The future of HIV service delivery is... self-care

AIDS 2026

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Izukanji Sikazwe, The Global Fund
29 July 2026, AIDS 2026

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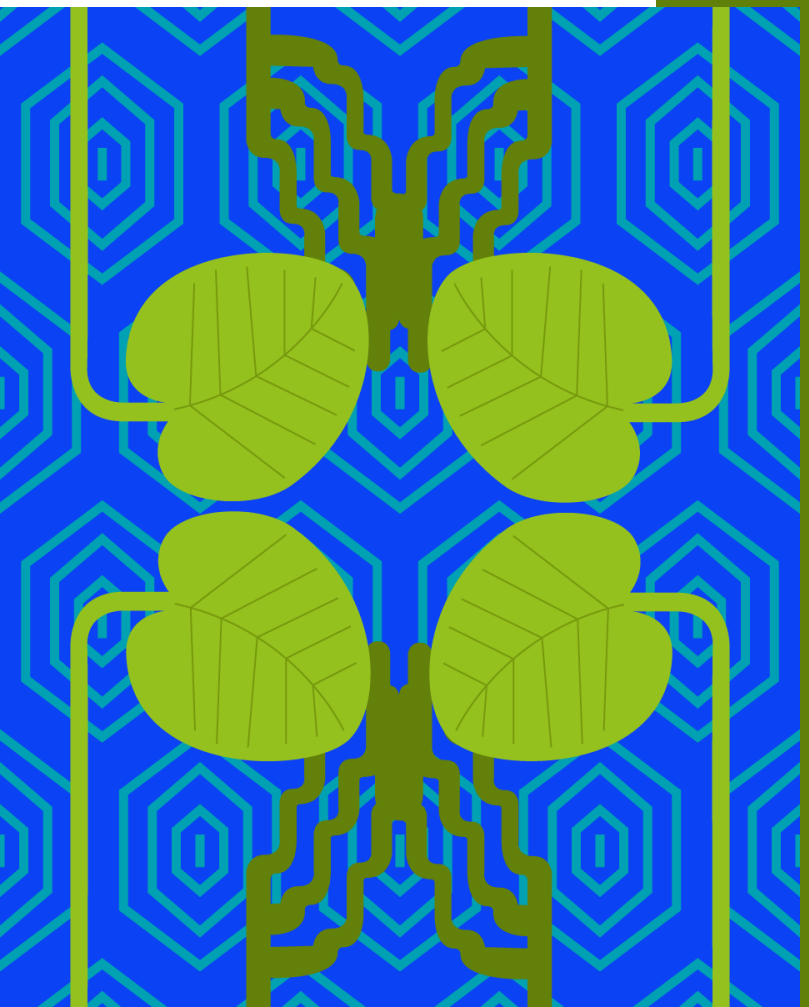

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Differentiated service delivery and self-care in HIV

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Affiliations & Notes Article Info

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Context

- **Shifts in the global HIV landscape**

  💰 **Changing international financing —** donor budgets are tightening, forcing hard trade-offs in what programmes can sustain

  🔄 **Expanding integration —** HIV care is folding into primary care and universal health coverage

  🌍 **Increasing country ownership —** governments are assuming more financing and leadership as external support shifts

  📱 **Rapid growth in digital health —** mobile and online tools are reshaping how and where people access care

As resources tighten, what must the system protect, what can be simplified, and where should responsibility for care lie?

Efficiency & person-centred models are no longer optional

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DSD = simplify care, preserve capacity

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- Early DSD models demonstrated that people living with HIV could safely manage treatment with fewer clinical encounters, when supported by:
  - 🗂️ Simplified systems
  - 📍 Decentralized access
  - 📦 Longer refills
  - 🛡️ Safety nets

- DSD asks: Where? When? Who? What?

DSD is not enhanced or boutique care
It's a deliberate efficiency strategy strengthening person-centeredness through simplification and reduced burden

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Self-care = increase agency and autonomy

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- "Redistributes aspects of monitoring, decision-making, and health management toward individuals, families and communities"
- Examples include:
  - 🧪 Self-testing
  - 📱 Digital tools
  - 💊 Self-management
  - 👤 Self-directed decisions

Self-care asks: What can people safely do for themselves?

Not a transfer of responsibility away from health systems

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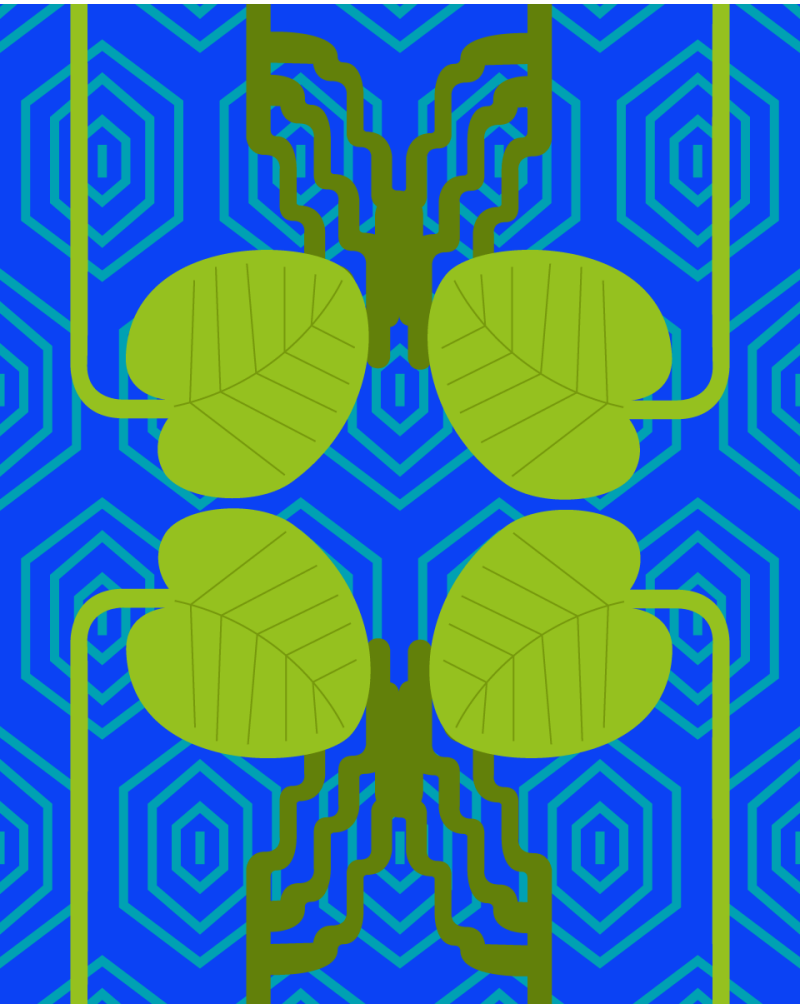

DSD and self-care share a common philosophy – **Most health happens outside of clinics**

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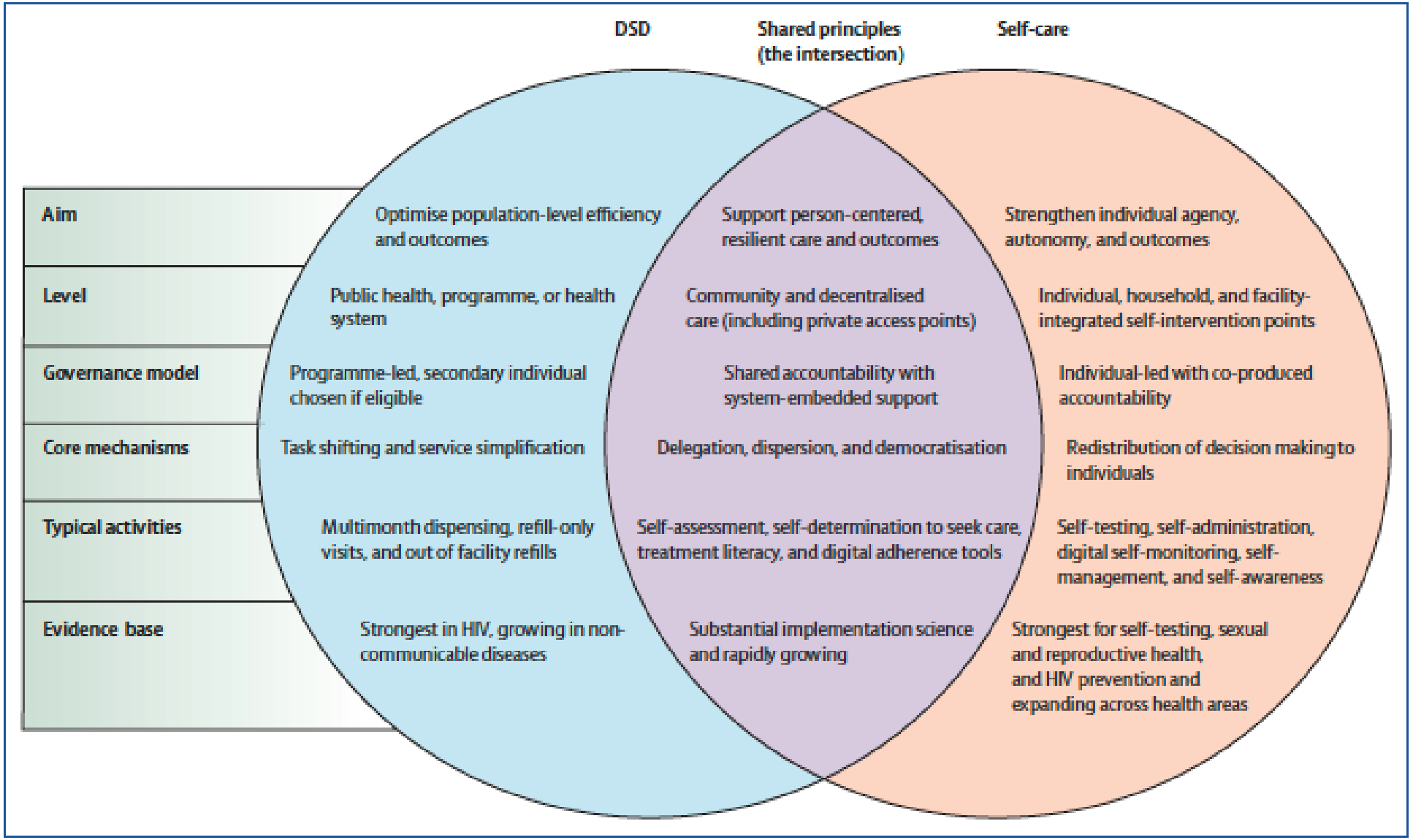

Figure: Conceptual convergence of DSD and self-care in HIV

The diagram illustrates the distinct yet overlapping domains of programmatically driven DSD and individual-led self-care. The intersection highlights shared principles, including delegation, decentralisation of care, digital health, and shared accountability, in person-centred HIV services. DSD=differentiated service delivery.

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DSD and self-care can be understood through overlapping shifts in **delegation**, **dispersion**, and **democratization**

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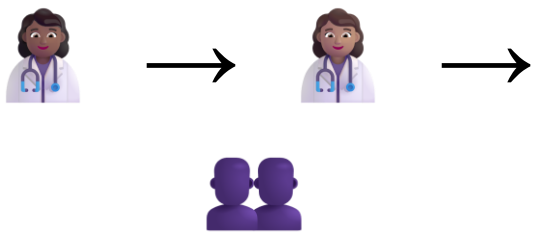
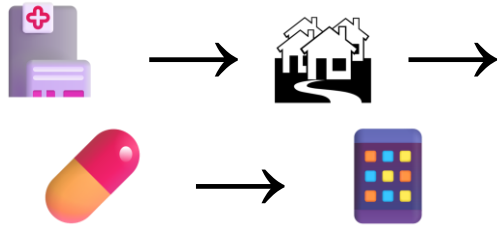
Delegation



- Tasks move to the most appropriate actor.

Dispersion



- Care moves closer to people.

Democratization

System ↔ Community ↔ Individual

- Decision-making becomes shared.

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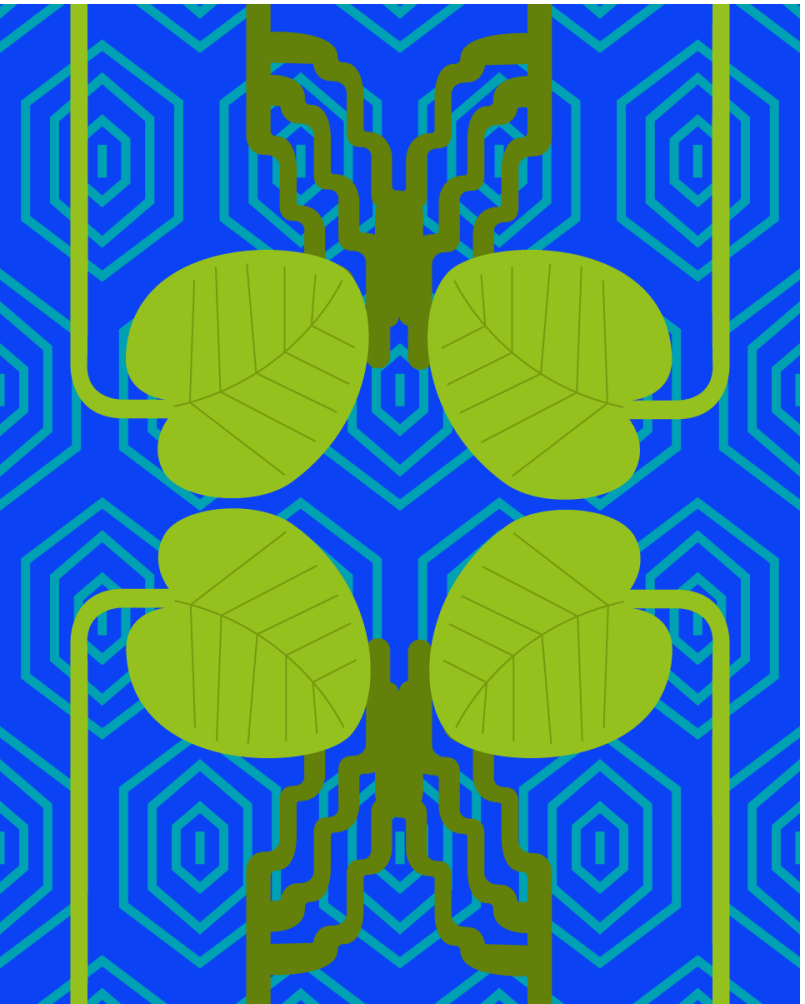

DSD and self-care both **seek to reduce unnecessary facility-based interactions as well as increasing convenience, continuity, flexibility and participation in care.**

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DSD ≠ Self-care

DSD

Fundamentally a systems-level strategy designed through protocols, eligibility criteria, monitoring systems, and embedded safety nets

Self-care

Operates more explicitly through individual agency and autonomy, raising distinct questions regarding treatment literacy, accountability, continuity, and the safeguards required to support informed decision-making outside traditional clinical settings

- Reducing clinic visits ≠ transferring full responsibility for care to individuals
- Simplification ≠ withdrawal of support
- Efficiency efforts can unintentionally drive recentralization, over-medialization, fragmented care

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The Global Fund's approach to self-care in HIV

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What the Global Fund supports

Self-care is embedded across the Global Fund's HIV investments

- **HIV self-testing (HIVST):** discreet, convenient testing scaled through the Pooled Procurement Mechanism; with CIFF, US$25M reaching 14.1M people across 7 countries (2021–2024)
- **User-controlled prevention:** the only major funder of all WHO-recommended PrEP options — oral PrEP, the dapivirine ring, injectable cabotegravir and lenacapavir
- **Multi-month dispensing (MMD):** at least 3 months of ART (6 where feasible), reducing clinic visits and easing system pressure
- **Community & digital access:** peer-led outreach, pharmacies, online platforms and direct-to-consumer delivery pilots

Why the Global Fund invests in self-care

- **Expands choice and equity:** meets key and vulnerable populations where they are, reducing stigma, distance and service-hour barriers
- **Drives efficiency and sustainability:** shifts routine care away from facilities and optimizes limited resources under constrained financing
- **Empowers people:** supports an active role in one's own health and continuity of care, reducing advanced HIV disease and mortality
- **Anchored in GC8 guidance:** "expand choice, accelerate self-care" runs across prevention, testing and product introduction

Looking ahead: the Global Fund is positioned to lead the next era of self-care — pairing market-shaping and innovation with country-led scale-up to put people at the centre of a sustainable HIV response.

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The future of HIV service delivery is therefore…

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- Neither clinician-led nor individual led alone
- Intentional combinations of programmatic design and individual agency
  - Shared responsibility, accountability and agency → across health systems, communities, digital platforms and individuals themselves
  - Put the tools and the choice in people's hands. That's how we will achieve our shared ambition.

DSD and self-care are complementary pathways toward more resilient, efficient and person-centred HIV services.

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