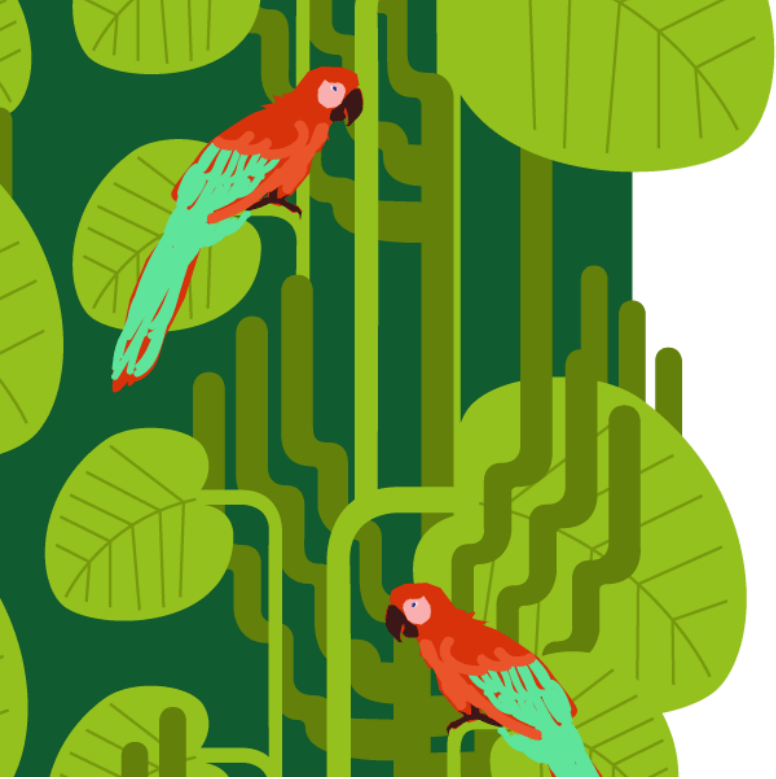




A summary of the differentiated service delivery (DSD) science at AIDS 2026



 **AIDS 2026**

Prepared by the DSD team at IAS – the International AIDS Society

26–31 July • Rio de Janeiro, Brazil

aids2026.org



 **AIDS 2026**

Titles link to abstracts on the [online programme](#).

The content on [IAS+](#) - session recordings, slides and posters - is already available to IAS members and will be available to the public **from 24 September 2026**.

All abstracts can be viewed in the [AIDS 2026 Abstract Book](#).





 **AIDS 2026**

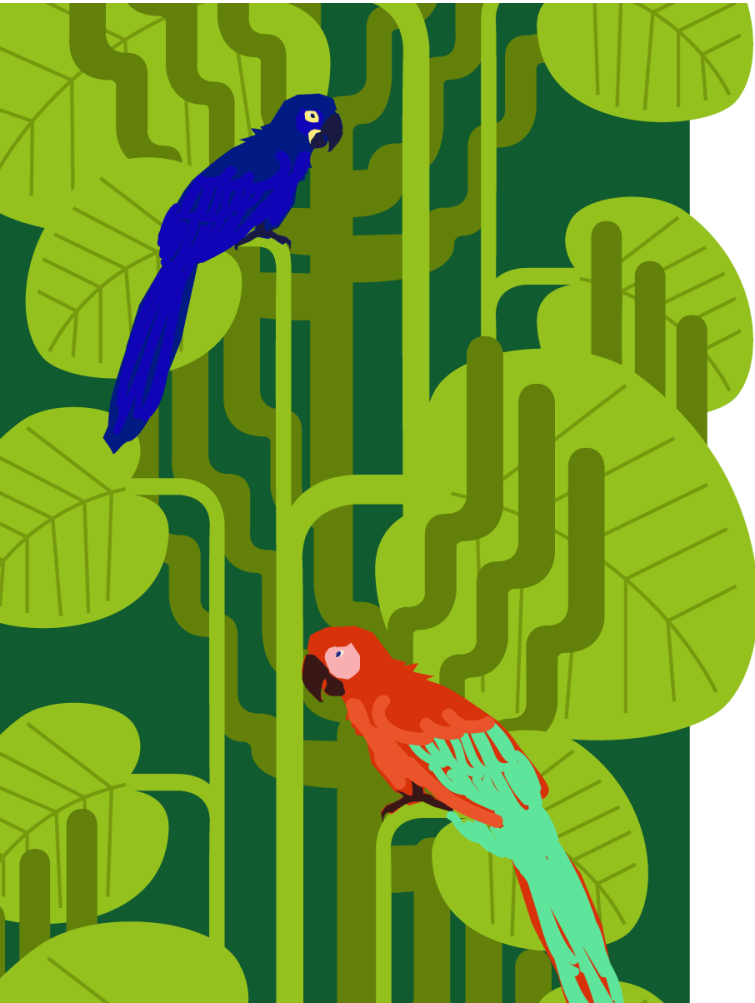
Table of contents

1. DSD for testing
2. DSD for prevention
3. DSD for treatment
4. DSD & integration of other health conditions
5. DSD for specific populations
6. Impact of funding cuts & prioritization
7. Advanced HIV disease
8. Miscellaneous (Satellites & What's more to explore)





 **AIDS 2026**



1. DSD for testing

26–31 July • Rio de Janeiro, Brazil

aids2026.org



AIDS 2026

Differentiated testing modalities by age group to strengthen pediatric case finding: a global data analysis, Casalini et al

Objective: Assess paediatric testing among EPIC sites globally

Methods:

- Bivariate analysis of routine program data across 19 countries (Oct 2024-Sept 2025) for children ages <15 years
- Assessed case finding (%) among those 0-14 years of age by testing strategy: facility-based provider-initiated testing and counselling (FB-PITC), community mobile outreach (CMO), and facility- or community-based index testing (IT).

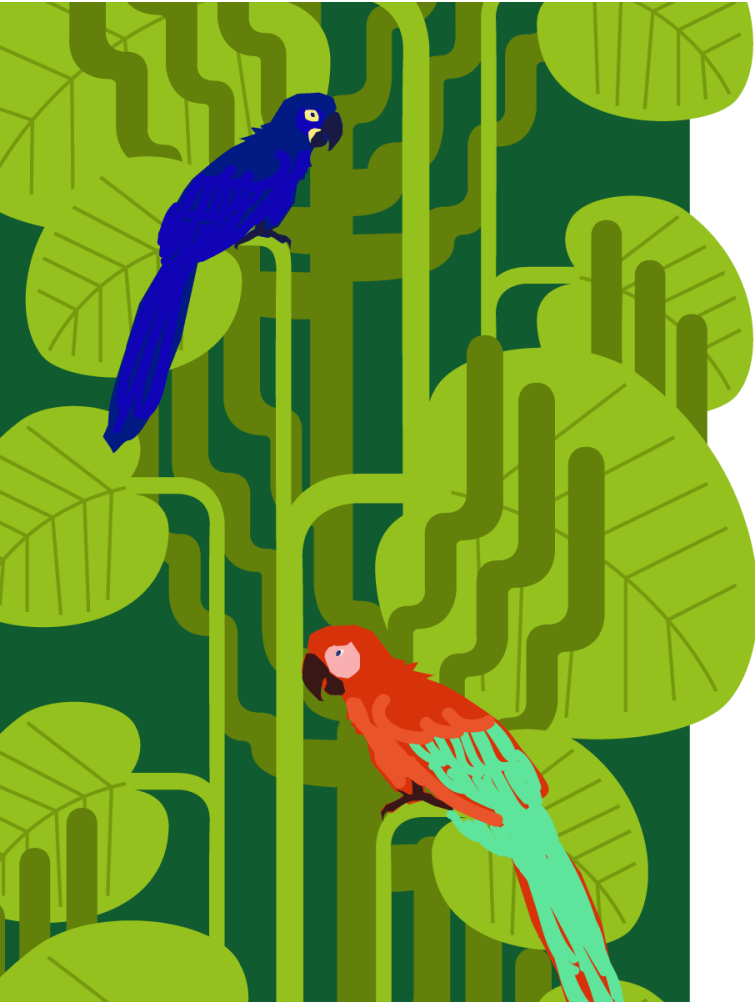
Results:

- Total of 21,820 tested, 5% (n=1,007) were positive
 - 52% through FB-PITC
 - 41% through IT
 - 6% through CMO
- Case finding was:
 - 7% for IT
 - 3% for FB-PITC
 - 2% from CMO
- Case finding among children <5 years was 3.5 x higher through CMO, 2x through IT and 0.75x through CMO compared to those 5-14 years.

Takeaway message: There is value in differentiated testing modalities for distinct paediatric groups – community mobile outreach was critical for those <5 years and PITC for older children, while index testing was critical for both.



 **AIDS 2026**



2. DSD for prevention

26–31 July • Rio de Janeiro, Brazil

aids2026.org



AIDS 2026

Effect of different pharmacy PEP delivery models on initiation, repeat use, and PEP-to-PrEP transition: findings from a 75-pharmacy cluster-randomized controlled trial in Kenya, Ngunjiri et al

Objective: RCT to test four public-private partnership models for pharmacy-based PEP and PrEP in Kenya. In A1-A3, private pharmacies received government commodities.

- A1: client-sustained – clients paid ~\$2 USD/visit (PrEP or PEP)
- A2: implementer-sustained – implementer paid ~\$2 USD/visit (PrEP or PEP)
- A3: counsellor-supported, implementer paid ~\$1 USD/visit + task-shifting to counsellors
- A4: referral – implementer paid ~\$1USD/referral to nearby clinic

Results: 75 pharmacies enrolled 5,808 clients (June 2023-Apr 2025), 64% were PEP candidates

- At 60- and 270-days post-enrolment, significantly higher PEP initiation in A1-A3 vs A4 (Table 1)

Table 1. Pharmacy PEP outcomes at 60- and 270-days post enrollment

PEP outcome	Mean pharmacy-standardized annual rates [†]				Client-sustained (A1) vs. referral (A4)		Implementor-sustained (A2) vs. referral (A4)		Counselor-supported (A3) vs. referral (A4)	
	A1	A2	A3	A4	RR (95% CI)	p	RR (95% CI)	p	RR (95% CI)	p
PEP initiation										
At 60 days	31	45	45	8.6	3.4 (1.4-8.5)	0.010*	4.1 (1.5-11.2)	0.007*	6.2 (2.4-15.7)	<0.001*
At 270 days ^{††}	35	43	59	10	3.2 (1.3-7.8)	0.014*	3.9 (1.4-10.5)	0.009*	6.7 (2.7-16.6)	<0.001*
Recurrent PEP										
At 60 days	0.4	0.7	0.8	0.1	2.9 (0.3-25.2)	0.32	6.8 (1.0-48.3)	0.054	14.8 (2.2-97.0)	0.006*
At 270 days ^{††}	2.2	1.7	2.3	0.3	3.6 (0.9-14.6)	0.071	4.9 (1.1-21.2)	0.036	9.4 (2.9-30.1)	<0.001*
PEP-to-PrEP										
At 60 days	1.1	5.4	3.0	0.1	4.2 (0.9-19.9)	0.075	16.2 (2.9-90.7)	0.002*	18.2 (4.8-69.6)	<0.001*
At 270 days ^{††}	2.9	10	6.7	0.3	6.4 (1.5-28.0)	0.015*	21.8 (4.8-100)	<0.001*	18.7 (5.1-68.8)	<0.001*

Abbreviations: pre-exposure prophylaxis (PrEP); post-exposure prophylaxis (PEP); rate ratios (RR)

*indicates significance at threshold of p=0.05.

[†]Annual pharmacy-level rates standardized to the estimated median client volume of referral arm (A4) pharmacies (=2030 monthly sales).

^{††}270-day outcomes were assessed on a subset of clients (n=4492 PrEP/PEP candidates; n=3103 PEP candidates) with at least 180 days of follow-up during implementation.

Takeaway message: Enabling pharmacies to deliver publicly procured PEP, including when clients paid for services, increased PEP initiation



AIDS 2026

Patterns of PrEP and PEP use through automated dispensing machines in São Paulo, Brazil: modality, motivations, and gender differences, Queiroz da Silva et al

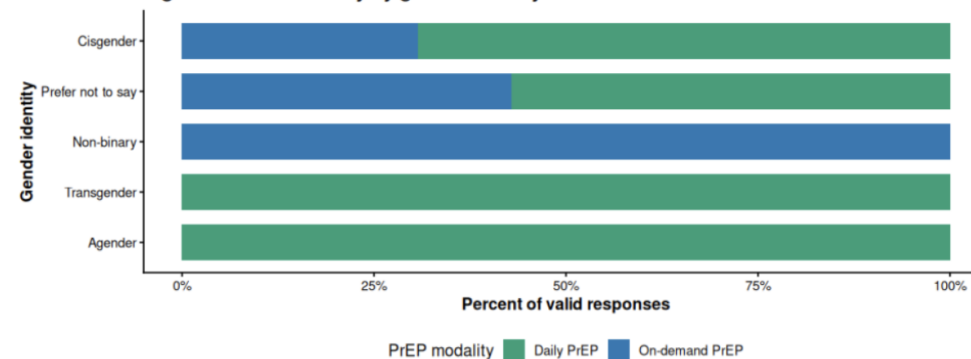
Objective: Examine patterns of use, modalities, and motivations for accessing PrEP, PEP and HIV self-tests through automated dispensing machines

Methods: Cross-sectional study, online survey

Results:

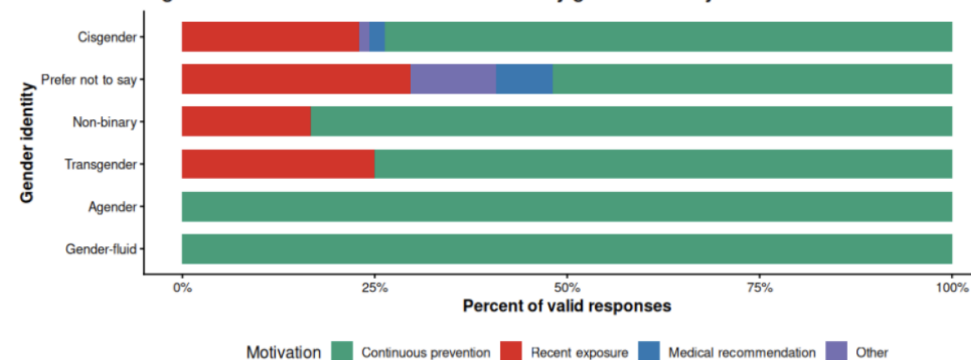
- 1,200 respondents, 92% cisgender.
- Daily PrEP most common (64%), followed by on-demand PrEP (29%).
- Reasons for PrEP or PEP use – continuous prevention (73%), recent exposure 23%.

Figure 1. PrEP modality by gender identity



Source: Author's own, 2026.

Figure 1. Motivation for PrEP and PEP use by gender identity



Source: Author's own, 2026.

Takeaway message: Automated dispensing machines supported sustained HIV prevention through daily PrEP use, and some timely access to PEP following recent exposure.



AIDS 2026

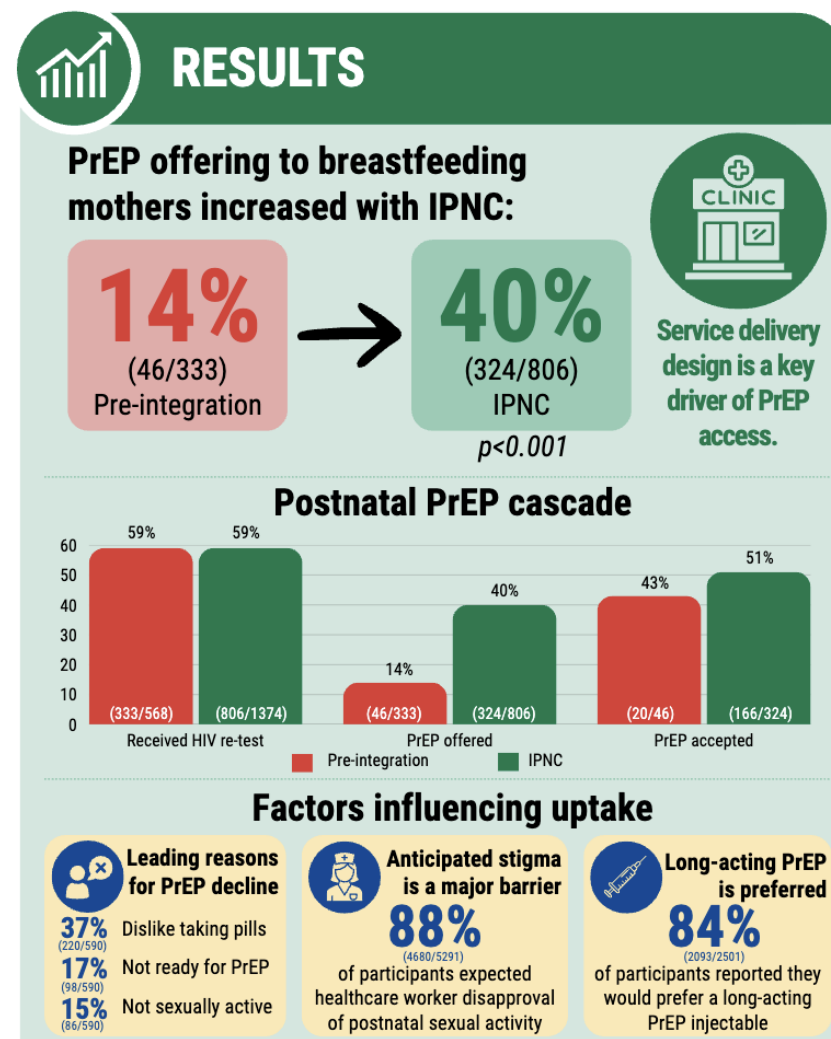
Integrating pre-exposure prophylaxis into postnatal care: service delivery, risk perception, and uptake among breastfeeding women in South Africa, **Wessels et al**

Objective: Examine the postnatal PrEP cascade and assess how service delivery design, risk perception, and provider–client interactions influence PrEP uptake

Methods:

- Sub-analysis within the Sihamba Kunye implementation science project
- Integrated postnatal care model co-locating maternal and infant services across eight public primary healthcare facilities in Tshwane District, South Africa (Feb.-Dec. 2025)

Takeaway message: Integrating PrEP into postnatal care increased PrEP offer and uptake among breastfeeding women.





AIDS 2026

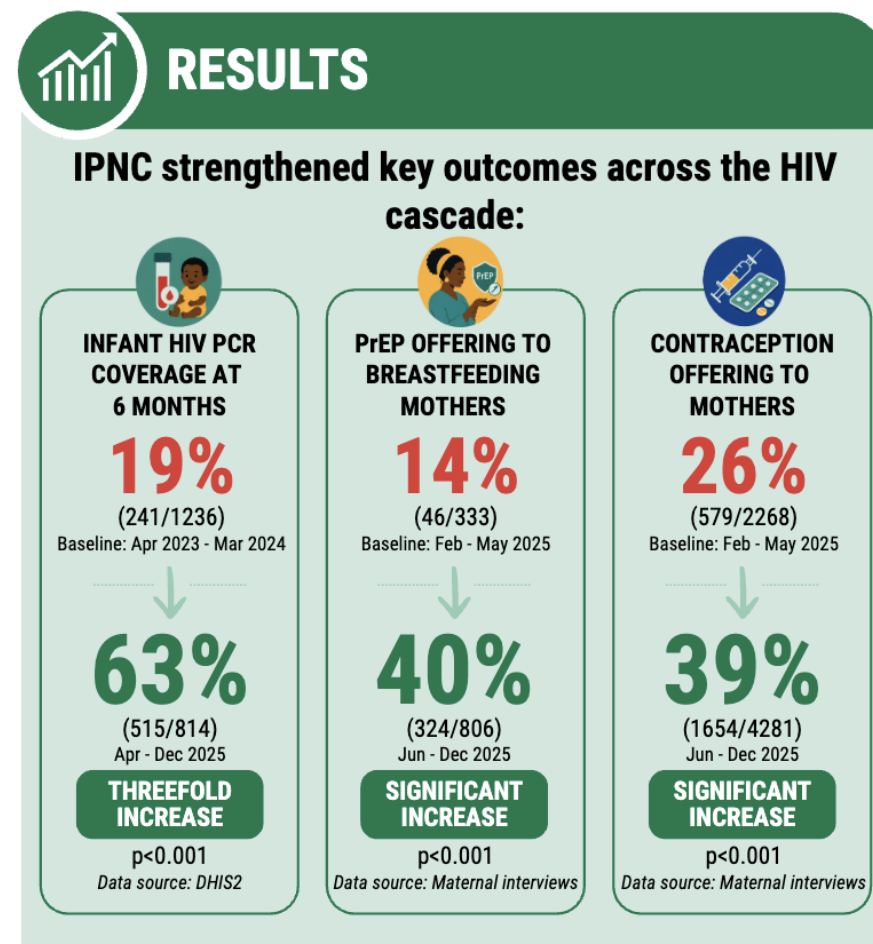
Addressing the postnatal “last mile” of vertical HIV transmission through integrated postnatal care in South Africa, Feucht et al

Objective: Evaluate “Sihamba Kunye” implementation study to improve postnatal integration.

Methods: Interviewed 7,708 mothers from 8 public health centres in Tshwane district, South Africa (Feb –Oct 2025)

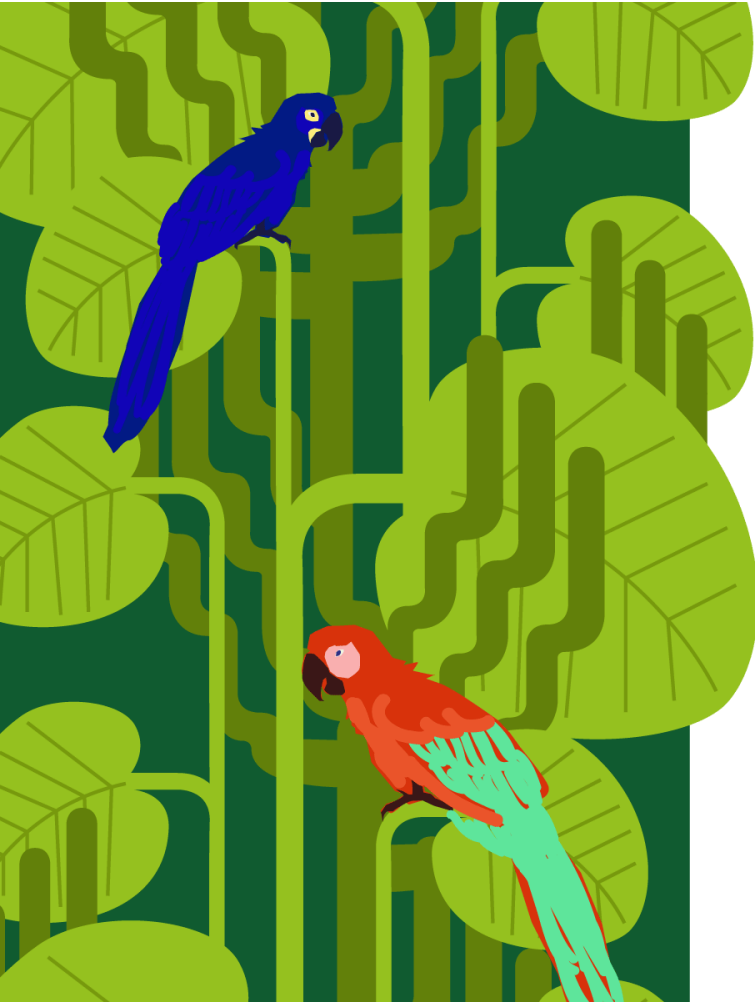
Takeaway message: Integration can improve both HIV (infant testing and PrEP offer) and MNCH (contraception offer) outcomes

Poster





 **AIDS 2026**



3. DSD for treatment

26–31 July • Rio de Janeiro, Brazil

aids2026.org



AIDS 2026

Objective: Estimate and compare costs and staffing impact of different 6MMD scale up-scale scenarios over two years

- Scenario 1: 3MMD with 6MMS (3-month refill only visits through DSD or in SA, CCMDD)
- Scenario 2: 6MMD & 6MMS (health facility, no DSD or in SA, CCMDD)
- Scenario 3: 6MMD + 12 MMS (6-month refill only visits through DSD)

Costing the implementation of 6MMD utilizing 6- and 12-month scripting in South Africa, Huber et al (1 of 2)



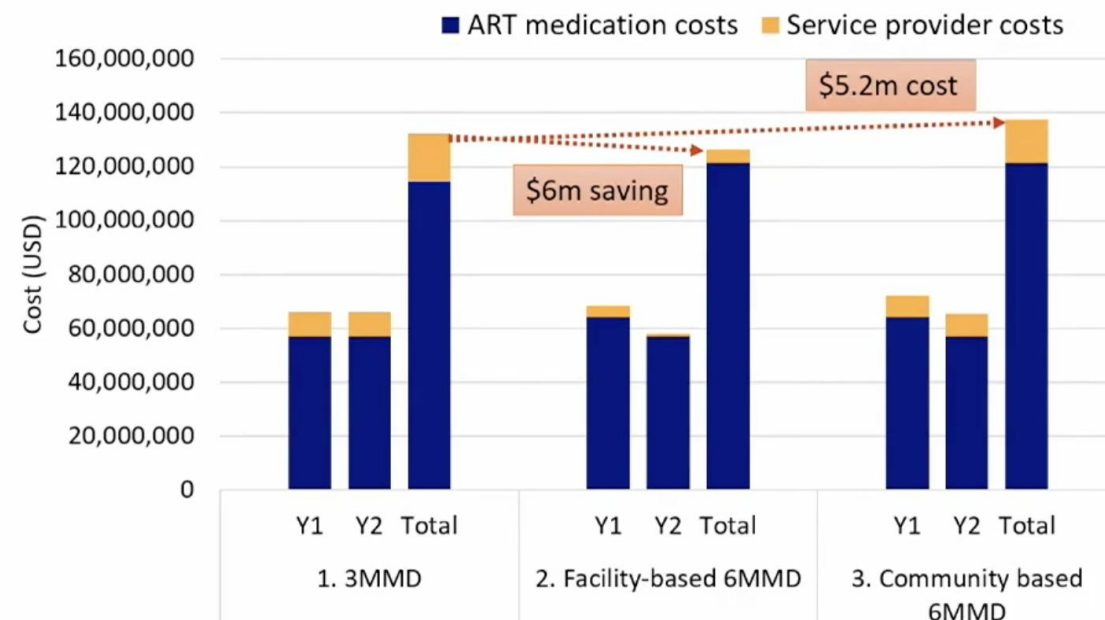
AIDS 2026

Compared to 3MMD, over 2 years and for 1 million clients:

- Facility-based 6MMD saves the system cash (budgetary) of \$6.0m (-4.5%) due to **reduced service provider fees**
- Community-based 6MMD increases budgetary costs by \$5.2m (+3.9%) due to **increased CCMDD service provider fees**

26–31 July • Rio de Janeiro, Brazil

Budget (cash) implications



*Scenario 2 and 3 include **up-front payments for 3-months worth of ARVs** accruing in Q2 25/26

Y1: Q2 2025/26 to Q1 2026/27
Y2: Q2 2026/27 to Q1 2027/28



AIDS 2026

Costing the implementation of 6MMD utilizing 6- and 12-month scripting in South Africa, Huber et al (2 of 2)

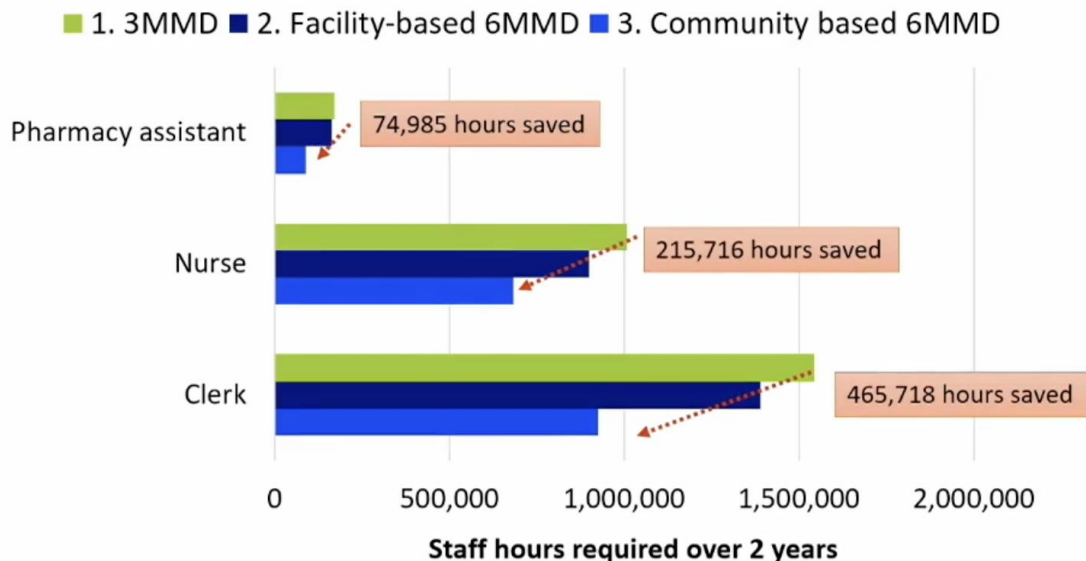


AIDS 2026

Compared to 3MMD, over 2 years and for 1 million clients:

- Facility-based 6MMD **reduces clinic staff hours by 10%**
- Community-based (CCMDD) 6MMD **reduces clinic staff hours by 38%**

Staffing (time) implications: Total staff hours



- Using the DSD model in SA (CCMDD), incurs budgetary costs but would reduce facility staff workload

Takeaway message: To use the SA DSD model of CCMDD with 6MMD will increase costs (compared to facility-based 6MMD) but will result in substantial time savings for facility-based staff.

Takeaway question: What is the value of the reduced staff time and how would the system reallocate their time? What is the benefit of less frequency clinical visits on retention and suppression outcomes?



AIDS 2026

Are differentiated service delivery models effective for adolescents (aged 10-19) living with HIV? A systematic review of evidence from Eastern and Southern Africa, Kaakyo et al

Objective: Systematic review of impact of DSD on retention, adherence and viral suppression among adolescents (10-19 years of age)

Results: 11 studies identified

- 5 RCTs, 6 observational studies
- Malawi (n=4), Namibia (n=1), Uganda (n=2), Zimbabwe (n=2)
- Results for retention, adherence and viral suppression were limited and heterogenous.
- Published in The Lancet Regional Health Africa - [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00061-1/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00061-1/fulltext)

Table 1: Characteristics of Included studies (n=11)		
Study Descriptive		Number of studies (n)
Country	Eswatini	1
	Lesotho	1
	Malawi	4
	Namibia	1
	Uganda	2
	Zimbabwe	2
DSD Intervention or Category	Peer Support/ Teen Clubs/Adolescent-friendly clinics	7
	Community-based models	2
	Family Centered Models/ Structured Interventions	2
Study design	Randomised trials (individual/cluster)	5
	Observational studies with a comparator	6
Outcomes Reported	Retention	8
	Adherence	4
	Viral suppression	8

Takeaway message: There is limited evidence on the impact of DSD for adolescents.



AIDS 2026

Early viral load monitoring and enrollment into multi-month dispensing models following South Africa's 2023 revision of HIV treatment guidelines, **Kachingwe et al**

Objective: Assess compliance to the revision of shifting South Africa's first viral load from 6 to 4 months and early viral load outcomes.

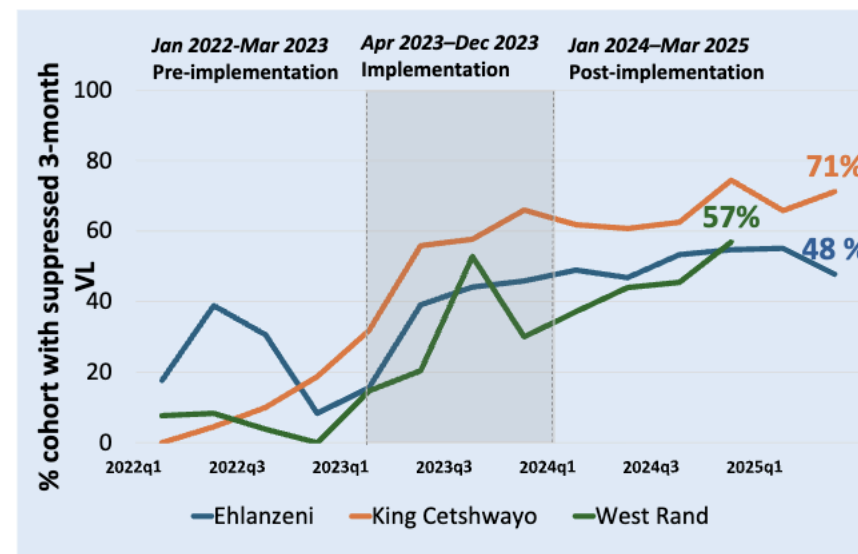
Methods:

- 12 health facilities in two provinces, Jan 2018-Dec 2024 (guideline updated in 2023), eligible clients were non-pregnant adults initiating ART between Jan 2018-Dec 2024 and retained for 6+ months.
- Time-series analyses comparing trends pre-implementation (2018-Mar 2023), implementation (April-Dec 2023), and post-implementation (Jan-Dec 2024).

Results: Following guideline implementation, the median number of clinic visits in the first year on ART fell from 8 in 2022 to 6 in 2024 (aligning with 2023 guideline)

- Viral suppression (<50 copies/mL) was similar among clients tested at 3 months (72%) and 6 months (73%; aRR=0.99, 95% CI 0.96–1.01).

Figure 3. Proportion assigned to a ≥6-month visit interval or 6-month ART scripting after a suppressed 3-month VL (N=3,508)



Takeaway message: Early viral load testing supported earlier DSD and reduced the number of visits without compromising viral suppression.



AIDS 2026

Providers prefer frequent contact over flexibility to reduce risk of early disengagement from HIV care in South Africa, Kachingwe et al

Objective: Explore provider decision-making process about risk assessment, visit frequency and intervention selection among healthcare providers, related to early disengagement in HIV treatment programmes.

Methods: Quantitative facility assessments and qualitative group interview at 18 facilities in three provinces

- Interviews asked how providers assessed risk of disengagement and the supportive interventions available

Results:



- Providers identified **social support, counseling, and referral to social workers** as the most appropriate interventions for clients at risk of disengagement.
- Some clients may also benefit from **home visits**, community-based **medication delivery**, and **nutrition support**.



- Providers were **reluctant to offer MMD** to clients perceived as high risk, citing adherence concerns.

Takeaway message: Providers tend to favor interventions involving frequent contact and intensified social support for clients vulnerable to disengagement. Implementation support is needed to ensure providers do not unnecessarily limit access to DSD models that may improve retention.



AIDS 2026

Predictors and self-reported causes of treatment interruption among clients on antiretroviral therapy in Malawi: a nested case-control study, Lemani et al

Objective: Assessed demographic, socio-economic and behavioural characteristics of ART clients as predictors of interruptions in and reasons for treatment (IIT)

Methods: Secondary analysis of a cohort of 896 clients (252 enrolled) initiation and re-initiating ART at nine facilities in Malawi

- Chart review, matched to "controls" by facility, age and sex
- Conducted structured baseline surveys at enrollment
- Travel (self-reported: 32%) was the most common reason for an ITT, all other factors were non-significant.

Takeaway message: Interventions that support flexibility, including extended MMD, may support reducing treatment interruptions.

Results:

Table 1. Factors associated with interruptions in HIV treatment in first six months after ART initiation or re-initiation in Malawi (N=252)

Variable	OR [95% CI]	aOR [95% CI]
Travel ≥30 days	2.54 [1.34-4.82]*	2.65 [1.22-5.74]*
Depression, positive screen (>8) on WHO SRQ	0.94 [0.56-1.54]	0.76 [0.44-1.33]
Suicidal ideation	1.80 [0.60-5.37]	2.78 [0.82-9.45]
Drunk alcohol in the past 12 months	1 [0.54-1.86]	0.91 [0.47-1.77]
Unexpected long trip	1.65 [0.98-2.77]	1.14 [0.60-2.15]
Marital status		
Married	REF	
Widowed	7.49 [0.89-62.7]	
Divorced	1.10 [0.52-2.32]	
Separated	1.28 [0.44-3.67]	
Never married	1.83 [0.64-5.21]	
Steady relationship	1.57 [0.51-4.92]	
Educational attainment		
None	REF	
Primary education	6.63 [0.78-56.42]	
Secondary education	5.59 [0.67-47.01]	
Higher education	3.73 [0.29-48.20]	
Number of children	1.25 [0.91-1.71]	



AIDS 2026

Community-based tracking and re-engagement in HIV treatment among people experiencing treatment interruptions: programmatic outcomes from a multi-district initiative in Eswatini, Ginindza et al

Objectives: Evaluated a community-integrated model to identify, track and re-engagement those in a treatment interruption

Methods:

- Retrospective cohort analysis
- N=921 who had interrupted across 46 facilities (Aug-Dec 2025)

Results:

- N=755 (65%) were located in the community, n=505 (67%) returned to ART within 90 days (55% of the cohort)
- Some received structural support (transport/food vouchers) and these clients were more likely to return to care (aOR 1.96, 95% 1.34-2.86) and less likely to interrupt three months (9% vs. 21%) later compared to those who didn't receive the support.

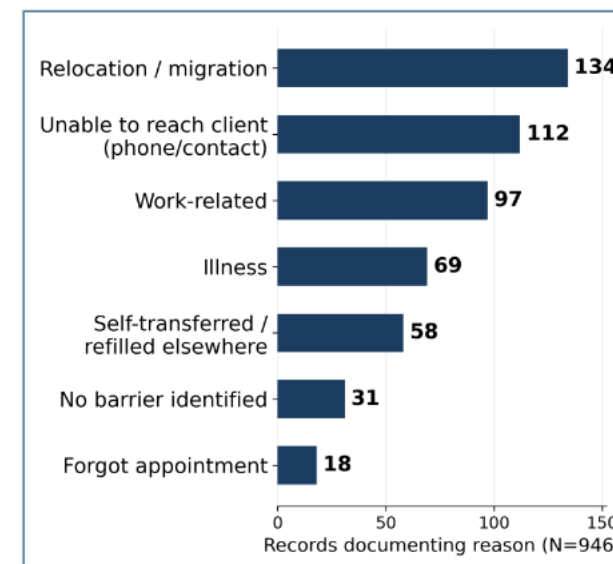


Figure 3. Documented reasons for treatment interruption (full tracking system).

Takeaway message: Interruptions were driven by relocation/migration and work-related challenges. More flexibility and extended MMD can support retention.



AIDS 2026

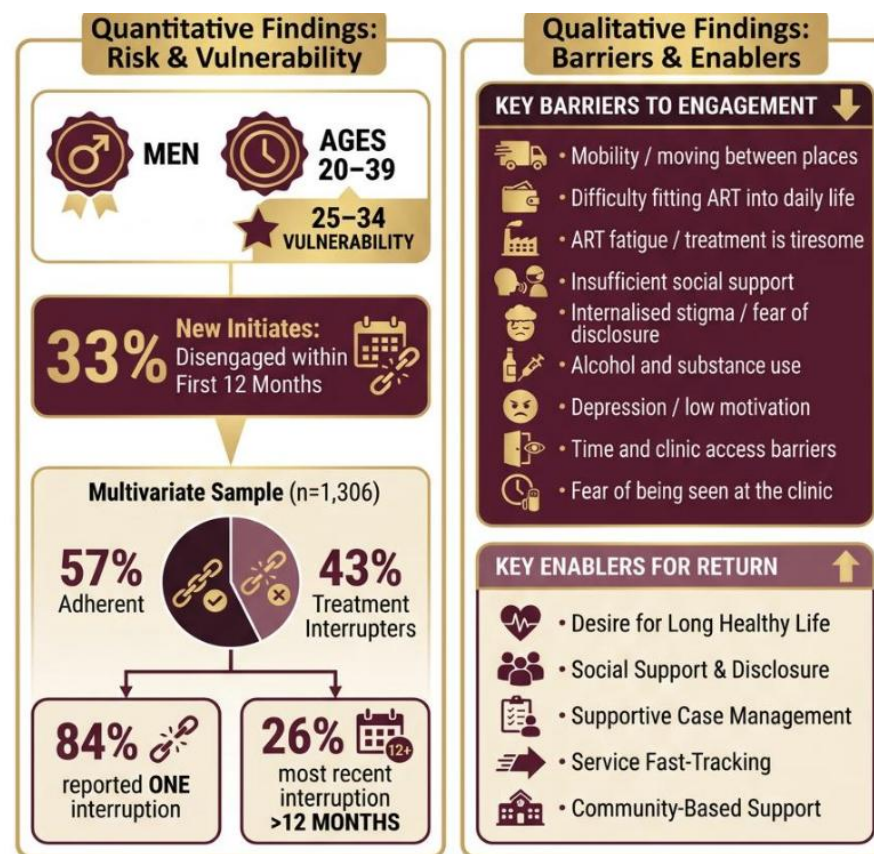
Determinants of ART disengagement: findings from a South African study of PLHIV who interrupt treatment, Pienaar et al

Objective: Examined factors associated with treatment interruptions in South Africa

Methods: Mixed-methods study – quantitative analysis of clinic records (n=1,463), qualitative interviews with clients (n=72) and providers across five provinces between Feb-Aug 2024 in PEPFAR supported districts

Takeaway message: Mobility and fitting ART into daily life are the most common factors related to interruptions and require flexibility and extended MMD to support retention and adherence.

Results:





AIDS 2026

Optimizing HIV service delivery through multi-month dispensing of antiretroviral therapy beyond 6 months and biennial viral load monitoring: evidence from the national electronic medical record system in Zambia, 2020–2025, Demeke et al

Objective: Assessed if virologically stable adults in Zambia receiving MMD beyond 6 months and 24-monthly (biennial) viral load (VL) monitoring sustained suppression.

Methods: Analysed SmartCare data from 2020-2025, 239,027 adults on DTG for at least 12 months with complete documentation of VL testing and ART dispensing

Results:

- N=4,910 with 6+MMD – 99.9% retained and 98.6% suppressed at first post-episode VL test
- N=17,001 with extended VL – 97.2% suppressed at first result after their longest gap

Clients ≥ 45 years of age and on ART for >5 years maintained the highest levels of sustained suppression.

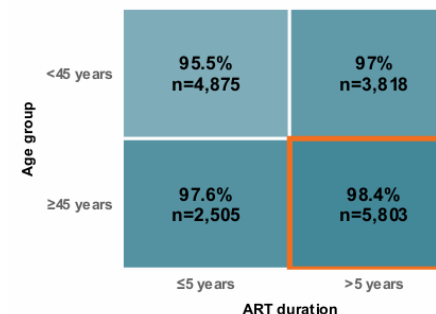


Figure 3. Sustained viral suppression after extended VL monitoring, by age and ART duration.

Takeaway message: Clients who are virologically suppressed and on a DTG-based regimen sustain suppression with longer MMD and less frequent VL monitoring.



 **AIDS 2026**

4. DSD & integration of other health conditions

26–31 July • Rio de Janeiro, Brazil

aids2026.org



AIDS 2026

Integrated community-based care versus facility-based integrated care for people living with HIV, diabetes or hypertension in sub-Saharan Africa (INTE-COMM): a multi-country cluster-randomised trial, Kasujja et al

Objective: Determine if, among clinically stable adults with HIV, diabetes and/or HTN, integrated community-based care, delivered at focal points by a nurse and lay-worker, is as effective as integrated facility-based care

Methods: CRT in Tanzania and Uganda, co-designed with policy and community stakeholders; Adults living with HIV, diabetes and/or HTN grouped into clusters of 8-14 participants based on residence and randomized to facility or community-based care

Takeaway message: In sub-Saharan Africa, integrated community-based chronic care services could achieve a high standard of diabetes and hypertension care without undermining HIV outcomes.

Takeaway questions: In this study, all clients in the community and NCD clients at facility were seen monthly by a healthcare worker – are there future opportunities for expanding self care? Are there opportunities for multi-month scripting to reduce the visit burden for both health care workers and clients ?

Results:

- Among those with hypertension and/or diabetes the proportion whose condition was controlled did not differ significantly between the two arms: 317/574 (55.2%) in the community arm and 304/571 (53.2%) in the facility arm (adjusted risk difference = 1.80% (95% CI: -4.52%, 8.12%) $p=0.58$).
- Main challenge to reach BP and diabetes control was consistent access to medication
- Among people living with HIV alone, 227/229 (99.1%) in the community arm and 229/232 (98.7%) in the facility arm had HIV viral suppression
- Qualitative work suggested this integrated approach may reduce stigma
 - Cost saving for clients (saving of approx. \$1 per visit)
 - [Lancet Publication](#)
 - [AIDS 2026 presentation](#)

[Slides](#)



AIDS 2026

Integrating community pharmacies into HIV–NCD chronic care: digital remote people monitoring in Lagos, Nigeria

German et al

Poster

Objective: Implemented a pharmacy-integrated digital remote people monitoring (RPM) programme to strengthen DSD and integrated HIV - NCD care through task-shifting to community pharmacies in Lagos, Nigeria.

Methods: Prospective implementation study, Sept-Oct 2025

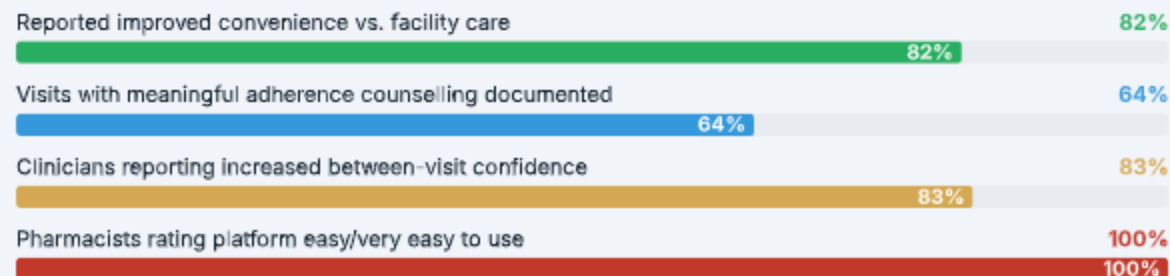
Results:

4 Community pharmacies linked with three private HIV/chronic disease clinics

- Pharmacists provided training : could perform BP , blood glucose monitoring , medication adherence
- Information shared via whatsapp
- Unclear frequency of visit / medication refill

✂ **Technical Challenge:** 31% of data transmissions affected by connectivity interruptions — resolved via offline queuing (94% sync success)

▢ **Mental Health Gap:** Only 3 persons enrolled for mental health despite 34% of clients reporting psychological distress symptoms — pharmacist training insufficient



Takeaway message: Community pharmacy refill model is feasible in this urban setting in Nigeria. Needs analysis of retention and outcomes and engagement with MoH and assess at scale

Takeaway question: What can we learn about how multi-month scripting is performed and how often is the clinical review?



AIDS 2026

Impact of geriatric club on hypertension management among elderly HIV patients at Otjiwarongo ART hospital, Tshimwanga et al

Objective: Evaluate whether a geriatric club model improved hypertension stabilization among older people living with HIV in Namibia

Methods: A facility-based before–after (paired) evaluation was conducted at Otjiwarongo ART Hospital among older people living with HIV aged 50–92 years with diagnosed hypertension (people with severe co-morbidities excluded).

Results: Fifty-three eligible clients were enrolled in the geriatric club, which provided scheduled follow-up visits

- Among 53 participants, paired pre–post results showed a marked shift toward hypertension stabilization.
- Before the geriatric club intervention, 21/53 clients were classified as hypertensive; after the intervention, 10/53 were classified as hypertensive.
- The frequency of group meeting was not described.

Takeaway message: Focused attention on comorbidities of elderly patients living with HIV improved control of hypertension

Takeaway question: Facility-based group approaches have been shown to support retention and adherence for ART across a number of specific populations (general, adolescent, pregnant and breastfeeding). Could a club approach be effective more broadly to manage chronic disease (HTN /DM) not only within the ART clinic?

Poster



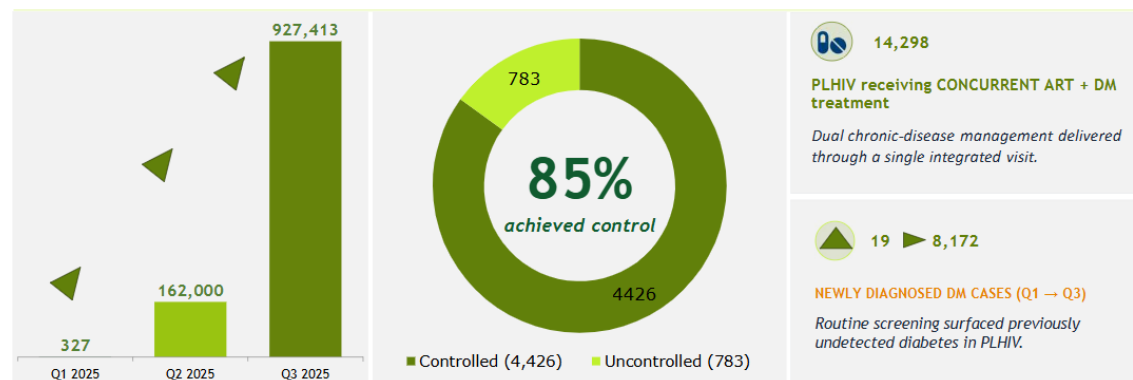
AIDS 2026

Integrating HIV and non-communicable disease services in primary healthcare: impact on diabetes mellitus screening, care, and reporting among people living with HIV in Uganda, Nuwagira et al

Objective: Following significant funding cuts to HIV programming in Uganda in early 2025, the Ministry of Health prioritized integration of HIV and NCD services to preserve treatment gains, optimize limited resources

Results:

- DM screening increased from 327 (Quarter 1) to 927,413 (Quarter 3), a 2,835-fold increase.
- Newly diagnosed DM cases rose from 19 to 8,172, with 14,298 PLHIV receiving concurrent ART and DM treatment by Quarter 3.
- Among known DM cases, 85% (4,426/5,209) achieved glycaemic control.
- HIV outcomes were preserved—viral suppression remained at 95% (adults), 89% (adolescents), and 87% (children)



Takeaway message:

- Integration of services dramatically increased case finding and rates of control for diabetes among people living with HIV
- The definition of glycaemic control was not provided by the authors

Takeaway question: Do clinics offering a chronic care model provide better outcomes than those integrating into standard OPD services?



AIDS 2026

Hearing the voice of the people: impact of integration of hypertension care into HIV clinics in Botswana on improving experiential quality, **Mosepele et al**

Objective: Determine the impact on blood pressure control of integrating HTN care into HIV care

Methods: Randomized controlled type-2 implementation hybrid trial; Patient-reported experiential quality measures (PREMS) was measured in 5 intervention/control pairs.

- Areas measured included communication, respect, shared decision-making (5-point Likert scale) and health system quality outcomes (confidence in providers, likelihood to see the same provider, trust and meeting the patient's health care needs).

Results:

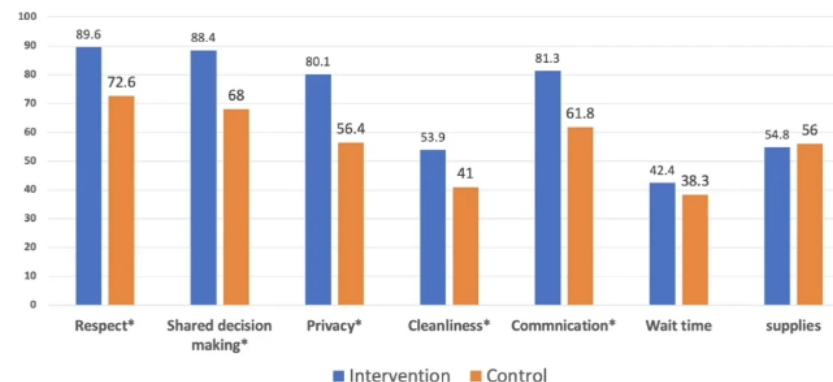
- Total of 500 participants (259 control, 241 intervention) were surveyed (median age 52(IQR 44-59), 62.6% female, 13% no formal education).

- Ratings were significantly higher ($p < .001$) in intervention than control sites in all HSR areas except wait time and availability of equipment and supplies. HSR score was higher in intervention sites than control sites. Higher ratings were also seen for intervention sites in overall healthcare met needs, trust, confidence in providers, likelihood of seeing the same provider and recommending the clinic (all $p < .001$).

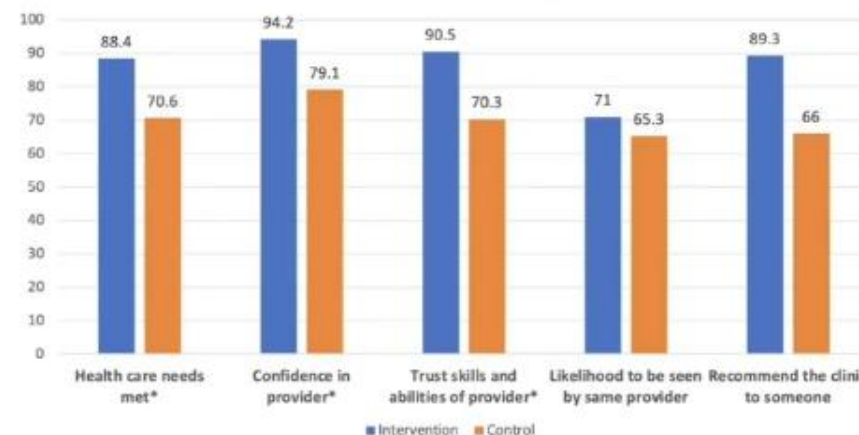
Takeaway message: Integration of HTN into HIV clinics resulted in higher HSR and confidence and trust in providers and healthcare needs met.

Takeaway questions: This study assessed integration of HTN care within an existing HIV service situated in primary care. As HIV care is further integrated with other chronic diseases and care brought into general primary care and outpatient departments will satisfaction levels remain as high? What are current HSR levels for users with other chronic diseases? How does this compare with HIV service users and is integration an opportunity to improve these?

% Rating Excellent or Very good in PREMs domains in Intervention and Control sites



Health Quality Outcomes (% very good/excellent)





 **AIDS 2026**

5. DSD for specific populations

26–31 July • Rio de Janeiro, Brazil

aids2026.org



AIDS 2026

Point of care viral load monitoring improves viral suppression at 6 months among children, adolescents and young people with HIV in East Africa: a cluster-randomized trial, Kikaire et al

Objective: Assessed the effect of point-of-care viral load (PoC-VL) monitoring on suppression among unsuppressed children and adolescents in East Africa

Methods: Randomized control trial in 28 facilities (Kenya = 4, Rwanda = 4, Tanzania = 4, Uganda = 8) with facilities randomized to PoC-VL or standard of care (centralized monitoring). Eligible clients were 6 months-24 years old, on ART, detectable VL in the past 6 months

Results:

- N=956, 42% were 13-19 years of age
- At 6-months, 49% were suppressed with higher suppression in the PoC-VL arm (55% vs 43%).
- At 12-months, 50% were suppressed with no difference between arms (51% vs. 50%, aOR 1.11, 95% CI 0.80-1.52).

Slides



VL Suppression at 6 and 12 Months



AIDS 2026

VL outcome	Month 6				Month 12			
	Crude OR (95% CI)	P-value	Adjusted OR (95% CI)	P-value	Crude OR (95% CI)	P-value	Adjusted OR (95% CI)	P-value
VL suppressed	0.97 (0.69–1.38)	0.87	1.02 (0.72–1.45)	0.89	1.01 (0.76–1.35)	0.94	1.21 (0.87–1.68)	0.26
VL <50 copies/mL	1.59 (1.11–2.26)	0.01	1.74 (1.22–2.49)	<0.001	1.02 (0.74–1.39)	0.92	1.26 (0.92–1.74)	0.15
VL <200 copies/mL	0.92 (0.63–1.33)	0.66	0.95 (0.65–1.38)	0.77	1.01 (0.76–1.34)	0.97	1.18 (0.85–1.64)	0.33
VL <1000 copies/mL	0.81 (0.51–1.28)	0.36	0.83 (0.54–1.28)	0.39	0.93 (0.63–1.39)	0.73	1.00 (0.66–1.52)	0.98

**adjusted for age, gender, VL suppression at previous timepoint, marital status, distance, duration from first diagnosis, ART regimen in use, and psychosocial support; Country and Cluster level*

Takeaway message: Point-of-care viral load was associated with higher suppression at month six, but this association was not sustained to 12 months. Still clinically relevant - even a transient effect might be better for VL suppression.



 **AIDS 2026**

6. Impact of funding cuts & prioritization

26–31 July • Rio de Janeiro, Brazil

aids2026.org



AIDS 2026

Measuring PEPFAR disruptions at scale: results from a 46-country implementing partner survey, Lankiewicz et al

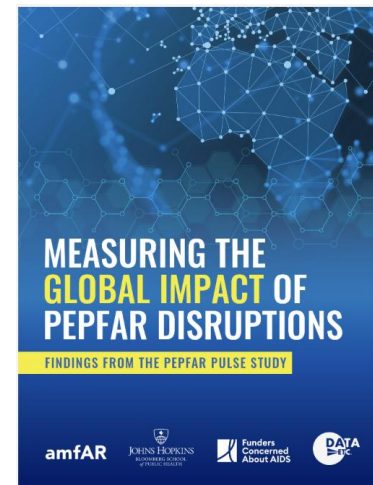
Objective: Assessed impact of scope and scale of PEPFAR disruptions through a survey to PEPFAR implementing partners (IPs)

Methods: Nov 2025-April 2026, e-survey to all country-level IPs who were to receive PEPFAR funding in FY2025

Results:

- Response rate was 23% (166/708), 46 countries
- 77% reported a delayed or terminated award, n=1,714 service delivery points closed, n=16,252 FTE staff lost
- Local IPs were more likely to have terminated awards than international IPs
- 77% of IPs were asked to comply with new policy restrictions

[Slides](#)



Takeaway message: With limited data on the impact of PEPFAR cuts, this survey presents an important update to the overall picture. The survey highlights significant and heterogenous disruptions with funding losses, staff reductions and disproportionate impacts of local partners and key population services.



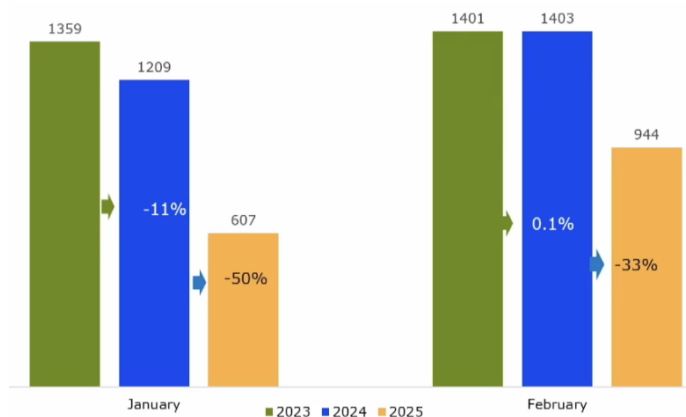
AIDS 2026

Impact of funding interruptions on the HIV response in Maputo City: an operational and statistical evidence (2023–2025), Magaia de Abreu et al

Objective: To quantify the operational impact of funding cuts on HIV service delivery in Maputo City using routine programme data

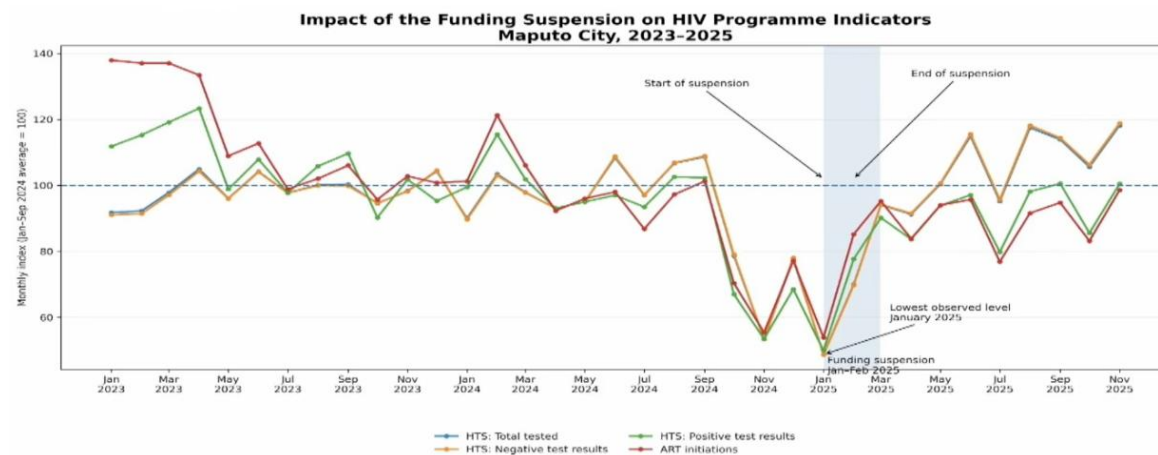
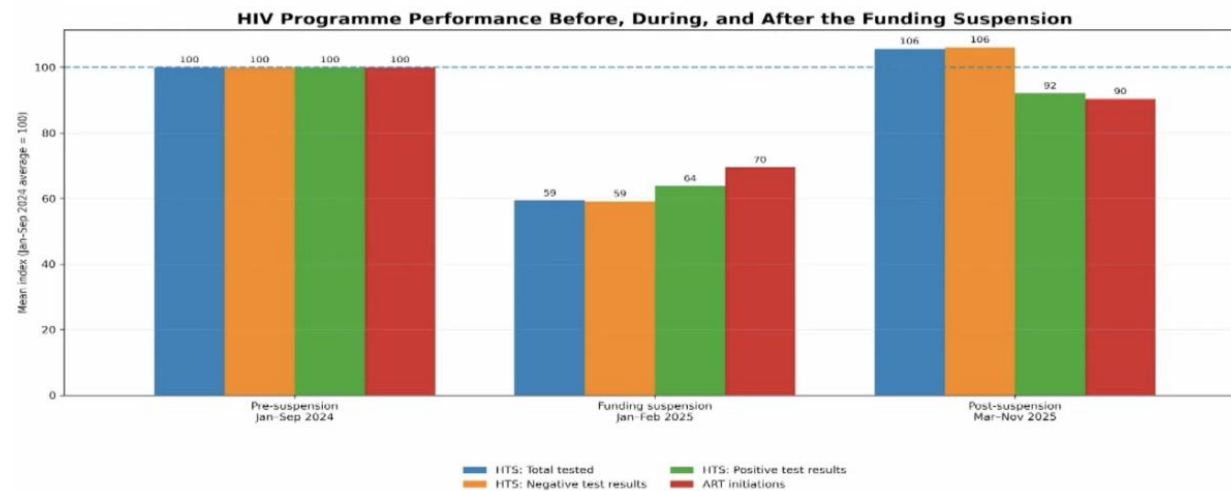
Methods: Assessed trends in Jan-Feb 2023, 2024, and 2025

Results: Declines in HIV testing (see # of individuals who tested positive), similar for ART initiation



26–31 July • Rio de Janeiro, Brazil

aids2026.org



Takeaway message: Large immediate impact but rebound in the impact in Maputo City.



AIDS 2026

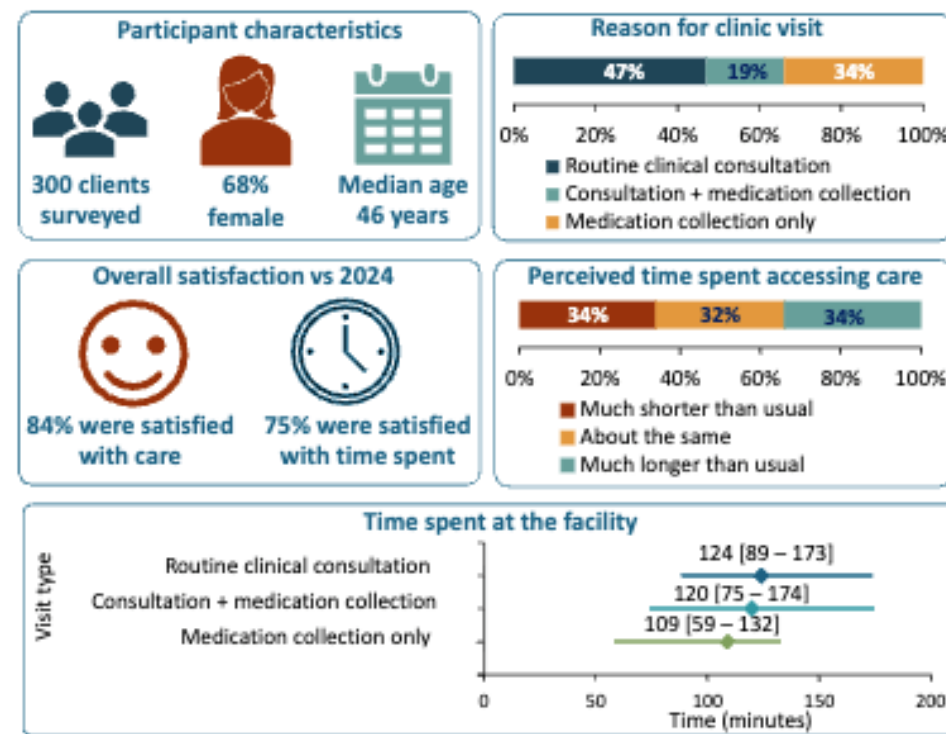
Are clinic waiting times longer? Client perspectives on changes to waiting time and satisfaction with health services after global funding cuts in Zambia, **Lekodeba et al**

Objective: Explore waiting times and client satisfaction with services after funding cuts in Zambia

Methods: Sequential facility exit interviews with adults (≥ 18 years) accessing HIV services at 10 primary public healthcare facilities in Zambia, December 2025.

Results:

- Refill-only visits had the highest client satisfaction
- Visits for a consultation + refills were longest and had the lowest satisfaction
- Perceived changes in time spent accessing care were split evenly between shorter, the same, and longer than usual



Takeaway message: Despite funding reductions, the perception of time spent in the clinics and satisfaction with healthcare services was stable in Zambia.

Poster



AIDS 2026

Assessing Mozambique's HIV financing ecosystem amid declining donor support: lessons from a national task force, Uetela et al

Objective: describe lessons from the disruption and the country's first financing eco-system review

Methods: Task force established by MOH, with an advisory body of key stakeholders ; Mandated to collect information to reconstruct health financing ecosystem over the past five years and assess the impact on services through interrupted time series (Jan 2020-June 2025).

Results:

- Routine health data flagged declines in services almost immediately
- MoH data were readily available
- Donors shared data inconsistently, on different cycles
- Missing HR data (HRH), no activity-level details, miscoded funded sources

FAST

Service delivery shocks were visible in routine data almost in real time

FRAGMENTED

Financing records were too scattered to map the full funding landscape

FIXABLE

Standardized, shared, transparent data would close the gap going forward

Takeaway message: The routine health information system could detect declines rapidly following funding disruptions. Financing data was fragmented and limited a comprehensive assessment of the national HIV funding landscape.



AIDS 2026

The effect of an unplanned funding shock on a donor-supported HIV testing workforce: evidence from Malawi's national program, Chirwa et al

Objective: Assess the impact of the stop-work-order (SWO) on HIV testing volume, workforce composition, productivity and diagnostic fidelity

Methods: Used ScanForm HIV testing data from Aug 2024-June 2025, divided into pre-SWO (28 Aug 2024- 27 Jan 2025), post SWO (28 Jun-26 Feb 2025), early waiver (27 Feb – 31 May 2025), and late waiver (1-30 June 2025)

Outcomes measured: weekly testing volume, provider availability, provider productivity, integrated HIV-syphilis-hep B testing at first ANC visit, incorrect application of national HIV three-test algorithm

Results:

- National testing volume fell by ~30% immediately after the SWO and only partially recovered during the waiver periods

- Provider availability declined modestly, while workforce composition shifted with the share of HIV tests conducted by health diagnostic assistants decreasing with temporary MOH substitution
- Integrated HIV-syphilis-hep B testing decreased from 88%-47% and rebounded to 93% in late waiver
- Incorrect three-test algorithm increased from 16 to 23 per 10,000 tests post-SWO and returned below baseline in late waiver.

Takeaway message: Heavily donor-supported cadres lead to health system vulnerabilities during financing shocks. Productivity losses, temporarily compromised workflow and reduced diagnostic quality were observed despite rapid government staff substitution.



AIDS 2026

Objective: NSDCC launched a national Rapid Results Initiative to quantify service breakdown and what kept some facilities running

Results:

- 40.6% of facilities reported a service disruption. Rural facilities were 3.2 times more likely to be affected than urban ones.
- HIV services were the most affected.
- Health workforce reductions were the earliest effect. 39.5% recorded staff departures, and 68% of those who left were nurses or clinical officers, the cadres responsible for routine service delivery.
- Commodity supply was affected next.

5. Drivers of disruption

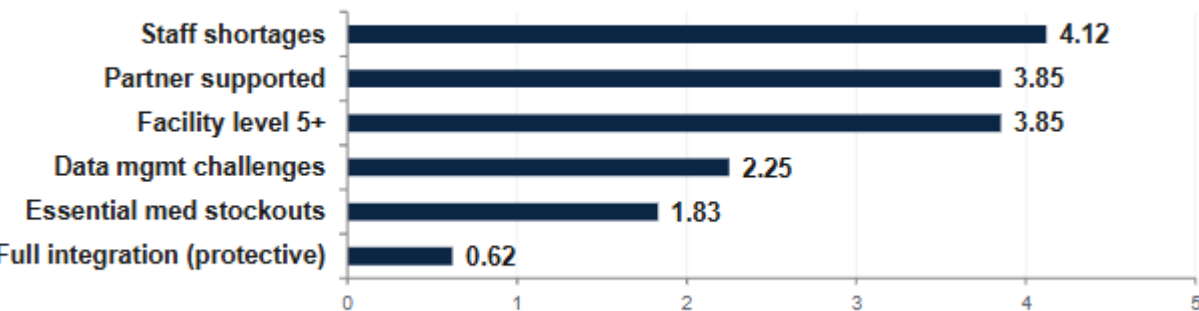


Figure 2. Predictors of disruption (adjusted odds ratio). Values below 1 are protective. AUC 0.81.

When the funding stopped: a national analysis of HIV service disruption in Kenya, Kibisu et al

- Integration presented both benefits and risks. Fully integrated facilities were 38% less likely to be disrupted, and training all staff raised the odds of success more than eightfold. However, 52% of care recipients reported confidentiality concerns in integrated settings, and this was associated with 68% of key-population clients disengaging from care.

Indicator	Before	After	Change
Average wait time	1.2 h	3.1 h	+158%
Facilities turning patients away	5%	18%	+260%
Monthly out of pocket (KES)	420	1,150	+174%

Takeaway message: The funding withdrawal exposed health system fragility with staff shortages negatively impacting series. Recommendations include health worker reserves for emergency deployment, emergency commodity buffer stock and DSD integration with robust confidentiality.



AIDS 2026

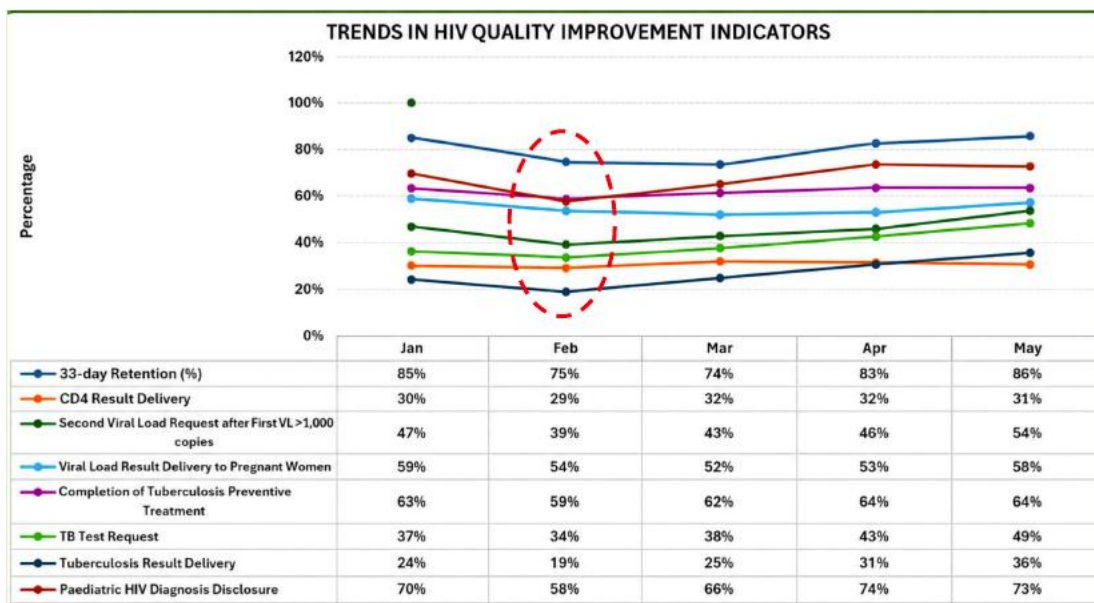
Trends in the quality of HIV service delivery following the suspension of PEPFAR support in Mozambique, Paulo et al

Objective: Describe the short-term impact of the stop-work order on HIV service delivery looking at quality improvement indicators

Methods: Analysis of HIV QI indicators

Results: initial decline followed by gradual recovery in HIV quality improvement indicators. Thirty-three-day retention increased from 75% in February to 86% in May.

Takeaway message: As highlighted previously, there was an immediate negative impact of the stop-work order (funding reduction) show in HIV quality improvement indicators. However, these bounced back (returned to pre-SWO levels) within a few months.





 **AIDS 2026**

7. Advanced HIV disease (AHD)

26–31 July • Rio de Janeiro, Brazil

aids2026.org



AIDS 2026

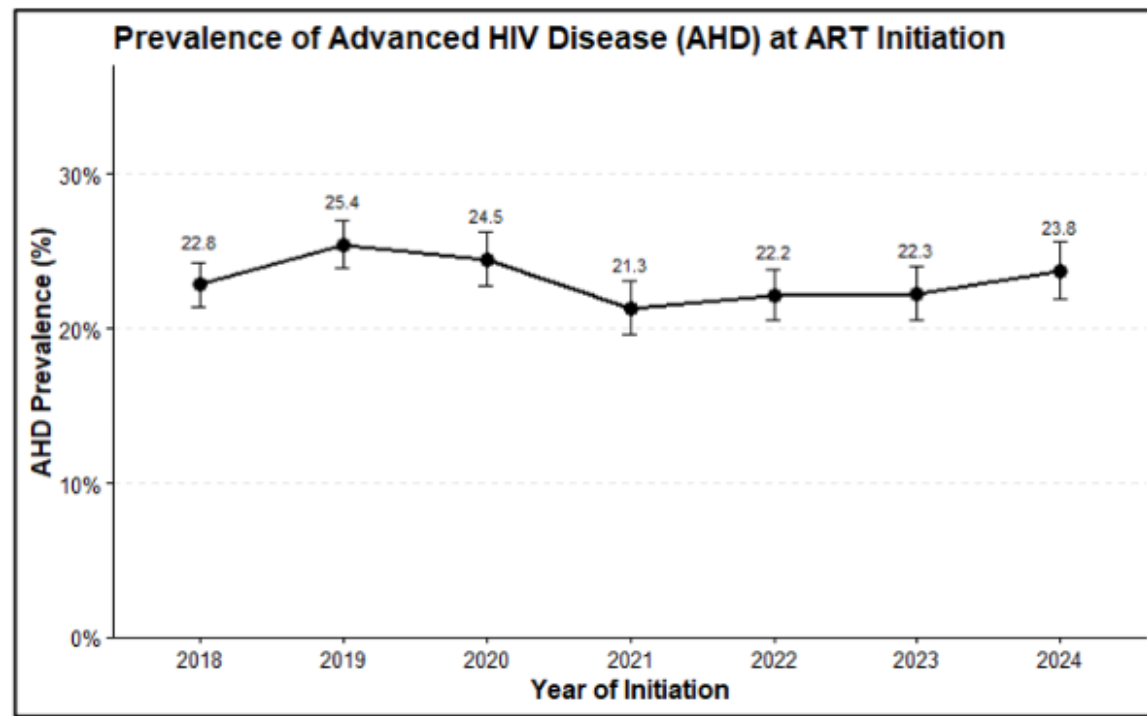
Advanced HIV disease and subsequent mortality and hospitalization among people living with HIV in South Africa, Mbeje et al

Objective: Use private sector data to characterize the burden of AHD and its impact on hospitalization and survival

Methods: Retrospective cohort of Discovery Health data, people living with HIV who initiated ART between 2018-2024.

Results:

- N=17,767 PLHIV, 33% were hospitalized
- AHD at initiation ranged from 21.3-25.4% (Figure)
- Risk of death was 16x higher among those initiating with AHD. Leading cause of death was TB. Leading cause of hospitalization was pneumonia pneumonia (n=111), gastroenteritis (n=37) and sepsis (n=34) among those with AHD, and depression (n=71), gastroenteritis (n=21) and abnormal vaginal bleeding (n=20) in those without AHD.



Takeaway message: Consistently high rate of AHD at ART initiation in South Africa private sector. AHD is associated with increased risk of mortality and hospitalization.



AIDS 2026

Assessing implementation and expansion of advanced HIV disease in Malawi, Phiri et al

Objective: Assessed implementation and gaps following the introduction of decentralized AHD screening and dedicated AHD services in 2024

Methods: Used routine facility-level data (July 2024-Sept 2025)

Results:

- 82% of n=76,416 eligible clients (new or re-initiating) were screened for AHD
 - 95% were examined clinically
 - 21% were in WHO stage 3 or 4
 - CD4 available for 52%
 - CD4 <200 copies/mL for 29%
 - 29% of those screened were diagnosed with AHD
- This represented 39% of the modelled estimate of AHD nationally

- Of those diagnosed with AHD:
 - 75% screened for crypto, with 14% being positive
 - 11% screened with GeneXpert for TB, 26% positive
 - 13% screened with chest x-rays for TB, 42% had abnormal findings

Takeaway message: Almost half of clients with AHD were new or re-initiating. Significant gaps remain in CD4 screening.



AIDS 2026

Trends in advanced HIV disease at antiretroviral therapy initiation in south africa, 2021–2025: provincial variations in CD4-based assessment after integration of advanced HIV disease management into national guidelines, Molapo et al

Objective: Assess the AHD burden and CD4 testing coverage by provinces

Methods:

- Used facility-aggregated routine ART programme data between 2021-2025
- Outcomes: Proportion of new-initiators with a CD4 <200 copies/mL and proportion tested for CD4 at baseline

Results:

- AHD prevalence 31% in 2021-35% in 2025, CD4 testing coverage
- AHD rates were heterogeneous by province, highest in Gauteng at 38%, lowest in the Eastern Cape and KZN, and greatest increases in KZN (24% to 31%)
- CD4 coverage varied widely from 57% (Northern Cape) to 79% (North West).

Takeaway message: South Africa has a significant burden of AHD, with AHD at ART initiation increasing nationally highlight persistent late presentation. CD4 coverage is suboptimal and uneven across provinces.



AIDS 2026

National geospatial mapping of advanced HIV disease (AHD) in South Africa: identifying hotspots for prioritised intervention, Shuping et al

E-poster

Objective: Identify high-burden areas to guide resource allocation

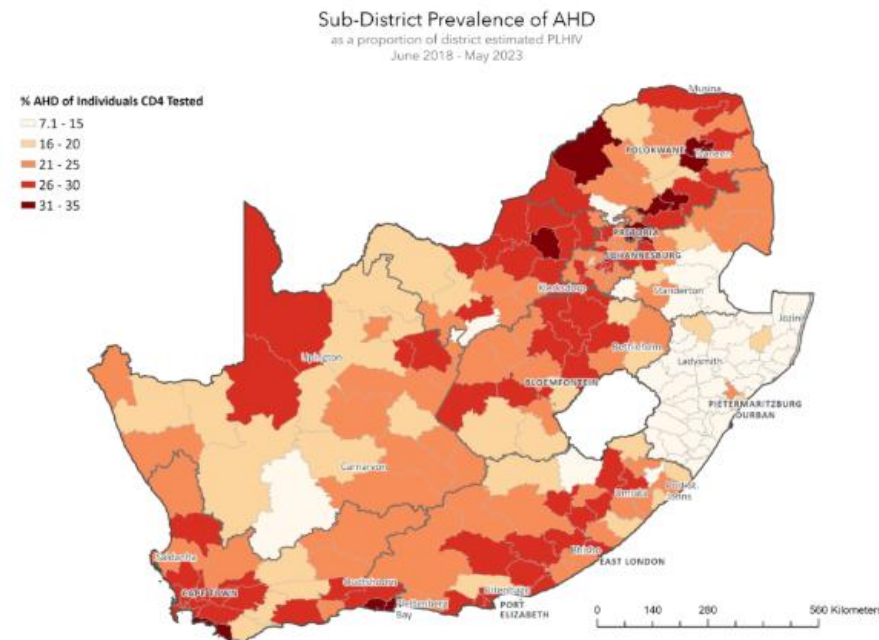
Methods: Used National Health Laboratory Service (NHLS) data (June 2018-June 2023) of adults with AHD; geospatial mapping

Results:

- Of the 10.8million persons included, 20% (n=2,116,131) had AHD (median age 37 years, 50% male)
- AHD prevalence ranged by province between 12% in KZN to 27% in the Western Cape
- Almost a quarter of facilities (24%) were “significant hotspots” and 18% were “coldspots”
- Hotspot clustering was concentrated along a corridor from Gauteng to Limpopo and around referral centers in City of Cape Town, Garden Route and Amatole districts (Figure).
- When normalized by the number of people living with HIV, hotspot distribution shifts with 9% of hotspots concentrated in rural North West, Northern Cape and Western Cape. Urban areas previously identified as hotspots shifted to coldspots under this approach.

26–31 July • Rio de Janeiro, Brazil

aids2026.org

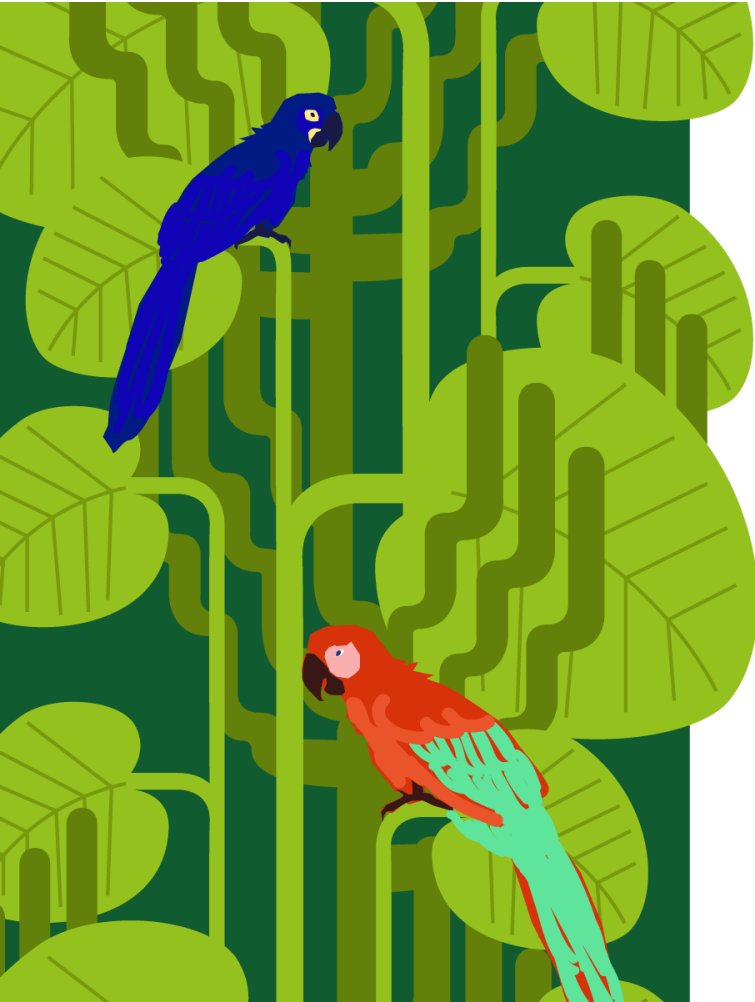


Takeaway message: AHD hotspots relative to CD4 tests around urban centres likely reflect healthcare system referral dynamics and greater CD4 testing intensity at tertiary facilities. Conversely, rural hotspots relative to PLHIV highlight areas with gaps in HIV care and/or late presentation.

Poster



 **AIDS 2026**



8. Miscellaneous

26–31 July • Rio de Janeiro, Brazil

aids2026.org



AIDS 2026

Satellite: The future of HIV service delivery is...simplification, self-care, integration, and AI in practice

This session explored four core shifts defining the future of HIV service delivery: simplification, self-care, integration, and digital/AI-enabled approaches.

Drawing on emerging findings from a multi-country consultation led by the IAS, speakers presented practical experiences, evidence, and policy considerations from diverse settings.

Access the presentations:

[Framing remarks](#) (Grimsrud A, IAS, South Africa)

[The future of HIV service delivery is integration](#) (Apollo T, MHCC, Zimbabwe)

[The future of HIV service delivery is simplification. Full evidence base for three shifts in ART service delivery](#) (Wilkinson L, IAS, South Africa)

[The future of HIV service delivery is self-care](#) (Sikazwe I, Global Fund, Switzerland)

[The future of HIV service delivery is digital and AI-enabled](#) (Baptiste S, ITPC Global, South Africa)





AIDS 2026

Satellite: Prioritization under pressure: Rethinking HIV service delivery with TIER-Plus

Drawing on early experiences from ministries of health and community partners, the session highlighted how the [TIER-Plus tool](#), developed by the IAS, is being used to inform real-world decision-making, support transparent dialogue, and align stakeholders around high-impact HIV service delivery.

Access the presentations:

[Prioritization under pressure](#) (Grimsrud A, IAS, South Africa)

[TIER-Plus overview and core functionality](#) (Nichols B, BU, The Netherlands)

[Using TIER-Plus to support HIV programme prioritization in Mozambique](#) (Gaspar I, MISAU, Mozambique)

[Using TIER-Plus to support HIV programme prioritization in Malawi](#) (Macheso S, MOH, Malawi)

[Recording](#)





 **AIDS 2026**

What's more to explore

26–31 July • Rio de Janeiro, Brazil

aids2026.org



AIDS 2026

DSD for HIV testing

Cost-effectiveness of implementing dual HIV/syphilis and triplex HIV/syphilis/HBV rapid diagnostic testing among pregnant women in Kenya and South Africa, Johnson et al

From two community hubs to every Thai province: scaling a sex worker-led HIV self-testing distribution model across Thailand, Thepbinkarn et al

Boosting youth uptake of HIV self-testing and pre-exposure prophylaxis via peer-led alternative access points in Greater Metro Manila, Philippines, Cabuso et al

Beyond the hotspot: achieving a 22% HIV positivity yield through peer-led, differentiated outreach segmentation among hidden MSM in Ghana, Owusu et al

Community-first HIV testing at scale in Cameroon: 18-month GC7 results and the case for integrated harm reduction for PWID, Nang Nang et al

Optimizing case finding through multiple HIV self-test distribution channels: reporting and linkage outcomes from the promoting access to HIV self-testing (PATHS II) project in three Nigeria states, Adole et al

Association between HIV self-testing and CD4 levels at initiation of HIV antiretroviral treatment in four regions of Tanzania, 2025, Damian et al

Integrating STI self-testing as a scalable entry point to HIV prevention among adolescent girls and young women in Dar es Salaam: evidence from a community-led advocacy initiative, Zahabu et al



AIDS 2026

DSD for HIV prevention

Uptake, persistence and preference for long-acting injectable versus oral PrEP among Mobile Men in Uganda and South Africa: primary user effectiveness and implementation outcomes in the Mobile Men trial, Ruzagira et al

Leveraging youth champions to enhance PrEP uptake among clients substantially vulnerable to HIV at South Lunzu health center, Blantyre, Malawi: a quality improvement initiative, Baila et al

Empowering gen Z: peer-led digital campaign for HIV prevention and mental health among Thai youth, Manojai et al

Real-world implementation of long-acting lenacapavir for HIV PrEP in Zambia: early programmatic outcomes from a phased rollout, Mulenga et al

Transforming prevention landscapes: community-led implementation of lenacapavir (LEN) in Nairobi, Kamau et al

Scaling up HIV prevention: community-led, decentralized, and differentiated interventions for PWID in India, Biswas et al

Early programmatic insights into routine long-acting lenacapavir delivery for HIV prevention: differentiated implementation in Eswatini, Kerschberger et al

Beyond the clinic wall: building a youth-centered PrEP delivery ecosystem through differentiated HIV prevention service delivery models, Potsane et al

Impact of differentiated service delivery models on equity in oral PrEP access in Brazil's unified health system: a national analysis, 2018–2024, Brittes Kamiensky et al



DSD for HIV prevention (cont.)

 **AIDS 2026**

[Assessing implementation fidelity of differentiated PrEP support strategies among young women in South Africa](#), Chase et al

[Differentiated PrEP service delivery to reduce HIV incidence and advance elimination in Latin America and the Caribbean](#),
Clemente Bermúdez et al

[Person-centered community approaches linked to reduced rates of mother-to-child HIV transmission in Angola: lessons from differentiated PMTCT services](#), Machisa et al



 **AIDS 2026**

DSD for HIV treatment

[Integrating U=U into HIV care for adolescents and young adults in Cape Town, South Africa: a randomized trial](#), Sineke et al

[Influence of community-based differentiated care approaches on viral load monitoring among key populations living with HIV in Kwara State, North-Central Nigeria](#), Ashivor et al

[Tenofovir diphosphate thresholds accurately predict concurrent viraemia in people living with HIV taking tenofovir disoproxil fumarate, lamivudine and dolutegravir](#), Dorward et al

[Home-based counseling and ART initiation increase viral suppression among men out of care in Malawi: randomized trial](#), Dovel et al

[Sustaining zero interruptions in treatment among people living with HIV in Bayelsa State, Nigeria: a retrospective cohort study](#), Golbador et al

[Costs of an adaptive HIV treatment strategy and differentiated service delivery for persons living with HIV in South Africa: results from the SMART ART study](#), Klein et al

[From feasibility to scale: the rapid assessment that guided national implementation of six-month multi-month dispensing \(6MMD\) in South Africa](#), Mkhize et al



 **AIDS 2026**

DSD for HIV treatment (cont.)

Diagnostic accuracy of a point-of-care urine tenofovir test, and associations between measures of tenofovir and treatment outcomes in a community antiretroviral therapy delivery programme, Naidu et al

Community-led differentiated HIV care in crisis-affected rural Bamenda: a mixed-methods implementation study, Wacha et al

Client-provider interactions, cyclical interruptions in treatment, and the role of positive relationship building in treatment adherence and retention among men living with HIV in Malawi: a qualitative study, Edwards et al

Does HIV-related stigma affect preferences for differentiated HIV service models in Kenya? Evidence from a hybrid choice model, Kim et al

Closing the gap: accelerating ART initiation and re-engagement toward 95-95-95 targets in South Africa, Manganye et al

Lessons learned from the phased rollout of six-month multi-month dispensing (6MMD) of antiretroviral therapy in South Africa, Mkhize et al

From queues to confidence: national implementation of six-month multi-month dispensing (6MMD) in South Africa, Mkhize et al

Borderline access: assessing the quality of differentiated, client-centered HIV service delivery for gay, bisexual, trans, and queer sex workers living with HIV in Lagos, Nigeria, Oyeniya et al

Engagement in care and viral load outcomes in the first 6 months after ART initiation: evidence from 18 South African clinics, Benade et al

Co-developing mobility-responsive interventions to reduce interruption in HIV treatment in Malawi, Lungu et al



AIDS 2026

DSD for HIV treatment (cont.)

Client segments for differentiated HIV and SRH service delivery among adolescents and young people (AYP) in Kenya,
Masete et al

Differentiated service delivery for ART in rural South Africa: healthcare workers' and people living with HIV perspectives on implementation and impact, Ntinga et al

Strengthening client-centered health service delivery using the routine client feedback initiative: the Lango experience, Uganda, Basiima et al

Agentic AI and federated learning for real-time optimization of differentiated HIV service delivery: an implementation and economic systems framework, Fowosere et al

Acceptability of near point-of-care viral load monitoring among adolescents and young people living with HIV in East Africa,
Mtenga et al

Adaptive, safety-centered HIV service delivery for men who have sex with men in Ghana amid escalating anti-LGBTQ+ pressures: a pre-post evaluation of case-finding and linkage outcomes, Owusu et al

A beautiful choice: transgender-led differentiated HIV testing and prevention through beauty salon owners and beauticians in the Philippines, Laguing et al

Impact of community-based interventions on viral load among adolescents and young adults living with HIV, Carras-Terzian et al

Rethink, rebuild, rise: strengthening HIV service quality and accountability through community-led monitoring in Lesotho,
Makhooa et al



AIDS 2026

DSD & integration of other health conditions

Beyond barriers: delivering comprehensive cervical cancer screening and treatment for women living with HIV via a remote static-outreach model in Mashonaland Central, Zimbabwe (Oct 2023–Sep 2024), Murwira et al

Integrating HIV testing, ART initiation and cervical cancer screening in primary care: programmatic results from Mozambique, Uamba Tualufo et al

Community-led one-stop-shop for integrated communicable disease and NCD diagnostics and monitoring: digital case management for key populations in Moldova, Poverga et al

Challenges in integrating cervical cancer and HIV services: experiences of women accessing care in Nairobi, Kenya, Kigen et al

Tuberculosis amidst the high tide of antiretroviral therapy interruptions: a retrospective cohort study in South Africa, Moolla et al

Feasibility and preliminary effectiveness of a multicomponent intervention for blood pressure screening among people living with HIV at community pharmacies in Kampala, Uganda: a hybrid type 1 mixed-methods study, Musimbaggio et al

Digitalization of the YAPs model to strengthen integration of mental health and contraceptive access for young people living with HIV in Kampala -Uganda, Aanyu et al

One stop integrated health services for female sex workers: HIV prevention, STI screening, family planning and mental health support in Cameroon, Estelle et al



AIDS 2026

DSD & integration of other health conditions (cont.)

[The longitudinal care cascade for hypertension: a clinic-based study of people with and without HIV in South Africa](#), Gumede et al

[Uptake of contraception services among adolescent girls and young women living with and not living HIV in South Africa: impact of a combination HIV prevention intervention](#), Jonas et al

[Nurse-led mobile health units to strengthen HIV, syphilis, and viral hepatitis care in vulnerable urban settings in Rio de Janeiro, Brazil](#), Perazzo et al

[Projected diabetes burden and cost-effectiveness of integrated metabolic prevention among adults on antiretroviral therapy in Nigeria: an individual-level microsimulation modelling study](#), Isah et al

[Healthcare stigma and HIV/STI prevention service uptake among cisgender men and gender diverse individuals who have sex with men in five Asian countries: implications for differentiated service delivery](#), Miwa et al

[Assessment of a client-centered service model on integrated point-of-care TB-HIV services and tuberculosis preventive treatment completion among people living with HIV](#), Monton et al

[High-coverage telehealth education for HIV-related NCD comorbidities in Siha District clinic setting](#), Mteki et al

[Trends in screening for tuberculosis \(TB\) preventive treatment eligibility and utilization among adolescents and young people living with HIV in Zimbabwe, 2023-2025](#), Nkomo et al

[Integration of HIV, TB and NCD services at primary care level in Uganda following a national policy directive](#), Turyahabwe et al

[Baseline assessment on integration of HIV services into broader health service delivery in Kenya, 2025](#), Sikwata et al



AIDS 2026

Impact of funding cuts & prioritization

[Early impact of funding withdrawal on HIV care and treatment programs in East Africa](#), Truong et al

[Rethinking HIV prevention prioritization during funding crisis: evidence from rapid service declines among key populations in Nigeria](#), Magaji et al

[Impact of PEPFAR funding cuts on HIV program performance and outcomes in sub-Saharan Africa: a systematic review](#), Luke et al

[Antiretroviral delivery performance following Global Fund procurement restructuring: a 17-year interrupted time series analysis across 125 countries](#), Nurmsoo et al

[Retention in HIV and related services among young women living with HIV using mentor mother services during funding disruptions in Ghana](#), Afriyie et al

[Uptake of a paid tele-health service for key populations following funding cuts in South Africa](#), Brown et al

[Zimbabwe's institutionalisation of HIV programmes: a practical model for sustainability in uncertain funding environments](#), Dhodho et al

[Rethink, rebuild, rise: centering young people living with HIV in the integration of HIV services into Tanzania's broader health system amid a funding crisis](#), Komba et al



AIDS 2026

Impact of funding cuts & prioritization (cont.)

The devastating ripple effects: assessing the impact of funding withdrawal on a community-based HIV prevention and treatment program in rural Uganda, Nanyange et al

Impact of the 2025 U.S. global health funding shift on access to HIV services for MSM and gender-diverse people in Kampala and Wakiso Districts, Uganda, Ssenabulya et al

Sustaining epidemic control with less: Zimbabwe's tiered approach to HIV service prioritisation during funding transitions, Pindiwe et al

HIV service delivery during 2025 donor funding disruptions: analysis of routinely collected national programme data, Chirwa et al

A qualitative assessment of program adaptations response in PEPFAR-supported countries during the limited life-saving waiver period, Choongo et al

Effect of donor funding disruptions on HIV data capture in four South African districts, Huber et al

Who leads when funding shifts? Global insights from PLHIV leadership on sustaining HIV treatment, integration, and prevention beyond 2030, Njarattil Parameswaran

What did we learn from the most recent funding cuts: Eswatini experience, Ngcamphalala et al

"The services were scrapped..." Explorations of 2025 funding cuts and impacts on HIV prevention services for pregnant and postpartum women in southwestern Uganda, Smith et al



AIDS 2026

Impact of funding cuts & prioritization (cont.)

Effects of global HIV funding shifts on donor-supported staffing and HIV service delivery in South African primary healthcare facilities, Kachingwe et al

The impact of the U.S. funding cuts on tailored HIV treatment services for men who have sex with men (MSM) in Johannesburg, South Africa, Lebona et al

Navigating HIV service integration amid funding cuts: a case study of the USAID Fahari ya Jamii Program in Nairobi and Kajiado counties, Njagi et al

Disrupted health access: the impact of PEPFAR funding cuts on HIV service delivery in South Africa, Ntini et al

The immediate impact of the 2025 PEPFAR funding freeze on HIV prevention service delivery in Nigeria, Ogunbayo et al

Impact of U.S. funding suspension on viral suppression among men who have sex with men (MSM) in Nigeria: a retrospective cohort study, Umoh et al

Early health system effects of U.S. government funding disruptions on PrEP service delivery in public clinics in Kisumu, Kenya: evidence from longitudinal technical assistance data, Kwach et al

Impact of USAID funding cuts on PrEP continuity and sexual health among key populations in Nigeria, Ogamba et al



 **AIDS 2026**

Advanced HIV disease (AHD)

Turning the tide: integrating advanced HIV disease (AHD) management in South Africa's 2025 consolidated ART guidelines, Manganye et al

Implementing an advanced HIV disease program in Côte d'Ivoire: challenges and successes from 2022 to 2024, Gourou et al

Informing scale-up of Kenya's advanced HIV disease package of care: an assessment of early implementation, Mayi et al

Health communication between clients with advanced HIV disease and their healthcare providers in Zambia, Sivile et al

AHD health facility prioritization: a multi-factor analysis from Malawi, Balakasi et al

Scaling up integrated advanced HIV disease (AHD) care in DRC: lessons from implementing a hub- and-spokes model, Ingwe et al

Twenty-four-month survival among clients with cryptococcal antigenemia enrolled in Malawi's advanced HIV disease program: a retrospective cohort study, Makonokaya et al

The last mile+: a community-led model for closing advanced HIV disease service gaps in insecure settings in Nigeria, Suleiman et al