilead delayed a promising new H.I.V. treatment, allowing it to extend patents on a blockbuster line of medications, according to internal documents. One barometer of the excitement about long-acting regimens was their prominence at the Conference on Retroviruses and Opportunistic Infections in Denver in March. The annual meeting has served as the backdrop to many H.I.V. milestones, including the electric moment in 1996 when researchers showed that a combination of drugs could suppress the virus. Dozens of studies of long-acting regimens were presented at the conference this year. (While most such drugs are tantalizingly close for H.I.V. prevention and treatment, similar options for tuberculosis, hepatitis B and hepatitis C are not far behind.)

Long-acting treatment

Long acting treatment— Cabenuva, two shots given every other month — has been available for nearly three years. It costs more than \$39,000 annually in the United States, although few patients pay that price. Even with a steep discount, however, the treatment is out of reach for many patients in low-income countries. Still, many researchers at the conference were excited about the results from one study showing that Cabenuva was more effective than daily pills at controlling H.I.V. even in groups that typically have trouble adhering to treatment.

“When you think about how hard it is for some folks, giving them new tools that might be able to get them to be suppressed is a big deal,” said Dr. Kimberly Smith, who leads research and development at ViiV Healthcare, which makes one of the component drugs in Cabenuva. Long-acting drugs might be useful even for children living with H.I.V. Worldwide, only about half of children diagnosed with H.I.V. are receiving treatment. That’s in part because of the lack of drug versions made for children, Dr. Charles Flexner, an H.I.V. expert at Johns Hopkins University, said in a presentation at the Denver conference. “With long-acting formulations, that will no longer be the case,” Dr. Flexner said. “Children will be able to use the same formulation as adults, just at a different dose.” (The New York Times)