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Wrap-up



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EDITORIAL

Build, do not dismantle: leveraging a differentiated service delivery approach for broader health impact amidst funding changes

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“It is so easy to break down and destroy. The heroes are those who make peace and build.”—Nelson Mandela

expanded during COVID-19 [5], is an enabler of DSD. Scale-up of MMD has continued, with 45% of people on ART supported by PEPFAR outside of South Africa or 6.67 million



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**As we navigate this
new era in global
health and HIV
service delivery,
several key questions
remain**



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- **Will countries embed DSD into their primary care strategies?**



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- **What is the future of out-of-facility DSD models and of community healthcare workers?**



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- **Will DSD be a core element of PrEP delivery going forward?**



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- **Will DSD support the scale-up of future innovations in HIV drug delivery?**



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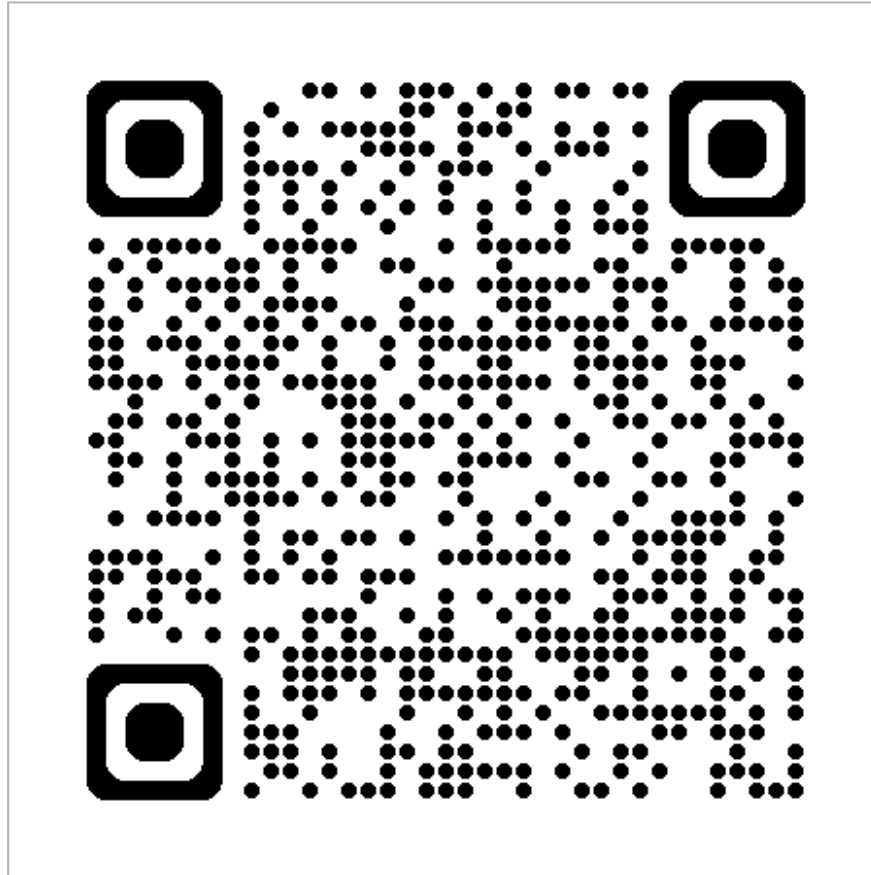
“...**We must resist the impulse to retreat** and instead build on the innovations already in place. Yet without deliberate intention and sustained commitment, **DSD risks becoming a casualty of the current funding crisis.** It is not only worth protecting; it is essential to the future of the HIV response and part of the antidote. We cannot allow short-term decisions to unravel years of progress. **Now is the time to build—not dismantle.**”



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Differentiated service delivery – beyond
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Guest Editors: Anna Grimsrud, Charles B. Holmes, Linda Sande
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Differentiated service
delivery for HIV
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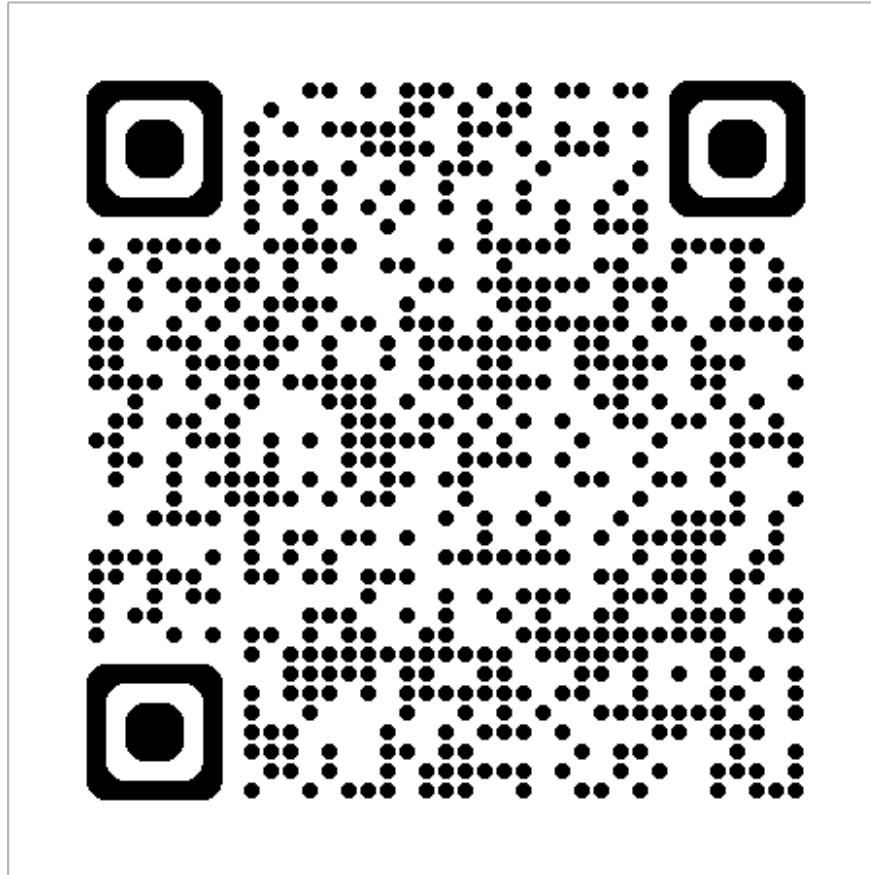
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