



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

A summary of the differentiated service delivery (DSD) science at IAS 2025



 **IAS 2025**



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1. DSD for testing

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Evaluating the impact of HIV self-test distribution on HIV diagnosis across health facilities in Kenya. Abstract 2392.

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Objective: To evaluate the impact of HIV self-test distribution on HIV diagnosis and ART treatment initiation across health facilities in Kenya using routine programmatic data

Results:

- Every 100 self-tests distributed was associated with 6 additional HIV+ diagnoses and 7 ART initiations per facility, after adjusting for facility-based HIV tests and county-level HIV prevalence (association higher in women than men).
- The largest impact was among women aged 25+, in whom every 100 self-tests distributed was associated with 4 additional HIV+ diagnoses and 4 ART initiations per facility.

CONCLUSIONS: HIVST was associated with large numbers of HIV-positive diagnoses at Kenyan health facilities, especially among women aged 25+. These findings support continued integration of HIVST into national HIV programs. Strengthening routine data systems is essential for ongoing evaluation of HIVST impact.

	HIV+ Diagnoses Estimate (95% CI)	ART Initiation Estimate (95% CI)
Overall	6.0 (5.5, 6.5)*	6.7 (6.0, 7.3)*
Men	2.6 (2.4, 2.8)*	2.9 (2.7, 3.1)*
Women	4.6 (4.2, 5.0)*	5.3 (4.8, 5.7)*

*p-value < 0.001

	HIV+ Diagnoses Estimate (95% CI)	ART Initiation Estimate (95% CI)
Men, ≤19 (yrs)	0.2 (0.2, 0.3)*	0.4 (0.4, 0.4)*
Men, 20-24 (yrs)	0.2 (0.2, 0.2)*	0.3 (0.3, 0.3)*
Men, 25+ (yrs)	2.1 (2.0, 2.3)*	2.1 (2.0, 2.3)*
Women, ≤19 (yrs)	0.6 (0.6, 0.7)*	0.7 (0.6, 0.7)*
Women, 20-24 (yrs)	0.8 (0.8, 0.9)*	1.2 (1.1, 1.2)*
Women, 25+ (yrs)	3.6 (3.2, 3.9)*	4.1 (3.8, 4.5)*

*p-value < 0.001



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Closing the gap: the impact of HIV self-testing distribution on newly diagnosed cases in South Africa. Abstract 2890.

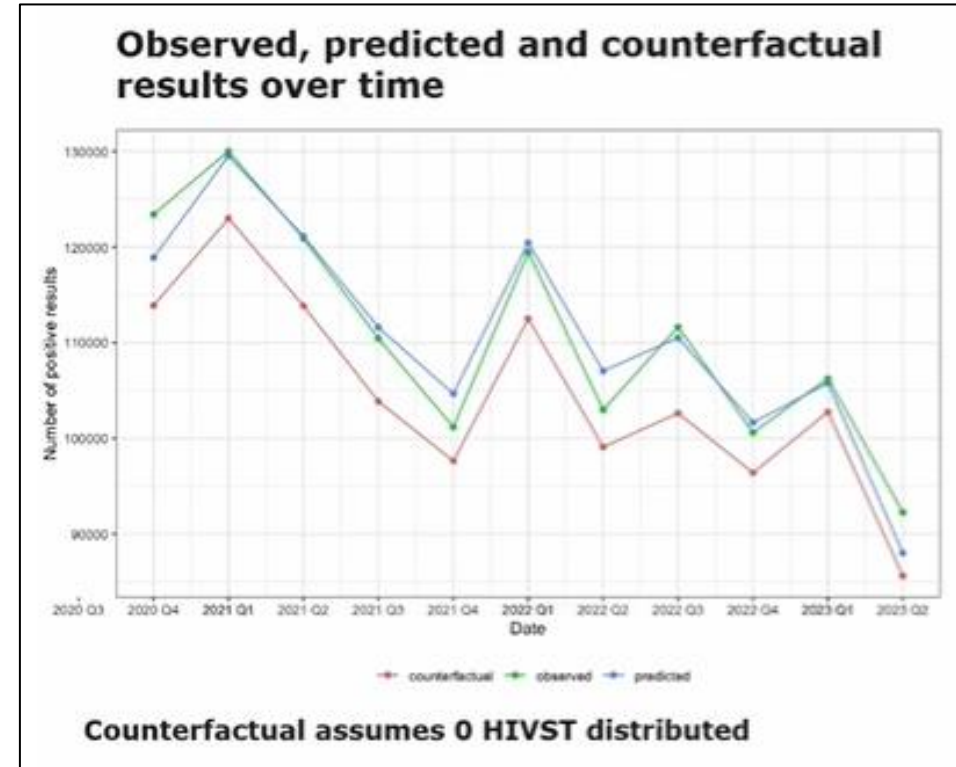
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Objective: To quantify the impact of HIVST distribution on the HIV programme in South Africa using routinely collected data.

Methods: The association between district-level HIVST distribution in 2022 and district-level confirmed HIV-positive tests at public healthcare facilities in 2023 was analyzed using multivariable linear regression (temporal lag to account for potential delays between self-testing and facility-based, provider administered, HIV testing [FTs] uptake).

Results:

- Every 100 FTs were associated with 2.4 (SE 0.1, $p < 0.0001$) people confirmed HIV-positive at healthcare facilities.
- Every 100 HIVST distributed were associated with 3.2 (SE 1.3, $p = 0.02$) additional individuals confirmed HIV-positive. Impact was concentrated among men, with 31.0 (SE 13.5, $P = 0.03$) confirmed HIV-positive individuals per 100 HIVST distributed to men, and no significant association for HIVST distributed to women.
- Distribution type was not statistically significant.



Additional HIV positive results (total) per 100 HIVST distributed by sex for different allocations of HIVST with unknown sex. Presented in table as regression coefficient (error)

Variable	Estimate (Error)	Distribution of unknown HIVST (male %/ female %)	
		Unknown (50%, 50%)	Unknown (25%, 75%)
HIVST Males	22.5 (2.8)*	14.2 (2.4)*	16.8 (2.3)*
HIVST Females	-11.3 (1.9)*	-7.2(1.8)*	-6.8 (1.3)*
HIVST Unknown	0.7 (0.72)		

* Significant effect at $p < 0.05$ level

CONCLUSIONS: HIVST is associated with a significant increase in identification of new HIV-positive cases in South Africa, with the impact primarily observed among men. Routine HIVST distribution can address gaps in HIV testing and linkage, particularly for engaging men.



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Overcoming stigma: applying peer-based outreach and linkage strategies to enhance linkage to care after HIV self-testing (HIVST) among key populations (KP) in Uganda. Abstract 5960.

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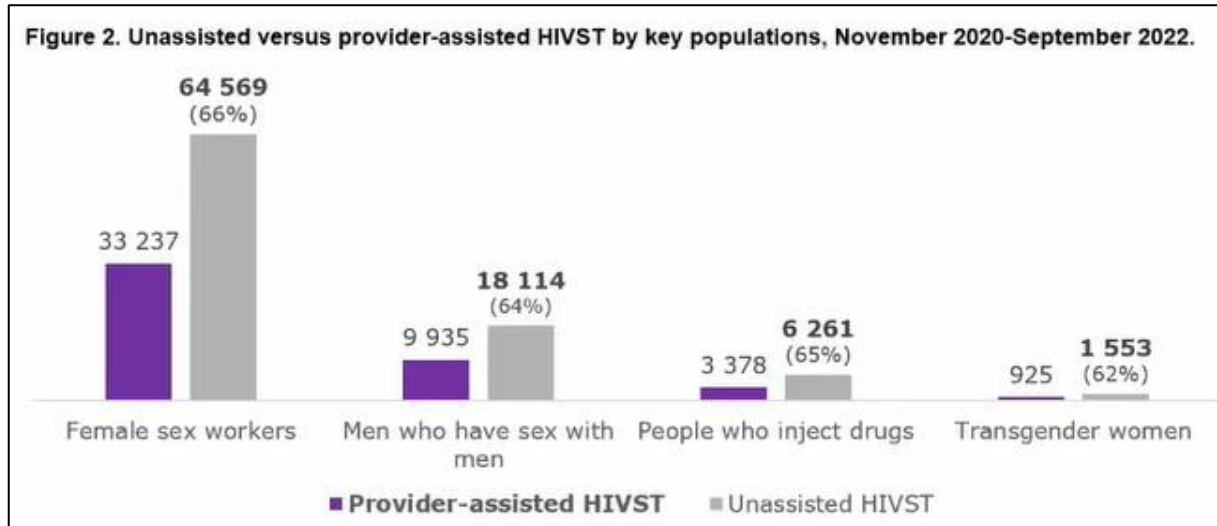
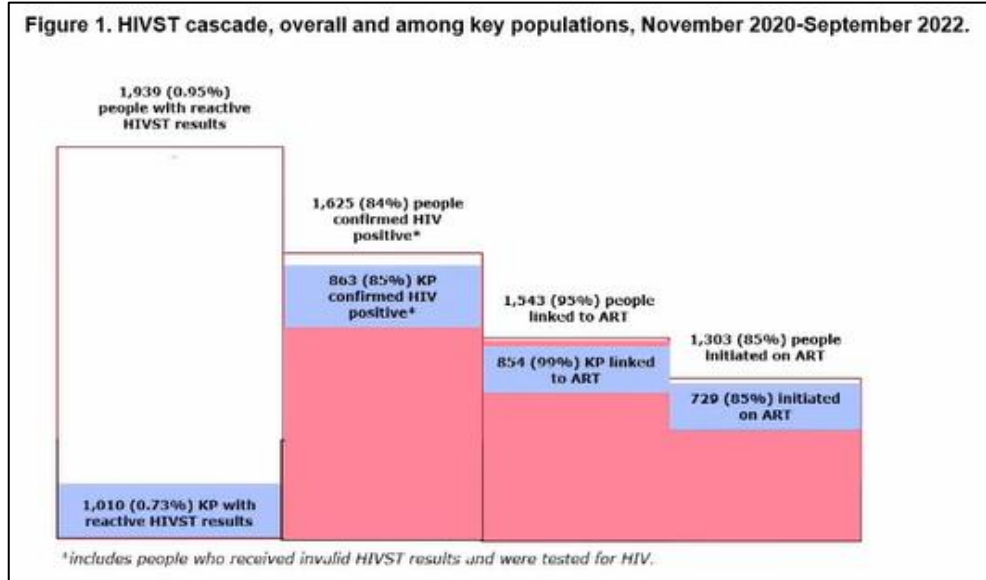
Objective: to understand if peer-driven HIVST distribution models and follow-up strategies would improve linkages to confirmatory testing and care among key populations.

Description: The project introduced peer-based community distribution models, using peer supporters recommended by KP communities who shared similar identities.

Lessons learned:

- Leveraging peer supporters and facility-based supervisors trusted among KP communities and training them on HIV stigma reduction counseling was crucial for establishing a foundation of trust that facilitated follow-up and linkage.
- Using technology and social media to counsel and follow up with KP communities afforded greater privacy that contributed to higher follow-up and linkage rates.

CONCLUSIONS: Peer-led outreach and follow-up can significantly improve linkage to care following HIVST among KP communities in Uganda, highlighting the importance of introducing and scaling tailored peer-based interventions and stigma reduction strategies to enhance continuity in HIV care among KP.





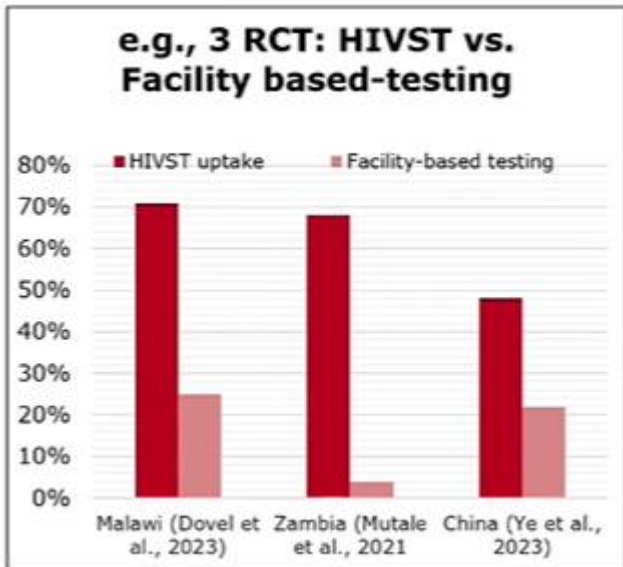
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Acceptability and feasibility of HIV self-testing for partner notification among sexual and drug-injecting partners of people living with HIV in low- and middle-income countries: a systematic review. Abstract 368.

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Objective: Determine if HIVST and assisted partner notification (aPN) is acceptable and feasible for testing partners of new HIV cases in low to upper middle-income countries.

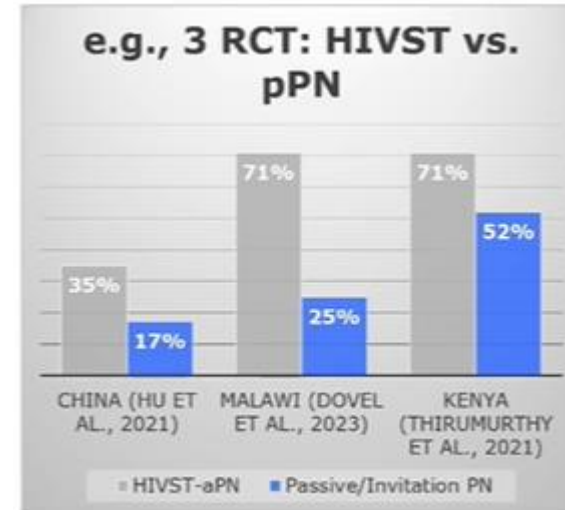
Methods: mixed-method systematic review



Higher HIVST uptake vs. facility-based testing reported in 8 RCT studies, with increases ranging from 14% to 70%

Country/Author	Partner testing uptake (%)	Index partner ratio	Positivity (%)	Linkage to care (%)
Nigeria (Onovo et al., 2021)	79.4	2.9	49.7	93
Kenya (Sharma et al., 2021)	77	2.1	44	93
Uganda (Buhikire et al., 2018)	58	1.4	32	n/a

21 studies reported on the effectiveness of aPN in increasing partner testing uptake, new diagnosis and linkages to care.



Six RCTs showed that HIVST with aPN achieved 35-71% partner testing when compared with passive partner referral.

Conclusions:

- Index HIVST were found acceptable and feasible in reaching index partners, including untested and undiagnosed partners of key populations, provided various testing approaches are used.
- Assisted partner notification resulted in high positivity rates despite low-index partner elicitation, suggesting the need for various referral options to address social harms, stigma, and discrimination.
- There is a critical need to study unmarried HIV index cases and undiagnosed key populations, particularly in the Southeast Asian region, to bridge HIV case detection gaps.
- Further research should address the overrepresentation of married couples and focus on key population for a more holistic understanding of index HIVT and partner testing.

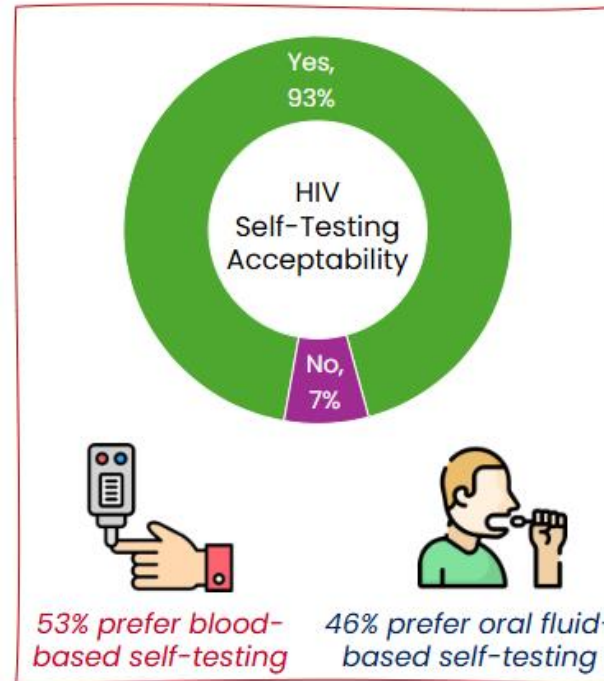
Acceptability and feasibility of HIV self-testing among adolescent girls and young women in rural Northern Uganda: a baseline formative study. Abstract 898.

[View poster](#)

Objective: This cross-sectional study assessed the acceptability and feasibility of HIV self-testing (HIVST) among adolescent girls and young women in rural Northern Uganda.

Results:

- 415 AGYW enrolled. While 75.6% had ever tested for HIV, only 28.0% had heard of HIVST, and 6.0% had used it.
- Preferred access points included government health facilities (64.8%), community hotspots (57.8%), and friends (33.3%). HIVST support was desired by 61.0%, preferring health workers (69.6%) and friends (26.1%). Key anticipated challenges included result interpretation (57.1%), insufficient information (53.7%), and performing HIVST (52.3%).
- **Acceptability of HIVST was associated with older age, prior sexual activity and previous HIV testing.**



CONCLUSIONS:

- High acceptability of HIVST among AGYW in rural northern Uganda, influenced by age, sexual activity, and prior HIV testing experience.
- Targeted implementation strategies addressing knowledge gaps, providing beneficiary support, and leveraging existing community structures needed to further optimize HIVST uptake.
- Research on optimal models of HIVST will be critical to improving access, reducing number of persons who are undiagnosed, and strengthening HIV prevention and care outcomes in this population.



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Addressing barriers to HIV testing in Nampula province, Mozambique: culturally tailored strategies to enhance differentiated HIV testing services. Abstract 4861.

No poster

Objective: To inform a differentiated HIV testing services pilot program intended to improve client-centered approaches for HIV testing in Nampula province.

Methods: 15 focus group discussions with young people and adult men and in-depth interviews with healthcare providers.

Results:

- Widespread misconceptions about HIV (e.g., incurable, linked only to promiscuity)
- Service access barriers included fear of discrimination, low health literacy, and lack of privacy in testing facilities.
- Participants emphasized the need to strengthen health literacy through community events and radio programmes, using culturally tailored messaging and community engagement to reduce stigma and rebuild trust in healthcare.
- Improved provider-patient communication was identified as crucial for increasing HIV testing uptake, especially among high-risk groups.

CONCLUSIONS: To increase HIV testing uptake in Nampula, there is a need to strengthen community engagement to rebuild trust in healthcare providers, along with culturally tailored interventions, such as health literacy campaigns and enhanced communication strategies.



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2. DSD for prevention

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Choices in motion: how young people in the PrEPared to Choose study (Cape Town, South Africa) navigate PrEP product switching. Abstract 4779.

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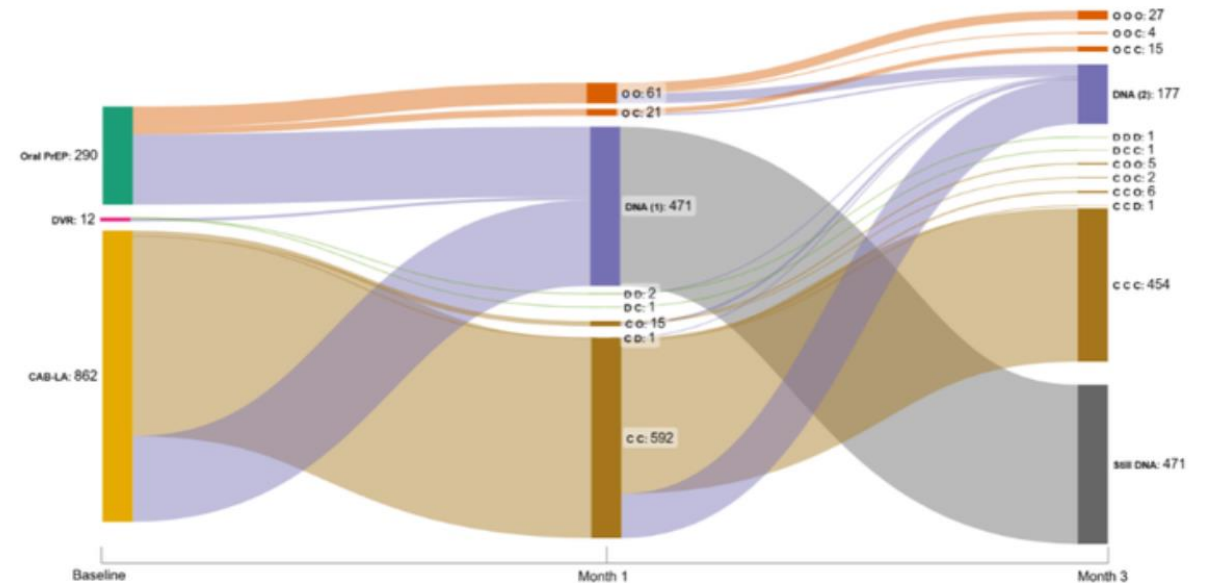
Objective: To determine how young people navigate product switching among available PrEP options over time in a real-world setting.

Methods: PrEPared to Choose (PtC) is one of the first implementation studies allowing for unscheduled PrEP product switching between three available PrEP formulations - oral PrEP, Cabotegravir long-acting (CAB-LA) injectable PrEP, and the Dapivirine-containing vaginal ring (DVR).

Results:

- 1164 individuals initiated PrEP: oral PrEP (n=290), DVR (n=12), and CAB-LA (n=862)
- 62.8% of participants were adolescent girls and young women (AGYW).
- Of 82 oral PrEP users that returned at month 1, 25.6% transitioned to CAB-LA, with 71.4% of those transitioning being AGYW (see Diagram 1).
- Of 21 individuals who switched to CAB-LA, 15 (71.4%) continued with CAB-LA at month 3. Of 608 individuals who initiated and continued CAB-LA at month 1, 97.4% remained on CAB-LA.

Diagram 1. Pathways of PrEP Usage: Transitions Between Oral PrEP, DVR, and CAB-LA from Initiation to 3-Month Follow-Up.



CONCLUSIONS: Early continuation of PrEP and on the initiated PrEP product was substantially greater among those initiating CAB-LA compared to oral PrEP.

With a quarter of persistent oral users at month 1 opting to switch to CAB LA, it is evident that true choice is an ongoing process that requires appropriate counselling support and clinical management for transitioning between products.



Online PrEP and PEP delivery in Kenya: qualitative insights on client and provider barriers and facilitators to using a novel e-pharmacy telehealth model. Abstract 2157.

Objective: To identify barriers, facilitators, and recommendations for online delivery of HIV pre- and post-exposure prophylaxis (PrEP/PEP).

Methods: In-depth interviews with purposively sampled clients and remote clinicians and pharmaceutical technologists (“pharm techs”); part of the ePrEP Kenya Pilot.

Results:

- Overall, participants liked the delivery model.
- **Facilitators** included factors supportive of **client motivation** (e.g., good privacy; fast, reliable delivery) and of **client and provider capability** (e.g., easy-to-use platform; high quality training) and **opportunity** (e.g., long delivery hours; dedicated time for delivery).
- **Client barriers** included cost; platform requirements (e.g., smartphone); limited delivery area; and misunderstanding the courier deliverer/pharm tech’s role.
- Pharm techs reported logistical barriers (e.g., delivery delays due to poor road infrastructure).
- **Key recommendations** included reducing client costs; expanding delivery area and hours; and establishing alternative delivery options (e.g., package lockers).

No poster available

CONCLUSIONS: Online PrEP/PEP delivery is a promising differentiated service delivery option. Additional implementation strategies should be considered to address identified barriers.



Understanding how preferences for self- versus provider-screening of HIV risk are associated with reported behaviors among clients accessing pharmacy-based HIV prevention services. Abstract 2390.

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Objective: To understand how pharmacy clients' preferences for self- versus provider-screening of HIV risk – the first step of engaging clients in pharmacy-based prevention services – are associated with various reported behaviors.

Methods: 60-pharmacy cluster-randomized controlled trial testing different models of pharmacy PrEP/PEP delivery in Kenya—all interested clients (16+) were screened for PrEP/PEP eligibility, including behaviors associated with HIV risk in the past 6 months and 72 hours. Clients could opt for self- or provider-screening of HIV risk.

Results:

- 3,944 clients enrolled, 46% opted for self-screening
- Higher uptake of self-screening among females vs. males (48% vs. 44%) and in those who were in school vs. not in school (25% vs. 18%)
- Nearly all HIV risk behaviors from the past 6 months were significantly more common among clients who chose self-screening compared to provider screening, with the largest differences in inconsistent condom use , multiple sexual partners , and transactional sex
- No significant differences in reported behaviors associated with HIV risk in the past 72 hours between clients who opted for self- vs. provider-screening.

CONCLUSIONS: Self-screening of HIV risk offers a client-centered approach to enhance PrEP/PEP delivery, accommodating diverse disclosure preferences and encouraging open reporting of behaviors. Integrating a self-screening option into pharmacy-based HIV prevention programs could increase engagement and efficiency.

Acceptability and feasibility of integrating enhanced HIV pre-exposure prophylaxis into a sexually transmitted infection clinic in Lilongwe, Malawi. Abstract 2419.

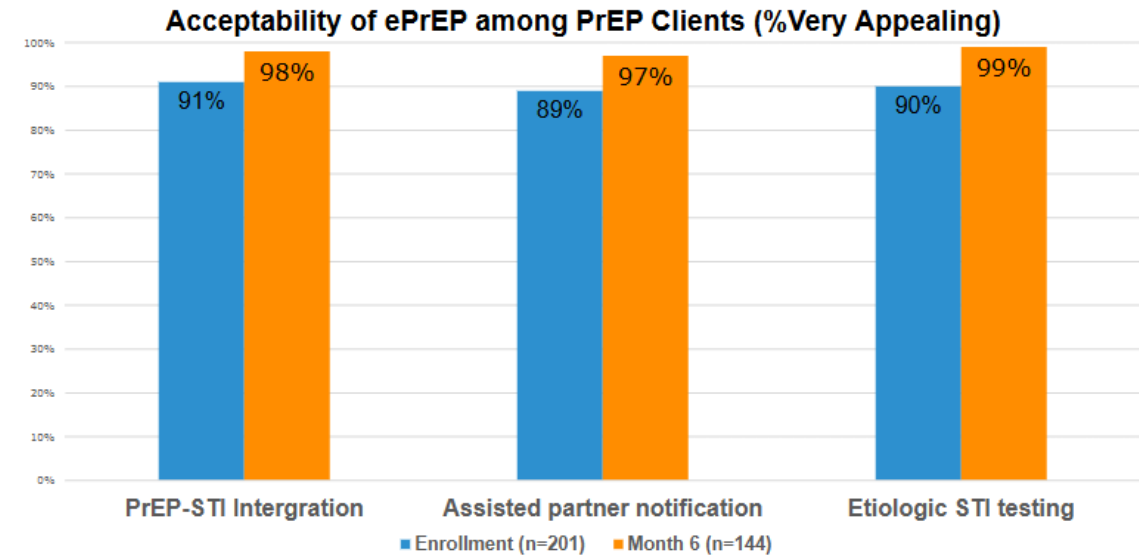
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Objective: To assess the acceptability and feasibility of integrating an enhanced PrEP (ePrEP) delivery program, including etiologic STI testing and assisted partner notification, at an urban STI clinic in Lilongwe, Malawi.

Methods: Observational cohort study, mixed methods

Results:

- 238 PrEP clients enrolled March-December 2022
- Pill burden and concerns regarding side effects were the most common reasons for declining PrEP
- Among the 10 PrEP providers enrolled, acceptability and feasibility of ePrEP was, with most (=90%) strongly agreeing that all ePrEP components were likeable, appealing, implementable and easy to implement.
- In-depth interviews highlighted convenience and reduced cost burden for participants, and an STI clinic being a strategic entry point for PrEP demand-creation and engagement, as some of the reasons for the high acceptability and feasibility. Lack of space and inadequate staff were cited as barriers.



CONCLUSIONS: Integrating PrEP with STI services, including assisted partner notification and etiologic STI testing, was both acceptable and feasible in this study. These findings support the adoption of integrated PrEP and STI care models in sub-Saharan Africa.



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3. DSD for treatment

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Resilient HIV care in crisis: transforming access through drugs dispensing points in Haiti. Abstract 6097.

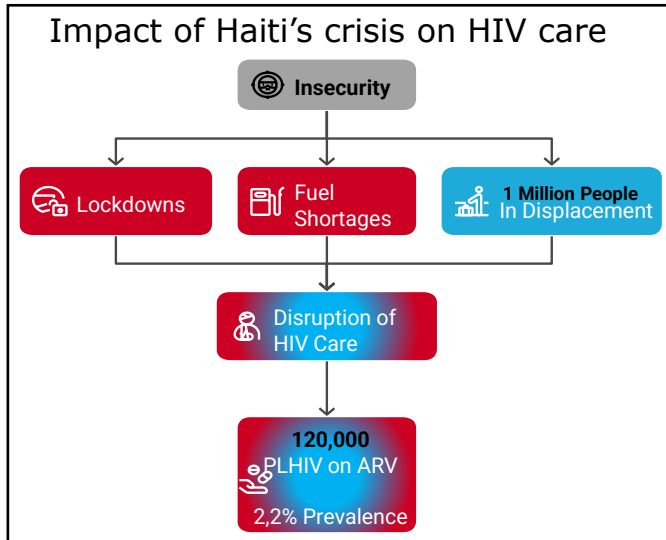
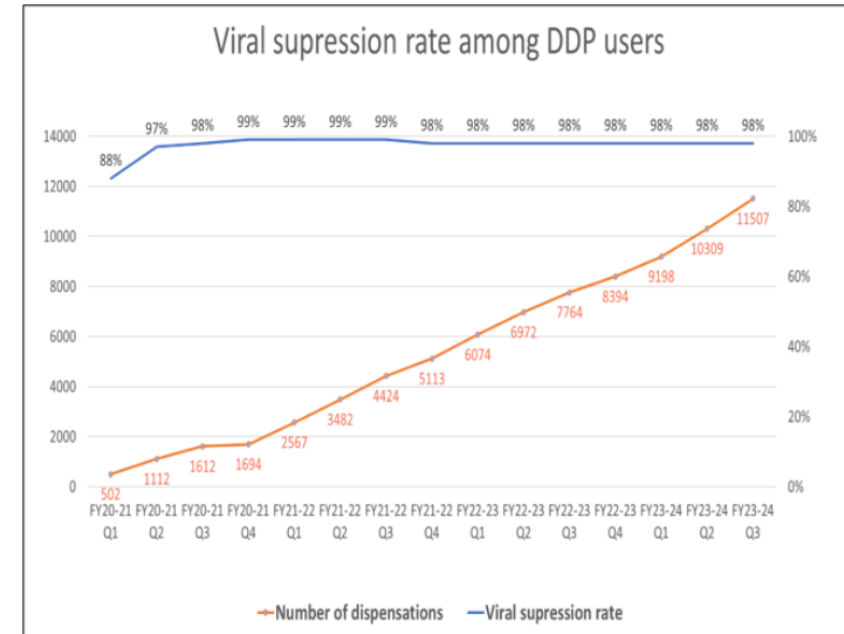
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Background: Chronic and recent crises in Haiti impede access to HIV care. This study highlights the context, challenges, implementation, and results of the drugs dispensing points (DDP) strategy to improve service access.

Description: Using Human-Centered Design (HCD), the implementation team collaborated with the Ministry of Health (MoH), eight implementing partners, and 261 stakeholders, including 108 PLHIV clients, to identify 159 strategic DDP locations.

Lessons learned:

- **Customization:** Tailored DDP services through four organizational models - private pharmacies, PLHIV associations, community health centers, and community-based institutions - ensured local adaptability.
- **Collaboration:** Partnerships with MoH and stakeholders were key to identifying and establishing DDPs.
- **Technology:** national dispensing platform enabled efficient medication management and real-time care coordination.
- **Training:** Comprehensive provider training supported effective DDP operations and client adherence.
- **Crisis Response:** The DDP model proved resilient, with increased acceptance during crises.



CONCLUSIONS: The DDP model has improved ART access for over 10,000 clients, achieving a 98% viral suppression rate. By integrating HCD, leveraging technology, and fostering collaboration, the model reduces stigma, enhances care retention, and adapts to Haiti's challenges. Continued investment will advance Haiti toward UNAIDS' 95-95-95 targets and eliminate HIV as a public health threat.



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Unlocking access to advanced HIV disease care: lessons from Lesotho's phased strategy. Abstract 5558.

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Background: Advanced HIV Disease (AHD) is a leading cause of death in Lesotho (prevalence of 14.5% among people living with HIV).

Description: With support from the Clinton Health Access Initiative (CHAI), the Ministry of Health (MoH) introduced a comprehensive AHD treatment and management programme, achieving nationwide coverage by 2024 through a phased implementation approach.

Expansion of AHD services was phased into three stages, commencing in 2021.

Phase 1: Access to AHD package of care was introduced to all hospitals, with the following focal commodities being adopted: Liposomal Amphotericin B, Flucytosine, TB LAM, CrAG LFA.

Phase 2: The AHD package of care was introduced to high-volume health centers. VISITECT point of care testing (POC) was adopted.

Phase 3: AHD package of care was introduced in remaining health centers.



Key takeaways to inform AHD implementation in the future.



Phased introduction was instrumental as it enabled manageable course corrections and timely adaptation throughout program scale-up.



Practical training on AHD point-of-care diagnostics and CM management is critical to building healthcare worker capacity.



Fragmented data systems limit reporting: A lack of interoperability and standardization between electronic data reporting systems and other electronic platforms (such as LMIS, LIS etc.) hinders accurate and timely data reporting.



Increasing treatment uptake for diseases such as Cryptococcal Meningitis requires a coordinated, multi-disciplinary facility and hospital teams.

CONCLUSIONS: A phased approach has enabled Lesotho to achieve nationwide AHD service coverage despite resource constraints. Sustained focus on high-quality, integrated service delivery will be critical to reducing AIDS-related deaths and securing long-term program success and impact.



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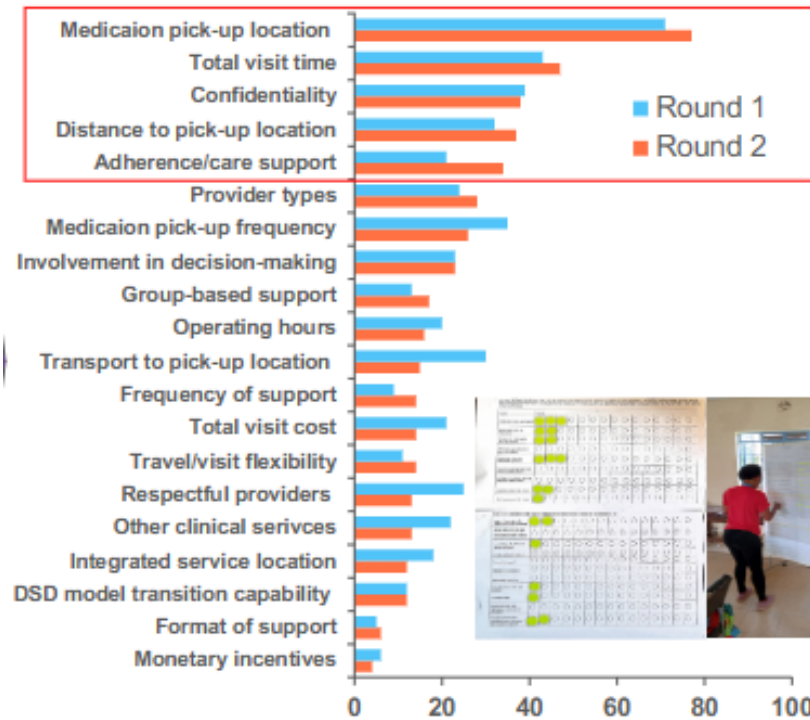
Using qualitative data to design a discrete choice experiment for measuring preferences for differentiated HIV care in western Kenya. Abstract 411.

[View poster](#)

Objective: To develop a discrete choice experiment (DCE) instrument using a multi-method, systematic process to elicit preferences and trade-offs for DSD models among ART clients in Kisumu, Kenya.

Methods: *Formative research* (literature review, in-depth interviews, focus group discussions); *attribute selection and development* (thematic analysis, dot voting prioritization exercise, DCE instrument development); *cognitive and validity testing* (pre/pilot-testing "Think Aloud Interviews")

Dot Voting Prioritization Exercise Results



Final list of attributes and levels in DCE

Attributes	Levels
Location of ART refills	Health facility
	Community ART distribution point
	Community Pharmacy
Frequency of visit	Every 3 months
	Every 6 months
	Every 12 months
Total time of visit	30 min
	1 hr
	2 hrs
Availability of services for other health needs	None
	Family planning
	NCDs
Adherence support and counseling	None
	Individual
	Group
Confidentiality	Highly confidential
	Not highly confidential

CONCLUSIONS: Participant prioritization highlighted that medication pick-up logistics, visit burden, and confidentiality are among the most important features of DSD models. A multi-method approach ensured that the DCE attribute selection and instrument design are both relevant and valid for capturing patient preferences and trade-offs in DSD programs.



Use of Men Only Clinics and Community ART groups as Differentiated Service Delivery Models to enhance adherence in Ober Subcounty Hospital, Kenya. Abstract 1885.

[View poster](#)

Objective: To assess the effect of men-only clinics (MOC) and men-only community antiretroviral therapy groups (CAGS) in enhancing treatment adherence.

Description:

- Enrolled 355 adult men (Jan- Dec 2023):
 - those with missed appointments were assigned to MOC (195);
 - those with no missed appointments were assigned to CAGS (160).
- MOC model offered ART package as per national guidelines including monthly psychosocial support, ART literacy, risk and harm reduction counseling, socioeconomic empowerment awareness, and safe space within Ober hospital.
- CAGS groups held monthly sessions chaired by peer educator with support of the health care providers where the MOC package was offered outside the hospital.

Lessons learned: Overall viral suppression improved from 78.2% at baseline to 96.3% one-year post study implementation. By December 2023, 94% of the men in MOC and 99% in CAGS were virally suppressed, with 99% retention in the clinic.

CONCLUSIONS: The MOC and CAGS models were successful strategies in improving treatment adherence while minimizing the burden on the healthcare system and can be adapted in similar settings.



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Scaling differentiated service delivery models: A journey towards client-centered HIV care in Zimbabwe. Abstract 5922.

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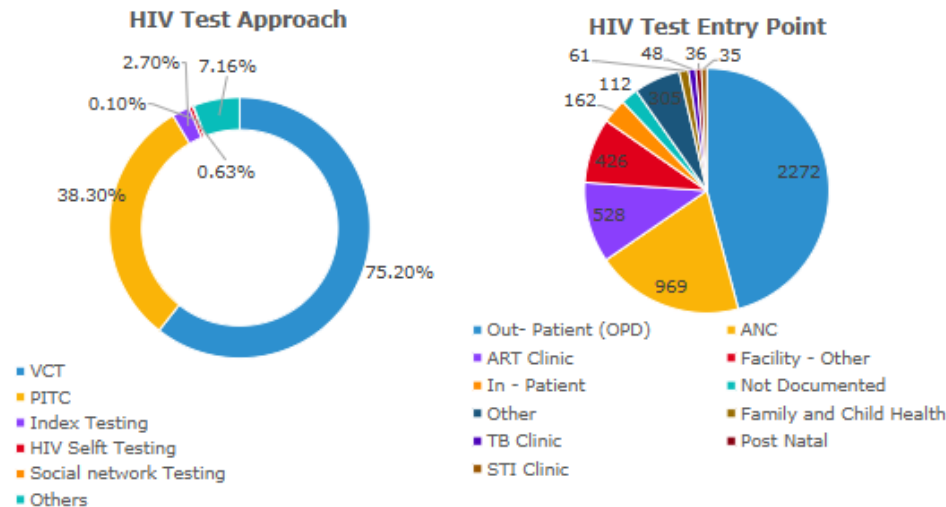
Background: Zimbabwe started implementing differentiated service delivery (DSD) models for ART (DART) in 2017 and has been conducting DSD reviews annually since 2018. DSD reviews assess implementation progress and provide peer-learning opportunities to share best practices, challenges and innovations. The 2024 DSD Review was conducted in July – August 2024.

Description: 148 facilities in 30 districts from four provinces in Zimbabwe participated. Data was collected using Survey CTO and analysed using PowerBI. A facility survey and individual client survey tool were used. Data was abstracted from 4,630 files for recipients of care (RoCs) in the 12, 24 and 36-months on ART cohorts.

Lessons learned for differentiated ART services

- In the *12-months cohort*, DART coverage (DART-C) was 21% at 12 months, in *24-months cohort*, DART-C was 15% at 12 months and 22% at 24 months, and in the *36-months cohort*, DART-C was 12% at 12 months, 19% at 24 months and 25% at 36 months.
- Most common DART models were Fast Track and Community ART Refill Groups.
- Significant upward trends were seen in the uptake of MMD for all three cohorts with coverage of 6MMD being 47%, 49% and 55% respectively at the last annual visit.

DIFFERENTIATED HIV TESTING SERVICES



INTEGRATION OF NON - HIV SERVICES

Service Integrated	Facilities (N=60)
Tuberculosis	60 (100%)
Hypertension	57 (95%)
Family Planning	52 (87%)
Mental Health	54 (90%)
Cervical Cancer	43 (72%)
Diabetes Mellitus	47 (78%)

CONCLUSIONS: There is a much greater uptake of MMD versus enrolment in DART models. Clients in a DART model can still receive 6MMD and are free to choose services that align with their needs. The national HIV programme will continue to differentiate services whilst strengthening quality service provision.



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A path to sustainability: Differentiated Service Delivery Models in challenged government health facilities. Abstract 6296.

No poster available

Background: In June 2023, the Botswana Nurses Union (BONU) announced that nurses would cease dispensing medications. Tebelopele Wellness Centers (TWC) collaborated with the government to ensure continuity of treatment in affected communities.

Description:

- In four government-assigned facilities with limited or no pharmacy personnel and no prior external funding, TWC conducted facility needs assessments to establish baseline requirements and guide programme implementation.
- Collaborating with community-based organizations, TWC introduced two DSD models: **Community Medication Refill** (CMR) and **Facility Fast Track Refill** (FFTR).
- Key preparatory activities included stakeholder engagement, community sensitization, supply chain optimization, and setting up monitoring and reporting systems. These models served as stop-gap measures to maintain treatment continuity, reduce travel burdens for PLHIV, decongest health facilities, and support adherence and retention.

Lessons learned: Among the 823 PLHIV clients receiving treatment at government facilities, 585 (70%) were assessed for DSD model eligibility, with 457 (78%) meeting the criteria. All eligible clients opted to participate, with 311 (68%) selecting FFTR and 146 (32%) choosing CMR. The remaining 128 (22%) were ineligible for DSD models. By October 2023, when the High Court ruled for the reinstatement of nurses' dispensing duties, 238 (30%) clients were not yet due for refills or clinical visits.

CONCLUSIONS: Scaling up DSD models in Botswana has potential to improve patient-centered care, enhance the quality and efficiency of treatment delivery, and reduce healthcare system costs while maintaining equivalent clinical outcomes. DSD can provide a resilient mechanism to address health service disruptions and ensure continuity of care during crises.



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Scale of differentiated service delivery implementation in HIV care facilities in low- and middle-income countries: a global facility survey. Abstract 62.

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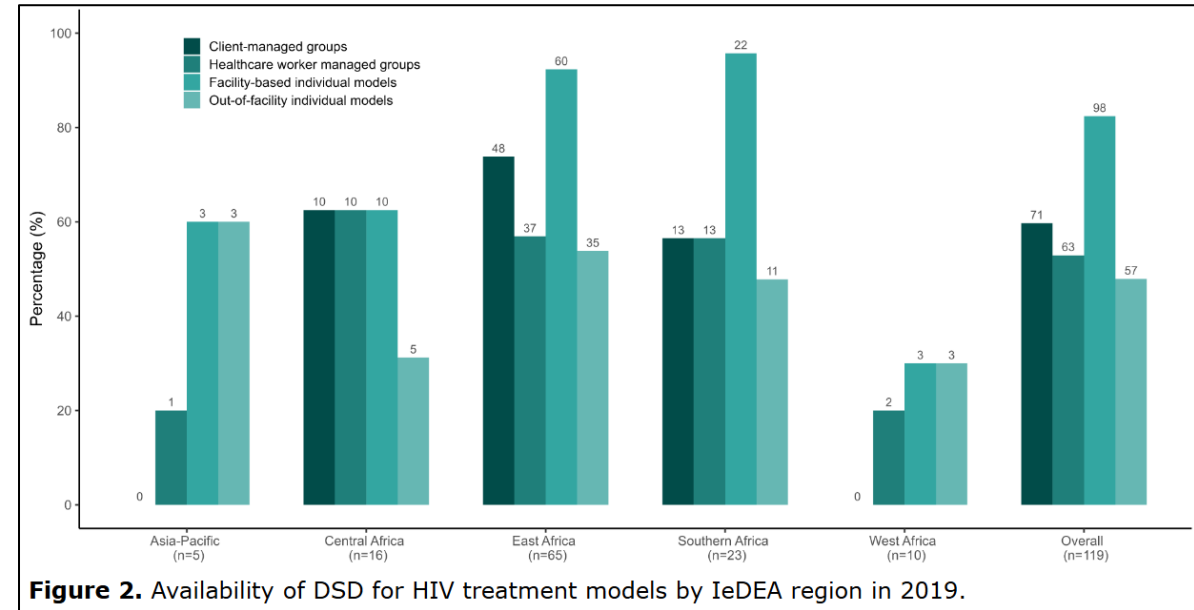
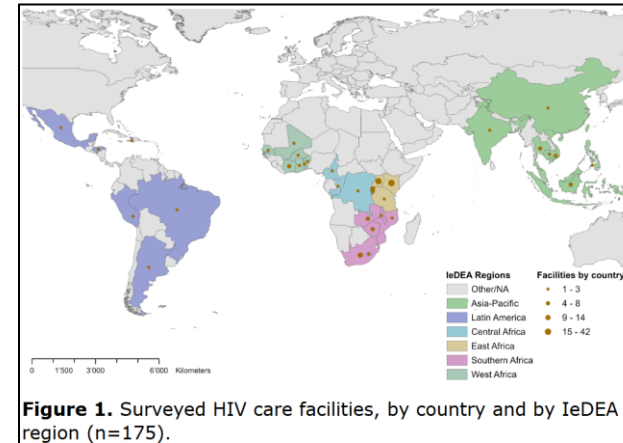
Objective: To describe the scale of DSD implementation among HIV facilities in low- and middle-income countries (LMICs) in Latin America, sub-Saharan Africa and the Asia-Pacific region before the COVID-19 pandemic.

Methods: We analysed facility-level survey data from HIV care facilities located in LMICs that participated in the International epidemiology Databases to Evaluate AIDS (IeDEA) consortium in 2019. We used descriptive statistics to summarize availability of any DSD, multi-month dispensing (MMD), and DSD for HIV treatment models.

Results:

- 33 facilities (76%) reported providing DSD (Table).
- 91% of facilities (121/133) reported providing DSD for HIV treatment, 61% (81/133) provided DSD for HIV testing and 59% (79/133) provided DSD for ART initiation.
- None of the three facilities in Latin America reported providing DSD for HIV treatment.
- The most common duration of ART refills for clinically stable clients was 3MMD (70%), followed by monthly (14%) and 6MMD (10%).

CONCLUSIONS: In 2019, DSD was available in most IeDEA-participating HIV care facilities but was not evenly implemented across regions and HIV services. Most facilities offered facility-based DSD for HIV treatment models and 3-month dispensing for clinically stable clients. Efforts to expand DSD in HIV testing and ART initiation and to offer longer MMD can improve long-term retention in care of people with HIV in LMICs, while further alleviating the operational burden on healthcare services.





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Differentiated service delivery preferences of a sample of clients receiving antiretroviral therapy (ART) from a tertiary hospital in Lusaka, Zambia. Abstract 895.

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Background: Evidence suggests that client perspectives of DSD models may differ from health provider perspectives. We carried out a survey among clients receiving ART at a referral hospital in Lusaka, Zambia, to determine their preferred DSD models.

Methods: This was a facility-based survey conducted in 2022. Clients were interviewed on alternate days after a scheduled ART visit. All adults who were virologically suppressed, on ART for more than 6 months and free of any opportunistic infections were considered eligible. A semi-structured questionnaire was used to obtain demographic information and DSD preferences.

Results:

- The majority of the respondents (83%) preferred to continue scheduled hospital reviews and drug pick-ups rather than community or pharmacy-based DSD models. This is highlighted in the blue table.
- 64 respondents (60.4%) were concerned about disclosure when ART is provided in the community.
- There was a significant association between type of DSD model and concern of disclosure ($p=0.007$).
- There was no significant difference in proportion of individuals concerned about disclosure among clients who had been on ART for less than 5 years; compared to clients on ART for more than 5 years ($P=0.647$).

Type of DSD Model	Number of Patients preferring the model
Community Adherence Group	4 (3.8%)
Urban Adherence Group	1 (0.9%)
Community Pharmacy model	4 (3.8%)
Individual community drug pick ups	9 (8.5%)
Scheduled Hospital drug pick ups	88 (83%)

CONCLUSIONS: There are concerns about disclosure of HIV status when ART is provided via community-based DSD models. Scheduled hospital pick-ups should be continued for clients concerned about disclosure.



IAS 2025

Differentiated service delivery preferences of a sample of clients receiving antiretroviral therapy (ART) from a tertiary hospital in Lusaka, Zambia. Abstract 895.

[View poster](#)

Background: Evidence suggests that client perspectives of DSD models may differ from health provider perspectives. We carried out a survey among clients receiving ART at a referral hospital in Lusaka, Zambia, to determine their preferred DSD models.

Methods: This was a facility-based survey conducted in 2022. Clients were interviewed on alternate days after a scheduled ART visit. All adults who were virologically suppressed, on ART for more than 6 months and free of any opportunistic infections were considered eligible. A semi-structured questionnaire was used to obtain demographic information and DSD preferences.

Results:

- 83% preferred to continue hospital scheduled review and drug pick-ups rather than community or pharmacy-based DSD models.
- 60% were concerned about disclosure when ART is provided in the community – there was a significant association between fear of disclosure and type of DSD model.
- There was no association between duration of ART and fear of disclosure.

Type of DSD Model	Number of Patients preferring the model
Community Adherence Group	4 (3.8%)
Urban Adherence Group	1 (0.9%)
Community Pharmacy model	4 (3.8%)
Individual community drug pick ups	9 (8.5%)
Scheduled Hospital drug pick ups	88 (83%)

CONCLUSIONS: There are concerns about disclosure of HIV status when ART is provided via community-based DSD models. Scheduled hospital pick-ups should be continued for clients concerned about disclosure.

Leveraging community systems strengthening to increase HIV client enrolment into differentiated service delivery (DSD) models in Western Zimbabwe 2023-2024. Abstract 1443.

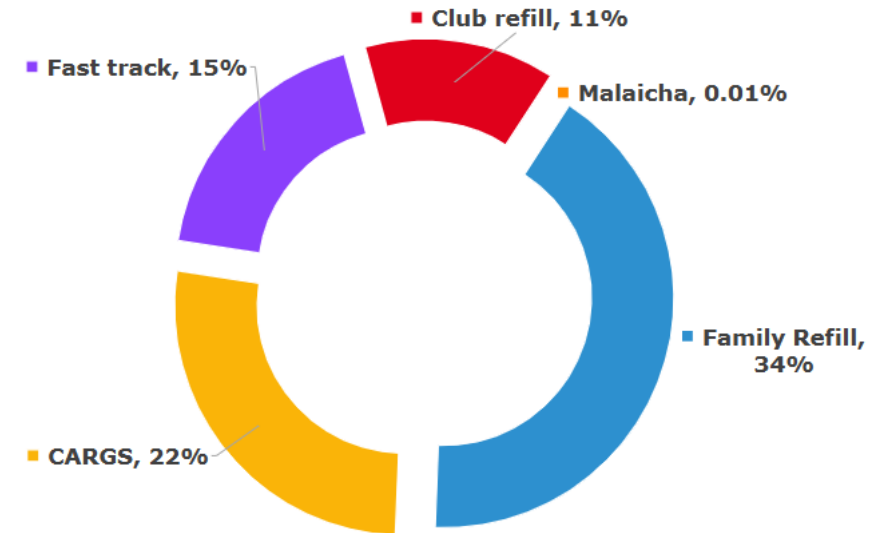
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Description: To increase enrolment in DSD in Mashonaland West Province, 90 Community Health Advocates (CHAs) were employed, and 18 Community Consultative Dialogues (CCDs) were conducted between January and August 2024. These feedback sessions with PLHIV, health care workers, and local leadership helped to identify current barriers to DSD enrolment. After the CCDs, CHAs served as facilitators to improve linkages between health facilities and the community, conducting outreach activities, providing education, and assisting clients in navigating the DSD enrolment process.

Lessons learned:

- CCDs identified internalised stigma and discrimination as the major barriers to DSD enrolment. Community engagements by CHAs improved client understanding and acceptance of DSD, enhanced credibility and reduced stigma associated with enrolment.
- Within the first 6 months the program referred a total of 1,336 clients for DSD enrolment, and 91% (1,213) enrolled. Comparing with the previous six months clients that were referred for DSD enrolment increased by 622% (1336) from 185 clients.
- DSD enrolment data indicated a strong preference for flexible service delivery options such as family refill (34%), community-based ART refill groups (22%) and fast track (15%).
- Also used by clients were club refill groups (11%) and the Malaicha model (0.01%), a new DSD model adapted for Anti-Retroviral Therapy (ART) refills for migrant PLHIV living outside Zimbabwe, hence promoting effective avenues for ART medication collection for migrant PLHIV.

DSD MODEL UPTAKE



CONCLUSIONS:

- CCDs highlighted the valuable role of continuous feedback in adapting enrolment strategies to align with community needs and preferences in tackling systemic barriers to DSD enrolment, such as stigma and can ensure that community members possess equitable knowledge about DSD.
- Emphasizing this approach not only can enhance enrolment outcomes but also can foster an inclusive environment for everyone to access and benefit from these vital services.



IAS 2025

Differentiated service delivery for viral load in Zimbabwe. A feasibility assessment for task sharing of viral load sample collection to community lay cadres in Zimbabwe Abstract 1456.

[View poster](#)

Background

To inform potential DSD models for VL, this study assessed the feasibility and acceptability of community lay cadre (CLC) collection of dried blood spot (DBS) samples for viral load (VL) testing in Zimbabwe as compared to DBS sample collection by trained healthcare workers (HCWs).

Methods

- 10 public health facilities in Zimbabwe over 6 weeks in March-April 2024.
- Two DBS samples were collected from 374 participants; a HCW-collected reference sample and a CLC-collected validation sample. A sub-sample of CLC collections were observed using a checklist, and surveys were conducted with both participating clients and CLCs.

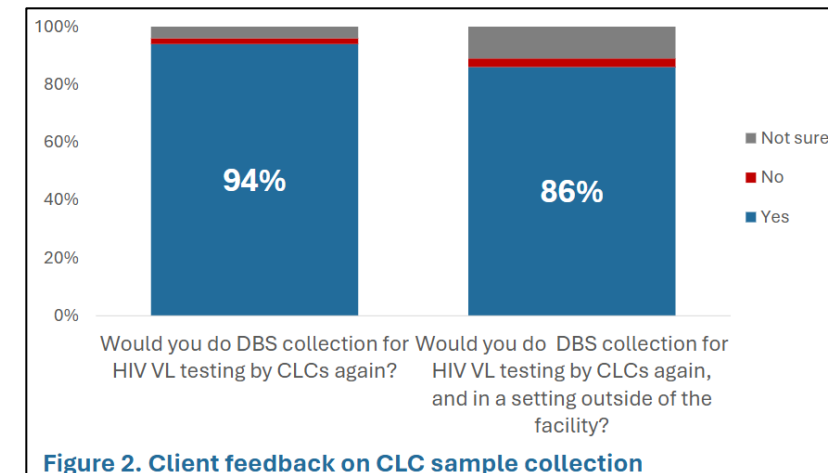
CONCLUSIONS: VL DBS results for samples collected by CLCs were comparable to the results from samples collected by HCWs, and CLCs demonstrated the ability to correctly and effectively collect VL DBS samples. Clients reported CLC and community-based sample collection to be acceptable and even preferred for many. Results from this assessment indicate that task-shifting VL DBS sample collection to CLCs is a feasible strategy. This opens opportunities to explore community-based DBS sample collection as a form of DSD.

Results

- High level of agreement between HCW and CLC test results (Table 1)
- 49/52 CLCs were observed for skills assessment with 90% of critical items done properly.
- Among 375 clients surveyed after DBS sample collection, 94% said they would do CLC again and 86% were open to CLC sample collection in the community (Figure 2).

		CLC sample		
		Suppressed	Unsuppressed	Total
HCW sample	Suppressed	350	6	356 (95.7%)
	Unsuppressed	9	7	16 (4.3%)
	Total	359 (96.5%)	13 (3.5%)	372
Agreement in results:			96.0% (357/372 paired samples)	
Disagreement in results:			4.0% (15/372 paired samples)	

Table 1: Comparison of results from CLC- and HCW-collected DBS samples





IAS 2025

User preferences of ART Differentiated Service Delivery Model in Zimbabwe: A discrete choice Experiment. Abstract 1506.

[View poster](#)

Background: The DSD model was introduced to provide tailored services that better align with the diverse needs of people living with HIV (PLHIV). Even after such efforts the uptake of DSDs has remains low.

Methods

- Quantitative surveys in 25 districts from August 2022- July 2023.
- A Discrete Choice Experiment (DCE) survey was administered to PLHIV, combining desk reviews and interviews.
- 75 Community HIV/AIDS Support Agents (CHASAs), who are community members living with HIV, were trained to collect data via questionnaires using the CommCare data collection platform.
- Random sampling technique was used to obtain current or potential users of DSD models as they left the facility after their ART pick-up or after concluding their support group meetings.

Results

- 2056 PLHIV were interviewed, 95% knew about DSDs and 77% were in DSD models.
- Strong preference for flexible service delivery options, such as Community-based Art Refill Groups (CARGs) (53%), fast track (25%) and family refill (15%).
- Fast track model was more prominent in urban areas, CARGs in rural settings.
- Community systems strengthening played a pivotal role facilitating the enrolment of clients into DSD models - 68% had been in DSD models for between 1-2 months.
- 71% of clients wanted to change or join different DSD models with 25% moving to fast track, 20% CARGs and 16% family, respectively.
- PLHIV reported in DSDs increased satisfaction and improved adherence

CONCLUSIONS: To optimize the ART DSD model, it's essential to expand partnerships with community organizations can facilitate outreach and support for underserved populations. Implementation research is needed to continuously assess client preferences and outcomes, ensuring that the DSD model evolves to meet the changing needs of those on ART.

Referral to differentiated antiretroviral therapy delivery at 6 months after initiation: a retrospective cohort study in KwaZulu-Natal, South Africa. Abstract 2220.

[View poster](#)

Background: Since April 2020, South Africa has allowed for referral to decentralized ART programs 6 months after ART initiation (“early DSD”). This aimed to evaluate the uptake of early DSD and subsequent clinical outcomes.

Methods: Retrospective cohort study using routine, de-identified data from 125 public clinics in KwaZulu-Natal, South Africa

Results

- Rates of early DSD increased from 6.3% of those initiated in Q1/2020 to 15.7% of those initiated in Q4/2022.
- Among 19,162 participants with outcome data, 9.9% received early DSD. The proportion retained in care at 12 months was 88% for those without and 93% for those with early DSD.
- Among those retained in care, a 12-month viral load result was available for 88.2%, and of these 90.4% without and 91.5% with early DSD were virally suppressed.

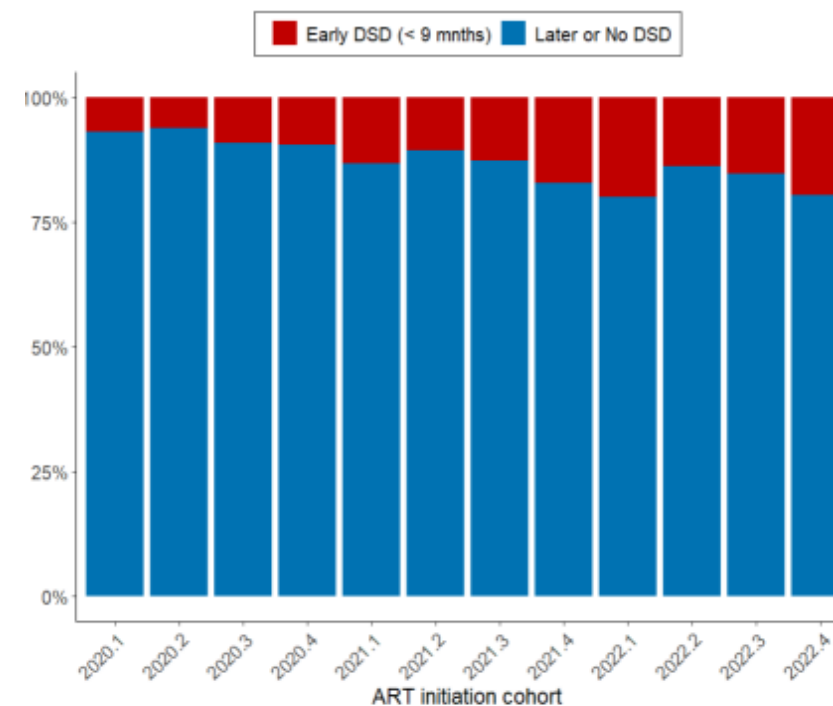


Figure 2. Uptake of DSD for eligible PLHIV between 2020 and 2022

CONCLUSIONS: Uptake of early DSD was low, but was not associated with worse clinical outcomes. Research into barriers to implementation of early DSD, and policies to facilitate early referral, are required.

Stated preferences for antiretroviral therapy (ART) adherence support and models of HIV care among South African adults starting or restarting ART: findings from two discrete choice experiments (DCEs). Abstract 3450.

[View poster](#)

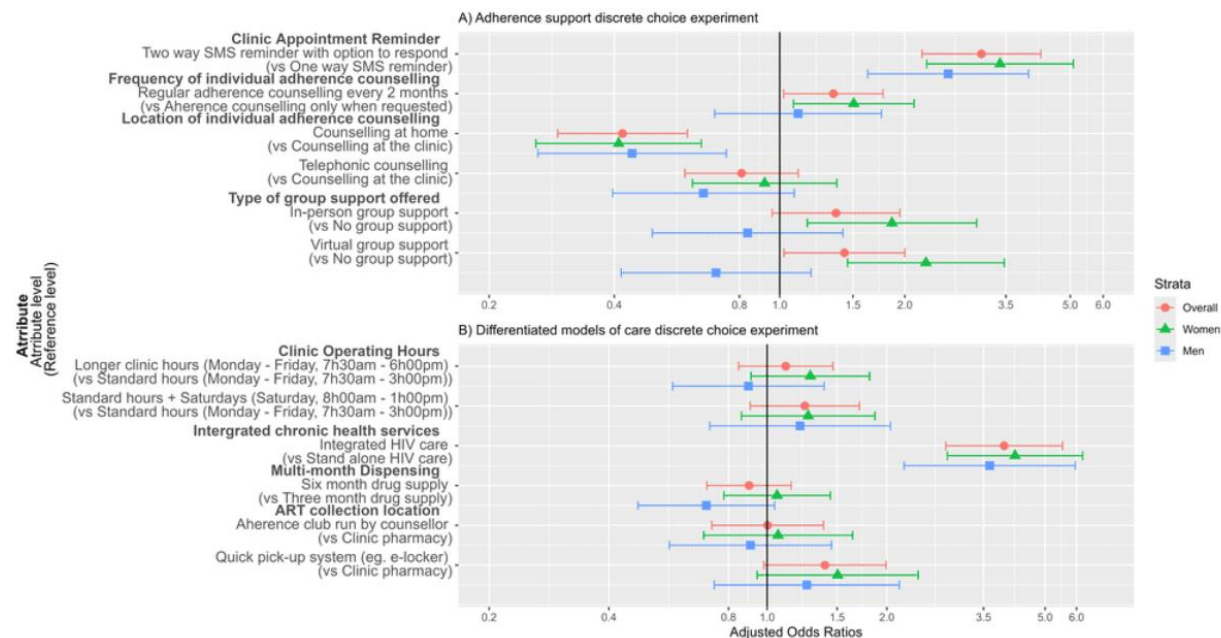
Objective: Evidence-based ART adherence support and differentiated models of care (DMOC) can be optimized by expanding eligibility and incorporating client preferences. We conducted two DCEs to elicit attribute preferences for these strategies in Cape Town, South Africa.

Methods: Discrete choice experiment: 330 adults living with HIV, either starting or restarting ART after an interruption (>3months) in the last 6 months were recruited into a cross-sectional survey at two large clinics in Cape Town, South Africa (April-Nov 2024). Consenting clients completed an interviewer-administered questionnaire.

Results:

- In the adherence support DCE (Figure 1A), participants preferred a two-way appointment reminder and had a negative preference for home-based counselling. Women, but not men, preferred group support (either in-person [OR: 1.9, 95%CI: 1.2-3.0] or virtually [OR: 2.2, 95%CI: 1.5-3.5]).
- In the DMOC DCE (Figure 1B), participants preferred receiving integrated HIV care (no differences by gender).
- DCE A+B: All attribute levels - except clinic hours - showed statistically significant inter-individual variation in preferences.

Figure 1: Main effects only and gender interaction mixed effect logit models for adherence and differentiated models of care discrete choice experiment's



CONCLUSIONS: Two-way appointment reminders and integrated health services emerged as important service attributes overall.

Earlier first viral load accelerates differentiated service delivery enrolment for people newly initiated on antiretroviral therapy: a retrospective analysis of 2023 HIV guideline implementation. Abstract 3451.

[View poster](#)

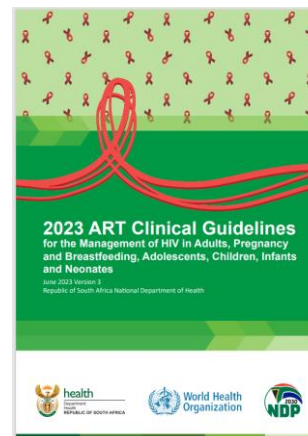
Background: In 2023, the South African National Department of Health updated ART guidelines, advancing the first viral load (VL) test for ART initiators from six to three months post-initiation. This study evaluated early adoption of the new VL schedule and its impact on DSD enrolment timing in four South African districts.

Methods:

- ART initiations, January 2017-December 2023, routine programme data, excluding those recorded as deceased, transferred out or with a baseline VL (suggesting prior treatment and/or potential re-engagement) but including those who may have disengaged during follow-up.
- A follow-up period of 168 days (6x28 day dispensing cycles) was applied following guideline-mandated first VL timing. Trends in VL coverage, VL timing and DSD enrolment timing are described. A Cox proportional hazards model, restricted to 2023 post-April initiators, evaluated time to DSD enrolment adjusting for age, gender, district and time to first VL.

Results:

- 664,523 ART initiations - 52% (348,264) had a captured VL in the follow-up period
- Viral load completion improved from 56,2% in 2022 to 66,8% in 2023.
- Median time to first VL decreased from 176 days in 2022 to 120 days in 2023.
- **Median time to DSD enrolment decreased 43% from 2022 to 2023**
- Following the 2023 VL timing guideline shift, clients with a suppressed three-month VL had a shorter median time to DSD enrolment (162 days) compared to those with a six-month VL (252 days; aHR=0.44; p-value <0.01, 95%CI 0.41;0.47)



Important changes:

- WHO 2021 guidelines – review first VL result **BY 6 months on ART**
- Expansion of DTG as first line with faster suppression profile

Guidelines	First VL at 6 months on ART	First VL at 3 months on ART (2023)
Number of clinic visits in 1 st year on ART for clinical review (including ART start visit)	8 (M0,M1,M2,M3,M4,M5,M6,M7)	5 (M0,M1,M3,M4,M10)
Number of DSD model visits in 1 st year on ART	1 (Month 10)	1 (Month 7)
Minimum total visits in 1st year	9	6
Earliest targeted adherence support	Month 7	Month 4
Timing of 2 nd VL if unsuppressed	Month 9	Month 6
Timing of 2 nd VL if suppressed	Month 12	Month 10
Earliest DSD enrolment timing	Month 7	Month 4

CONCLUSIONS: Guideline shift to earlier VL testing was swiftly implemented, rapidly reducing time to DSD enrolment. Prioritizing first VL testing three months post-ART initiation, enables earlier access to less-intensive DSD models and targeted adherence support, critical to addressing retention challenges during the first year of ART.

Viral load suppression at first viral load after shifting from six to three months post-ART initiation: a retrospective analysis of early outcomes in the South African public sector HIV program. Abstract 3433

Background: To evaluate the impact of South Africa ART guideline change on VL suppression rates, and DSD enrolment and timing in four South African districts.

Methods: Retrospective analysis of ART initiations May-Dec 2023, excluding those recorded as deceased, transferred out or with a baseline VL (suggesting prior treatment and/or re-engagement) but including those who may have disengaged during follow-up (168 days following guideline-mandated first VL timing).

Results:

- Among 26,091 people initiating ART with a VL, 65.1% achieved VL suppression and 87.8% had VL<200 copies/ml with a three-month VL, compared to 66.9% and 86.2% with a six-month VL.
- Adjusted analysis showed that clients with VLs taken at six months had 13% higher odds of suppression (p-value<0.01) and 41% lower odds of DSD enrolment compared to those at three months.
- Median time to enrolment was 162 days for clients with suppressed VLs taken at three months compared to 252 days for six months.

No slides available

Category	Early (29–77 days)	3 months (78–112 days)	3–6 months (113–161 days)	6 months (162–196 days)	Late (>196 days)
VL <200 copies/ml (%)	1671 (80.07%)	11813 (87.75%)	3814 (83.33%)	3194 (86.23%)	1833 (81.07%)
Adjusted OR (p-value, 95% CI)	0.57 (<0.01, 0.51-0.64)	Ref	0.73 (<0.01, 0.67-0.80)	0.93 (0.18, 0.83-1.03)	0.66 (<0.01, 0.58-0.74)
Suppressed VL <50 copies/ml (%)	1191 (57.07%)	8758 (65.06%)	2946 (64.37%)	2476 (66.85%)	1451 (64.18%)
Adjusted OR (p-value, 95% CI)	0.71 (<0.01, 0.64-.078)	Ref	0.99 (0.89, 0.93-1.07)	1.13 (<0.01, 1.05-1.22)	1.02 (0.63, 0.93-1.13)
Suppressed enrolled in DSD (%)	473 (39.71%)	4322 (49.35%)	1109 (37.64%)	895 (36.15%)	412 (28.39%)
Adjusted OR (p-value, 95% CI)	0.68 (<0.01, 0.60–0.77)	Ref	0.63 (<0.01, 0.58–0.69)	0.59 (0.01, 0.53–0.64)	0.42 (<0.01, 0.37–0.48)
Suppressed median time to DSD enrolment (days)	143	162	196	252	306
Adjusted HR (p-value, 95% CI)	1.12 (0.02, 1.02-1.24)	Ref	0.65 (<0.01, 0.61-0.70)	0.44 (<0.01, 0.40-0.47)	0.36 (<0.01, 0.32-0.39)

Table 1: Viral Suppression and DSD Enrolment by VL Timing

CONCLUSIONS: Advancing the first VL to three months enabled earlier DSD enrolment for suppressed ART initiators, supporting retention efforts. Although suppression rates were slightly lower at three compared to six months, earlier VL also enables expedited identification of clients who could benefit from targeted adherence support and require follow-up testing. Maximizing the benefits of an earlier VL requires promptly offering DSD or multi-month dispensing to all suppressed clients and providing proactive, early support for unsuppressed clients.

Characteristics of non-suppressed recipients of care post implementation of Viremic Clinic as a differentiated service delivery model in Lusaka, Zambia (2020-2022). Abstract 3842.

No poster available

Background: For over a decade, Zambia has implemented DSD to improve HIV clinical outcomes for recipients of care (ROCs). The Zambian MOH, supported by the Center for Infectious Disease Research in Zambia (CIDRZ), effectively implemented HIV viremic clinics for non-suppressed (= 1000 copies/ml) ROCs. This study aimed to achieve a better understanding of those who did not reach viral re-suppression despite DSD participation.

Description: Cohort analysis across 20 HIV clinics providing the DSD for non-suppressed ROCs in Lusaka, Zambia from October 2020 to September 2022.

Lessons Learned:

- Of 133 eligible ROCs, 62.4% (83/133) were female, the median age was 37 years old (interquartile range [IQR] 32, 46), 88.7% (118/133) were on a dolutegravir-based ART regimen, and the median time on ART was 5.2 years (IQR 2.4, 9.8 years). The proportion of ROCs with non-suppression at six months was 18% (24/133).
- Median age for non-suppression was 35.5 years (IQR 27.5, 37.5) while for suppression it was 38 years (IQR 33, 47).
- Among ROCs aged = 24 years, 38% (3/8) had non-suppression, followed by 22% (8/36) among those aged 25 – 34 years, while no ROCs aged =55 years had non-suppression.
- Increased age reduced risk of viral non-suppression while adjusting for sex, ART duration and ART-regimen (aRR 0.93; 95% CI 0.89, 0.97; $p < 0.001$).
- Males were at increased risk of viral non-suppression while adjusting for age, ART duration and ART-regimen (aRR 2.31; 95% CI 1.03, 5.17; $p = 0.042$).

CONCLUSIONS: To improve viral re-suppression, HIV viremic clinics should implement age-appropriate interventions, in consideration of clients' sex.



IAS 2025

Innovations in HIV Service Delivery: Lessons from Zimbabwe's Differentiated Service Delivery Review. Abstract 5253.

No poster available

Background: Zimbabwe conducts annual DSD reviews. The 2024 DSD Review marked a critical milestone by incorporating four provinces and expanding focus to include service integration with TB, FP, mental health, and NCDs.

Description

- Review included 148 facilities across 30 districts in Mashonaland East, Masvingo, Matabeleland North, and Midlands.
- Data collection involved facility and individual client surveys, analyzing 4,630 recipient of care (RoC) records across 12-, 24-, and 36-month ART cohorts.
- Key indicators assessed included viral load monitoring, retention in care, integration of services, and uptake of DSD models.
- Triangulation with national data, ensuring robust findings.

Lessons learned

Progress

- Over 80% of recipients of care (RoCs) initiated ART on the same day as HIV confirmation. Multi-month dispensing (MMD) reduced facility visits.
- Over 60% received TB preventive therapy, and ART-FP service linkages improved.
- Quality improvement (QI) projects, task-shifting to lay cadres, and tele-counseling pilots addressed documentation challenges and improved continuity.
- Integrating non-HIV services into DSD models and synchronizing ART with NCD reviews demonstrated scalable approaches to improving care delivery.

Gaps

- Retention rates were below 60%, with under 15% enrolled in DSD models despite eligibility.
- Resource shortages hindered mental health screenings and CD4 testing.

CONCLUSIONS: There is a need for better service integration, strengthened cohort management, and capacity-building for healthcare workers to optimize DSD implementation. Scaling electronic health records and addressing resource constraints remain pivotal. Future reviews will prioritize continuous quality improvement and innovative approaches to close existing gaps



The Impact of partner support in driving differentiated service delivery implementation in Zimbabwe: Insights from technical assisted and non-technical assisted districts.

Abstract 5801.

[View poster](#)

Background: Zimbabwe started implementing DSD ART models (DART) in 2017 and has been conducting DSD reviews annually since 2018. This study compared selected outcomes between the PEPFAR-supported districts and those without PEPFAR support (non-PEPFAR supported).

Description:

- Review included 148 facilities in 31 districts from four provinces.
 - 21 districts have additional support from PEPFAR partners
- Data was collected using Survey CTO and analysed using PowerBI generating frequencies and proportions. A facility survey and individual client survey tool were used. Data was abstracted from 4,630 files for recipients of care (RoCs) in the 12-, 24-, and 36-month cohorts on antiretroviral therapy (ART).

Results

- PEPFAR supported sites performed better than non-PEPFAR supported sites in the majority of the performance indicators.
- ART retention was similar for the 12 and 24-month cohorts and higher for the 36-month cohort for the PEPFAR supported sites (75%) vs. non-supported sites (64%).
- Enrolment of RoCs in DART at the last annual visit was more than double in PEPFAR supported facilities (24%, 28%, 30%) across all three cohorts compared to non – PEPFAR supported districts whose coverage was 16%, 13% and 12% for each cohort respectively.

COHORT	PEPFAR (%)	NON – PEPFAR (%)
RETENTION		
12M	76%	75%
24M	70%	70%
36M	75%	64%
LOST TO FOLLOW UP (LTFU)		
12M	8%	16%
24M	11%	20%
36M	9%	25%
ENROLMENT IN DSD MODELS AT THE LAST ANNUAL VISIT		
12M	24%	16%
24M	28%	13%
36M	30%	12%
6MMDs AT LAST ANNUAL VISIT		
12M	51%	41%
24M	56%	39%
36M	59%	45%
TPT COVERAGE (EVER RECEIVED TPT)		
12M	86%	52%
24M	83%	47%
36M	86%	51%

CONCLUSIONS: PEPFAR-supported sites had superior retention compared to non-PEPFAR-supported sites. The findings highlight that differences in support have an impact on the quality of services provided.



IAS 2025

Enhancing data quality for differentiated service delivery: lessons from Zimbabwe's multiregional DSD review.

Abstract 5289.

[Watch session](#)
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Background: Zimbabwe's 2024 DSD review included 148 facilities in 30 districts from 4 provinces.

Description: Data was collected from paper-based tools and/electronic medical records for services received across the HIV continuum of care for HIV testing, treatment, management of high viral load and integration with TB, FP, Mental Health, opportunistic infections and NCDs.

Lessons learned

- Despite Standard Operating Procedures for recording and reporting, the review showed incompleteness on some key client variables such as DSD model (22%), Date of Birth (4%), Date of HIV Diagnosis (4%), Sex (1%) and Date of ART initiation (1%).
- The review led to the intensified development of a module for DSD models with validation rules and subsequent data visualizations within electronic health record (EHR) with support from PEPFAR. Module was refined after several validations and deployed to 795 facilities.
- Zimbabwe plans to decommission all paper tools, inter-connect DHIS 2 with EHR and eventually utilize EHR to do DSD reviews.

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DSD Module in Impilo EHR

The developers are currently working on modifying the functionality of the Differentiated Service Delivery (DSD) module. Key changes include:

- 1. Eligibility Criteria:** The DSD workflow will only activate for clients who have been on Antiretroviral Therapy (ART) for at least six months and have a suppressed viral load.
- 2. Group Selection:** Clinicians can select the group that the client is joining from an existing list, with a search function available by group name. They can also create a new group.
- 3. Visit Initiation:** To start a DSD visit, clinicians must first admit the client representing the group to a queue.
- 4. Group Visit:** Information given by the group representative for each member can be added on the visit.
- 5. Medication Dispensation:** Medication can be dispensed during the visit for each member..
- 6. Appointment Scheduling:** An appointment will be added for each member of the group, streamlining the scheduling process.

CONCLUSIONS: Data completeness was sub-optimal on some variables. EMRs provide an opportunity for improving data quality. To sustain the system for better data quality, connectivity, power, hardware, software development and human resources for health capacity building are needed.



IAS 2025

Clinical outcomes among ART clients enrolled in six-month dispensing after less than 6 months on treatment in Zambia. Abstract 4576.

[View poster](#)

Background: Since 2017, Zambia has scaled up multi-month scripting and dispensing (MMD) of ART among established clients (viral load <1000 copies/ml) on ART for 6 months. During COVID-19, eligibility was extended to those on ART for 3 months to reduce clinic congestion. This study compared rates of interruption in treatment (IIT) between clients enrolled on 6MMD at 3 to <6 months on ART (“early enrollers”) and those enrolled at =6 to 12 months on ART (“standard enrollers”).

Methods

- Target trial emulation using Zambian electronic medical records (SmartCare) from 12 public healthcare facilities.
- Used a clone, censor, and weighting approach to estimate IIT rate differences (RD) and ratios (RR) with 95% Confidence Intervals (CI) up to 18 months post-ART initiation.
- IIT was defined as missed clinic/pharmacy appointment >28 days with no proof of re-engaging during the study period. We used pooled logistic regression to calculate inverse probability of censoring weights and used time-to-event analysis to estimate IIT rates, with person-time calculated from 3 to 18 months after ART initiation.

Inclusion

- >15 years
- Baseline WHO Stage 1 or 2
- Active in care 3 months post-ART initiation

Exclusion

- Died/ LFTU before 3 month after ART initiation
- Transferred into the facility
- Pregnant at ART initiation
- Missing baseline WHO staging or WHO stage 3/4

Results

- 10,423 unique eligible clients (median age 32 [IQR: 26-39] years; 65% female)
- 12% early enrollers, 28% standard enrollers, and 60% eligible but not enrolled in 6MMD =12 months after ART initiation.
- No differences in the rate of IIT between early enrollers and standard enrollers (RD: 0.03 [95% CI: -0.02 to 0.06], RR 1.06 [95% CI: 0.97-1.13]).

CONCLUSIONS: Early enrollment into 6MMD, after 3-6 months on ART, did not increase treatment interruptions, suggesting it could be introduced after the initial two medication refill visits among established clients.



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4. Integration of other health conditions

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Integrated mobile health intervention to improve medication adherence and outcomes among people living with HIV/AIDS and co-infected with tuberculosis at care centers in parts of South-Eastern Nigeria. Abstract 85.

No poster available

Objective: To determine the effectiveness of an integrated mobile health intervention to improve medication adherence among people living with HIV and TB at care centers in southeastern Nigeria.

Methods

- Randomly selected 700 participants three care centers in Imo State, South-Eastern Nigeria for the study.
- Further randomized into five groups: SMS, telephone call, video, integrated mHealth which involved simultaneous utilization of SMS, telephone call and video, as well as the control group without any mhealth intervention but the usual clinical practice.
- Intervention included medication reminders, adherence monitoring, and appointment notifications tailored to the group assignment.
- Data on medication adherence were collected at baseline and six months post-intervention using validated scales and questionnaires. Outcomes such as CD4 counts, Viral load, and body mass index (BMI) were determined using standard methods. Statistical analyses included Chi-square tests, logistic regression, and multivariate analyses.

Results

- Of the 646 participants evaluated at baseline, 618 completed the study.
- Post-intervention medication adherence improved significantly across all mHealth groups, with the integrated mHealth group showing the highest adherence (baseline: 65.1%; post-intervention: 76.2%, $p < 0.0001$).
- Appointment adherence also increased notably in the integrated mHealth group (baseline: 19.4%; post-intervention: 83.4%).
- Viral load suppression was significant (mean: 3922.2 to 386.6 copies/mL, $p < 0.0001$), with improvements in CD4 counts and body mass index (BMI).

CONCLUSIONS: Integrated mHealth interventions significantly enhanced medication adherence and clinical outcomes in individuals living with HIV and acute TB. There is a need for combining multiple mHealth tools for comprehensive care, offering evidence for policy implementation and future scaling in resource-limited settings.



IAS 2025

Community based cervical cancer screening bridging the access gap for women from hard-to-reach areas: the case of Masvingo province, Zimbabwe. Abstract 512.

[View poster](#)

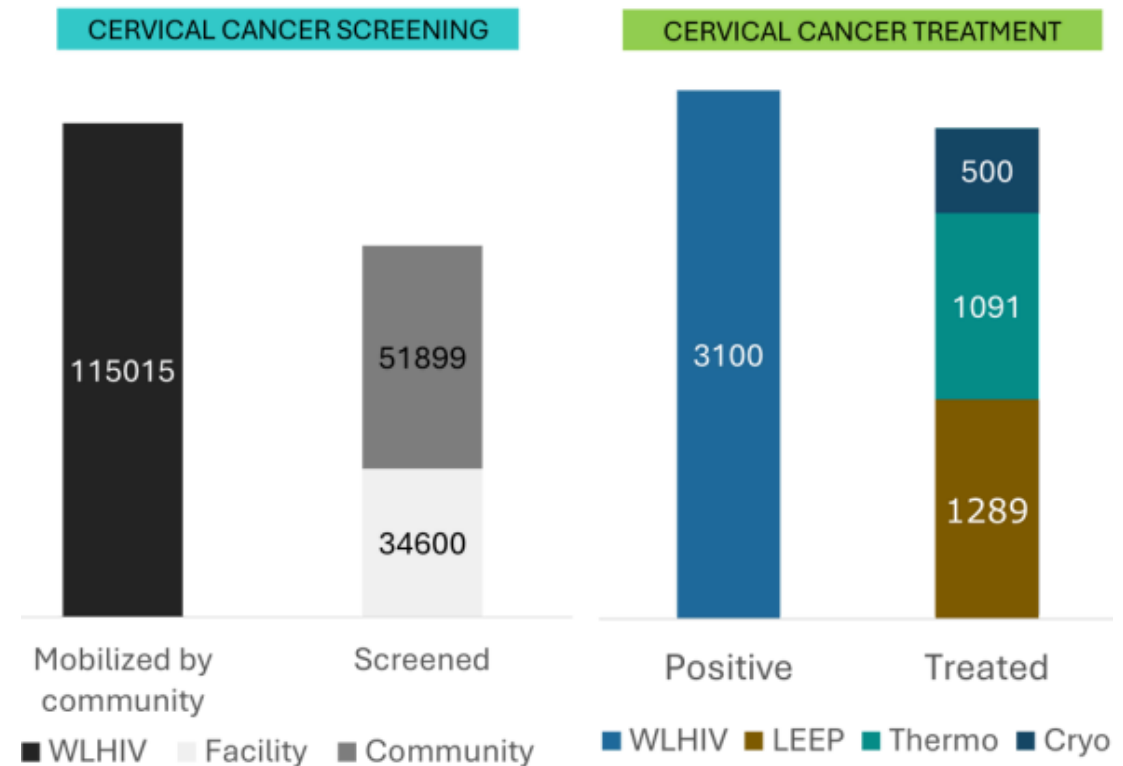
Background: Cervical cancer is the most common cancer in women in Zimbabwe with approximately 3,000 cases diagnosed annually. In 2019, only 20% of women had access to cervical cancer screening.

Description

- The Ministry of Health and Child Care and JF Kapnek Zimbabwe, a local NGO, are implementing the Target, Accelerate, Sustain Quality Care for HIV epidemic control, (TASQC program) in 6 districts in Masvingo province.
- Visual Inspection with Acetic Acid is offered to women living with HIV targeting the 25 to 49 years age group. Services are provided daily at 20 health care facilities while 150 facilities and health posts are visited quarterly for outreach services.

Results

- 86,499 VIAC screenings were done (April 2022-August 2024) reaching 119% of the target
- Over 40% of all screenings were done at community level
- 115,105 clients were mobilized for VIAC by community volunteers. VIAC positivity was 6% at the facility level, and 5% at the community level (not statistically significant).
- Treatment coverage was 85%



CONCLUSIONS: Community based cervical cancer screening increases access. Resources need to be availed to ensure more access to vulnerable women.



Person-centric models for HIV and mental health care integration: evaluating horizontal service delivery for HIV positive people who inject drugs in Abuja, Nigeria. Abstract 817.

[View poster](#)

Objective: To assess the impact of integrating HIV and mental health services for people living with HIV who inject drugs, with a focus on person-centered approaches, to inform better healthcare practices and policies.

Methods:

- Cross-sectional study to obtain responses from 92 randomly sampled people living with HIV who inject drugs in Abuja, Nigeria in January 2025 using a validated 36-item questionnaire from two secondary healthcare facilities.
- Access to services, experiences with integrated care, barriers, challenges and future perspectives were assessed.
- Descriptive and inferential analyses were used to summarize the study's findings.

CONCLUSIONS: Majority of people living with HIV who inject drugs reported improved health outcomes, reduced stigma, and better treatment adherence with integrated care models. Need for enhanced training of healthcare workers.

Results:

- Majority of 88.4% (61/69) believe that integrated care improves their overall health and well-being and 37.7% experienced reduction in stigma or discrimination since accessing integrated care.
- 91.3% believe integrated care can improve their ability to stick to treatment regimens.
- 75.4% feel that healthcare workers are not adequately trained to provide integrated care.
- A total of 69 individuals responded, yielding a response rate of 76.7%.

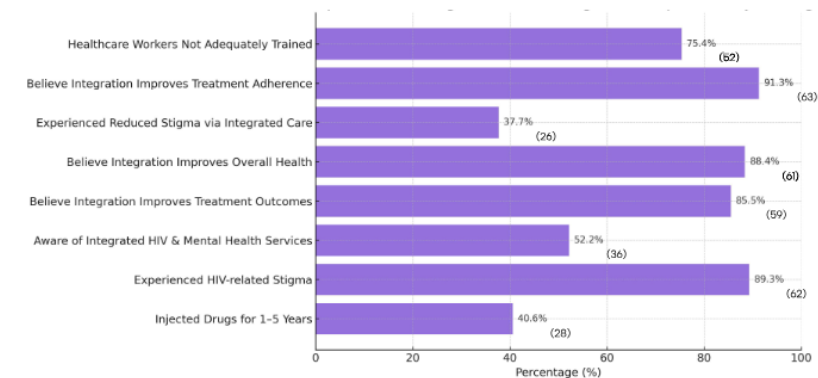


Fig. 1: Perspective on integrated care among HIV+ people who inject drugs

Comparing the impact of pick-up point type on adherence to laboratory monitoring guidelines for HIV and diabetes in South Africa's Central Chronic Medicine Dispensing (CCMDD) programme. Abstract 4.

No poster available

Background: South Africa's CCMDD programme pre-packs medication for clinically stable people living with chronic conditions for collection at community- or clinic-based 'fast-track' pick-up points.

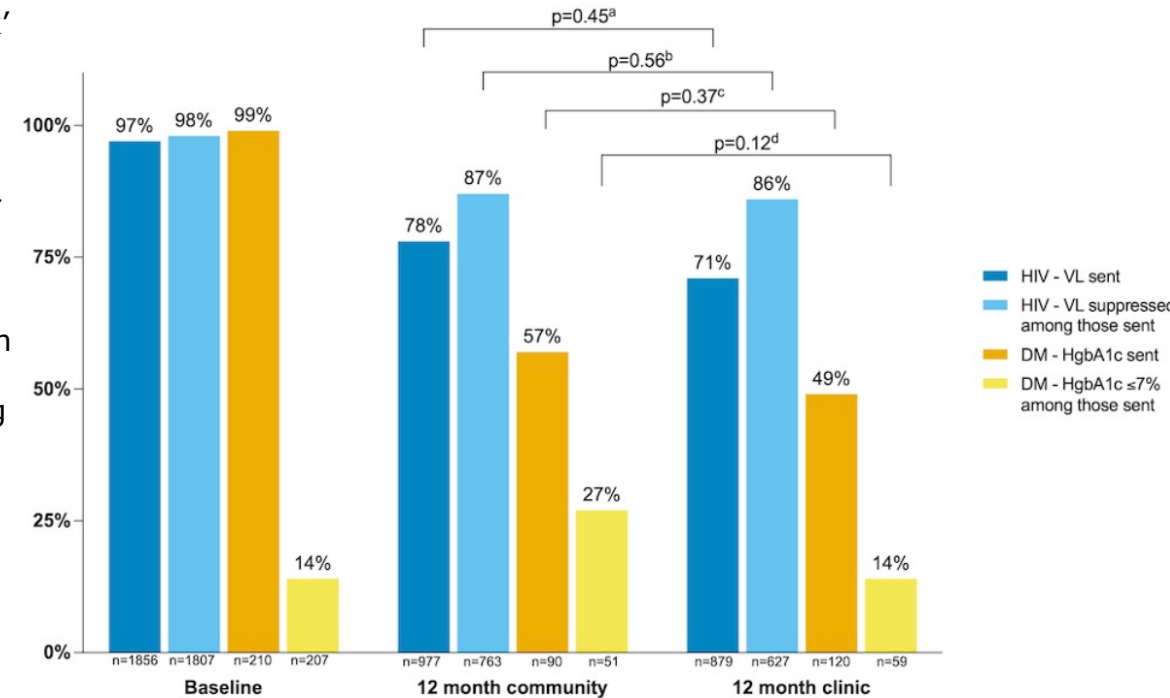
Objective: To assess whether the type of pick-up point was associated with adherence to laboratory monitoring recommendations for HIV and diabetes mellitus (DM).

Methods

- Two observational cohorts of adults at time of CCMDD enrollment in Umlazi, KwaZulu-Natal:
 - HIV cohort from 8 public sector clinics (CCMDD-eligible if on ART 1 year and virologically suppressed)
 - DM cohort from a public hospital-based clinic (CCMDD-eligible if HbA1c =7% in past 6 month).
- Assessed adherence to CCMDD eligibility criteria at baseline and laboratory monitoring guidelines at 12 months, focusing on pick-up point type (community vs. clinic), using multivariable regression models.

Results:

- 1,856 participants in HIV cohort: 67% female, median age 36y (IQR 30-43). 1,774 (96%) had a suppressed viral load at CCMDD enrollment. 53% chose community ART pick-up. 75% had a 12-month viral load measurement.
- 210 participants in DM cohort: 67% female, median age of 59y (IQR 50-65). 13% had HbA1c =7% at CCMDD enrollment, 43% opted for community pick-up, 52% had a 12-month HbA1c measurement.
- For both cohorts, opting for community (vs. clinic) pick-up point was not associated with having a laboratory measurement or meeting guideline criteria at 12 months (Figure).



CONCLUSIONS: Adherence to baseline eligibility and 12-month laboratory monitoring guidelines was better for HIV than diabetes. Choice of pick-up point (community vs. clinic) was not associated with adherence to monitoring guidelines.

Improving the quality of the centralised chronic medicines dispensing and distribution (CCMDD) programme - dormant list actioning in Thabo Mofutsanyana district in the Free State. Abstract 1093.

No poster available

Background: The CCMDD programme in South Africa provides pre-packed chronic disease refills for clinically “stable” people.

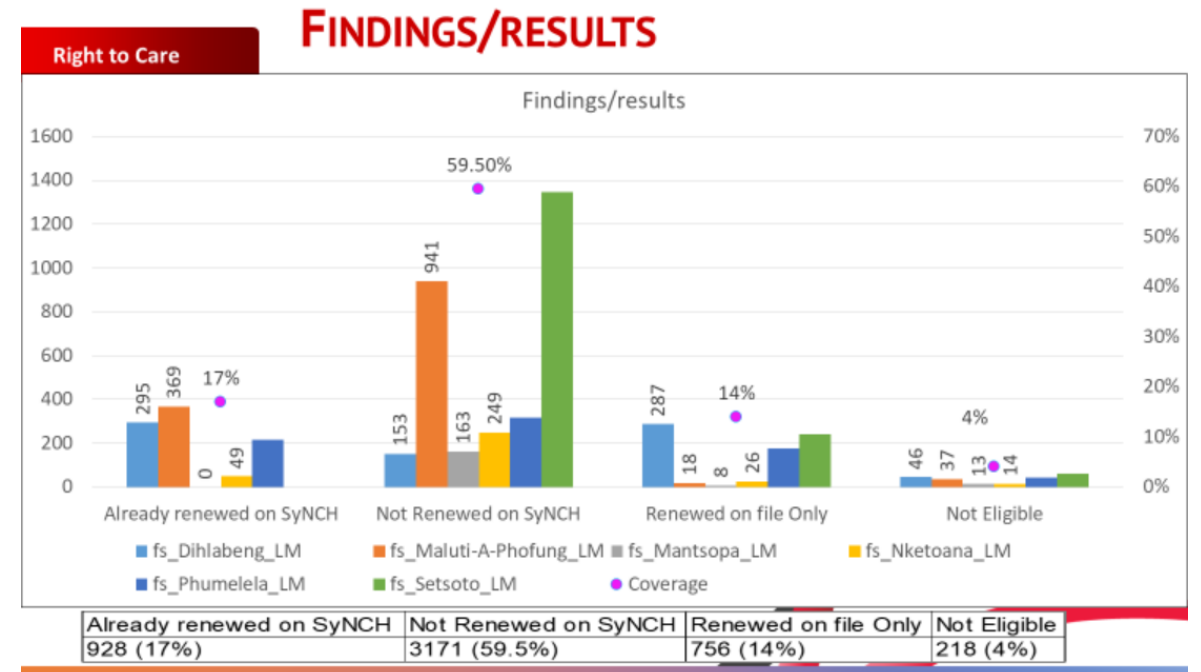
Objective: To establish reasons for CCMDD clients missing their appointments and interventions implemented in Thabo Mofutsanyane district.

Methods:

- Operational study of file audits for CCMDD clients, April and June 2024, using the dormant list report, from the service provider in the respective facilities.
- Dormant list was checked against Synchronised National Communication in Health (SyNCH) and Tier.Net to verify the client status, and outcome was recorded and submitted to the service provider to update client records.

Results:

- Of the 5332 files audited, 1745 (34%) were already renewed on SyNCH, 3171 (59%) clients had eligible prescriptions that were not renewed.
- 756 (24%) clients had prescriptions renewed on facility file only, while 254 (5%) clients were no longer eligible for CCMDD.
- Only 35 (0.6%) were confirmed lost to follow up.
- Interventions implemented included renewing of 1414 prescriptions that were still eligible, 972 clients were booked for script renewal, 14 clients were referred for tracing, 25 deregistered and 395 deactivated from CCMDD.



CONCLUSIONS: Majority of prescriptions were not renewed on time. Interventions in facilities should focus on improving prescription renewal and improving utilization of the Synchronised National Communication in Health (SyNCH) to improve retention.



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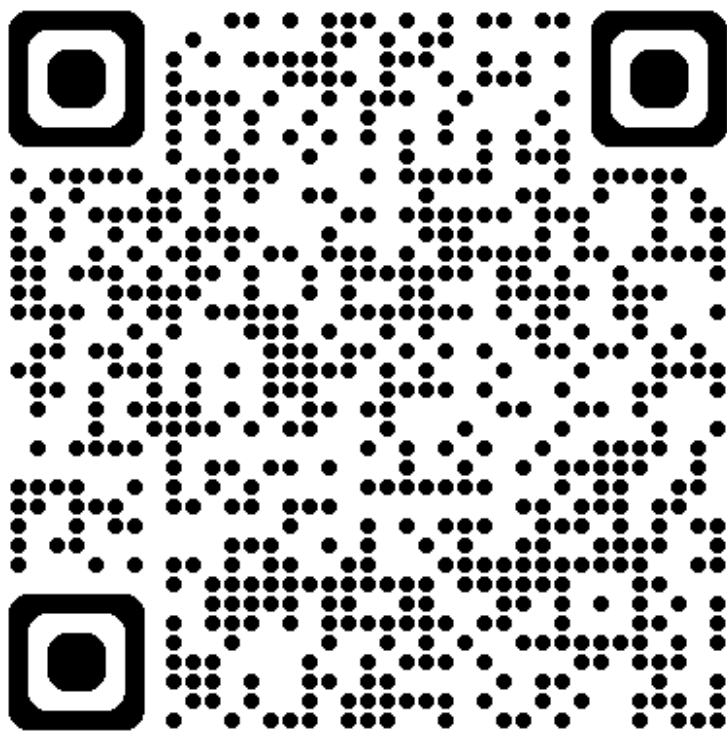
JIAS supplement: Differentiated service delivery – beyond HIV treatment for integration and other health needs

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Differentiated service delivery – beyond
HIV treatment for integration and other
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Guest Editors: Anna Grimsrud, Charles B. Holmes, Linda Sande
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EDITORIAL

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

Anna Grimsrud^{1,§} , Charles B. Holmes²  and Linda Sande³

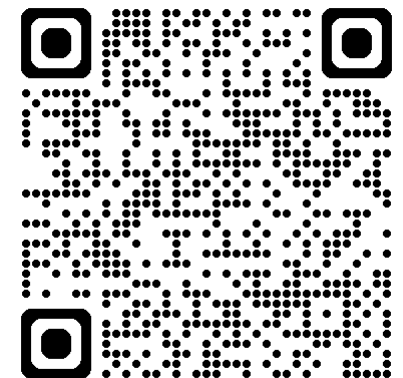
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“It is so easy to break down and destroy. The heroes are those who make peace and build.”—Nelson Mandela

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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“...**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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5. DSD for specific populations

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Enhancing retention in HIV treatment through Differentiated Service Delivery: an observational cohort of Key Populations on HIV treatment in 7 districts of Zambia.

Abstract 4479.

No poster available

Background: USAID Controlling HIV Epidemic for Key and Underserved Populations (CHEKUP) project implements a DSD model where key populations receive HIV treatment services at community-based Wellness Centres and through referrals to static Ministry of Health (MoH) facilities.

Objective: To examine retention outcomes for key populations receiving care at Wellness Centres compared with MOH facilities in 7 districts of Zambia.

Description:

- Observational cohort analysis evaluated 12-month (October 2023 to September 2024) retention among key population clients initiated on HIV treatment between October 2022 and September 2023.
- Data were disaggregated by key population
- For those not retained, treatment outcomes were categorized as died, lost to follow-up (LTFU), transfer out, or stopped treatment.

Results:

- Retention was significantly higher among key populations accessing treatment at Wellness Centres compared to MoH facilities: Overall retention rate was 90% (565 initiated, 511 retained)
 - 90% for female sex workers (393 initiated, 358 retained)
 - 89% for men who have sex with men (133 initiated, 118 retained)
 - 90% for trans people (39 initiated, 35 retained).
- At MOH facilities, overall retention rate was 61% (1,388 initiated, 885 retained):
 - 66% for female sex workers (878 initiated, 580 retained)
 - 59% for men who have sex with men (394 initiated, 234 retained)

CONCLUSIONS: Higher retention rates observed among key population clients receiving treatment at Wellness Centres highlight effectiveness of community-based DSD models in providing convenient, client-centered, stigma-free treatment services.



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Exploring the relationship between multi-month dispensing of ART on viral load coverage and suppression among children living with HIV in USAID/PEPFAR-supported country programs. Abstract 5775.

[View poster](#)

Background: Multi-month dispensing (MMD), which provides a 3+ month ART supply, reduces the logistical burden on families of children living with HIV.

Objective: This study hypothesized that pediatric MMD, viral load coverage (VLC), and suppression (VLS) would increase at USAID/PEPFAR-supported facilities during the study period.

Methods:

- Analysis of routinely-collected pediatric (<15 years) PEPFAR data (FY2022-2024), which are reported at the facility level.
- Key facility-level measures included: 3+MMD (proportion of CLHIV on ART receiving an ART supply of =3-months); proxy VLC (number of CLHIV on ART with a viral load result documented in a given quarter / number of CLHIV on ART two quarters prior); and VLS (number of CLHIV with a suppressed viral load <1000c/mL / number of CLHIV with a viral load result).

Results: Analysis included 8383 facilities from 22 countries.

Increases in overall mean 3+MMD (54.9% in FY2022 to 70.2% in FY2024), proxy VLC (74.0% to 85.6%), and VLS (83.7% to 88.9%)

Median 3+MMD increased from 61.1% (interquartile range (IQR) 20.0-87.8) in FY2022 to 80% (IQR 50-100) in FY2024, proxy VLC increased from 75% (IQR 50.0-97.1) to 87.5% (IQR 68.8-100), and VLS increased from median 88.9% (IQR 75-100) to 95.5% (IQR 83.3-100) (Figure).

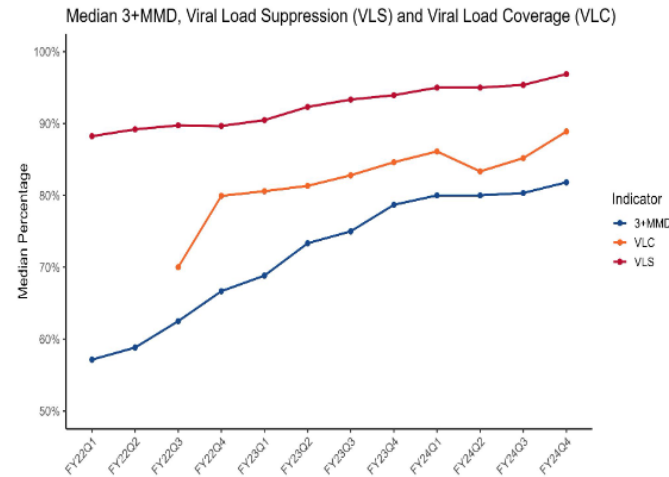


Figure 2: Median 3+MMD, Viral Load Suppression (VLS), and Proxy Viral Load Coverage (VLC) for 22 Country Programs

CONCLUSIONS: 3+MMD, proxy VLC, and VLS increased from FY2022-FY2024 in USAID/PEPFAR-supported facilities. No evidence that scaling up 3+MMD negatively impacts proxy VLC or VLS.



“With a year's supply of medication, I feel secure and in control of my health”: Experiences of Multi-Month Dispensing Models Among Migrant Populations in Mozambique (January-April 2024). Abstract 4628.

No poster available

Background: In 2019, health authorities in Gaza Province, Mozambique, started a pilot program for 6- and 12-month dispensing (MMD) of ART in selected health facilities for migrant clients living with HIV.

Objective: To explore client and healthcare provider perceptions regarding the 6MMD and 12MMD ART models in Gaza Province, Mozambique.

Methods:

- 44 semi-structured interviews, Feb-April 2024, with 25 migrant clients living with HIV and 19 healthcare providers across 11 health facilities that implementing the MMD dispensing in Gaza Province
- Thematic analysis was used to identify key facilitators, barriers, and outcomes of MMD.

CONCLUSIONS: 6MMD and 12MMD have shown potential to improve HIV treatment access in high-mobility populations by reducing financial and logistical barriers while maintaining adherence.

Results:

- Both 6MMD and 12MMD models were widely regarded as effective by clients and healthcare providers
- Clients cited reduced transportation costs, fewer clinic visits, and better alignment with work schedules as key benefits, improving their adherence and retention in care
- Healthcare providers reported reduced patient volume, enabling them to deliver more personalized care and manage other clinic responsibilities effectively. They also perceived that these models enabled clients to take their medication without missing out on access to care at the facilities.
- Critical facilitators: awareness campaigns, professional training, and the availability of ART supplies.
- Challenges: migrants often missed viral load testing due to travel or insufficient follow-up mechanisms; women faced limited integration of MMD with family planning and cervical cancer screening services; and some clients expressed concerns about extended intervals between clinical evaluations, highlighting the need for enhanced support systems.



IAS 2025

Revolutionizing HIV care for Women: The power of person-centered differentiated models. Abstract 1793.

No poster available

Objective: To evaluate the impact of a support group-led Facility ART Refill Group (FARG) and Community ART Refill Group (CARG) on viral suppression, retention in care, and quality of life among women living with HIV in a secondary health facility in South-West Nigeria.

Methods: Mixed-methods approach

- Quantitative Analysis: Retrospective review of patient records (TX_CURR, 2022) to assess viral suppression and retention
- Onsite assessment: Vital signs (e.g., weight, BMI, blood pressure, blood sugar) and clinical indicators (e.g., viral load results, pill count) were measured during bi-annual refills and compared to baseline values.

Results

- Community ART Refill Groups (CARG): 98% sample collection, 98% coverage, 97% viral suppression.
- Facility ART Refill Groups (FARG): 98% sample collection, 98% coverage, 98% viral suppression.
- No DSD: 82% sample collection, 76% coverage, 83% viral suppression.
- Onsite assessment showed that 99% of the women in CARG and FARG looked healthier and had better clinical outcomes than other women not assigned to a DSD model.

CONCLUSIONS: FARG and CARG models demonstrated improved retention and viral suppression, showcasing the effectiveness of person-centered, community-linked interventions.



Leveraging Differentiated Service Delivery (DSD) models to Improve and Sustain HIV care services in Burundi Military Settings. Abstract 2833.

No poster available

Background: DSD models were introduced in military healthcare settings in Burundi starting in 2022, aiming to improve and sustain access to HIV prevention, care, and treatment services.

Objective: To evaluate the access, data on pre-exposure prophylaxis (PrEP) uptake, and viral load (VL) coverage and suppression of clients receiving care through DSD models in military healthcare settings.

Description

- Retrospective secondary analysis of programme data from the Department of Defense, collected between October 2019 and September 2024 from 9 military sites
- Programme targeted military personnel and their families through three main DSD approaches including community adherence groups (CAGs), outreach services, and facility-based adherence groups.
- Expansion of these care models was accelerated during the COVID-19 pandemic, under the guidance of the ministry of health, to ensure the continuity and quality of services.

Lessons learned

- By 2024, 98% (n=4,215) of PLHIV in these facilities, (2,551 (61%) were women), were enrolled in DSD models:
 - 2,030 (48%) in CAGs, 888 (21%) in outreach services, 1,297 (31%) in adherence groups.
- These approaches increased access to VL testing, from 66% in September 2019 (pre-COVID-19) to 92% in 2021 and was sustained at 95% by September 2024.
- Viral suppression improved from 91% in 2019 to 97% in 2021 and remained stable thereafter.
- PrEP implementation, initiated in 2022 with 140 clients, steadily expanded, reaching 336 new initiations by 2024.

CONCLUSIONS: DSD models in military settings can enhance HIV prevention and treatment care outcomes. The decentralization and integration of differentiated community-based services remain crucial.



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Quality of HIV Services Offered to GBTQ Persons In Differentiated One-Stop-Shop (OSS) Clinics in Lagos State, Nigeria. Abstract 5224.

No poster available

Background: The study assesses the quality of HIV services for individuals identifying as gay, bisexual, trans or queer (“GBTQ”) in Lagos One-stop-shop (OSS) clinics, identifying gaps, biases, and service deficiencies.

Methods:

- Mixed-method study: Data was collected via Google forms and focus group discussions, using snowball sampling.
- Study explored service utilization, quality, gaps, and biases, providing recommendations for service improvement.

Results:

- Involved 215 respondents accessing HIV services at One-Stop-Shop (OSS) clinics in Lagos State, Nigeria.
- Most respondents (46.5%) were aged 21–25, and 51.6% identified as cis-male. Regarding sexual orientation, 52.1% identified as gay and 41.4% as bisexual. A majority (55.8%) had tertiary education, while 37.2% were employed.
- HIV services were utilized by 85.2% of respondents, with HIV testing (64.7%), information (60%), and condom/lubricant distribution (59.1%) being the most accessed. Quality assessments found 54% agreed services were accessible, 45.1% found scheduling efficient, and 28.8% rated care at 4/5.
- Identified challenges included delays in services (19.1%), lack of GBTQ-specific knowledge (40%), and staff shortages (34.9%).
- Respondents recommended hiring more staff, improving service friendliness, and expanding clinic access to address biases and enhance service delivery.

CONCLUSIONS: While OSS clinics play a vital role, challenges persist, including accessibility issues, service inefficiencies, and stigma. Improved staffing, extended service hours, and cultural competency training are recommended to enhance care delivery.



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6. Community-led interventions and monitoring

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Outcomes from a community-led monitoring (CLM) intervention in Malawi and South Africa. Abstract 3896.

[Watch session and slides](#)

This study focuses on how CLM leads to concrete changes in service uptake or health outcomes.

Methods: Community-led organizations systematically collected data on HIV prevention and treatment services from 33 health facilities in Malawi and South Africa between November 2020 and October 2024. Data and outcomes were compared outcomes at CLM sites with the other health facilities

Results:

- Recipients of care at CLM sites were more likely to initiate pre-exposure prophylaxis compared to other facilities.
- Pregnant women at CLM sites were twice as likely to deliver in the health facility, reducing the risk of vertical transmission.
- The CLM sites were also more likely than non-CLM sites to find and diagnose adolescent girls and young women (AGYW) living with HIV.
- More intensive CLM was associated with improved service coverage and health outcomes.
- At CLM sites with additional resources for community scorecards, community mobilization, and community dialogues, people living with HIV were six times more likely to access treatment through a differentiated service delivery model.
- People at the intensive CLM sites were twice as likely to be virally suppressed compared to the standard CLM intervention.

TABLE. Odds Ratio for DSD Access Based on Exposure to DSD Strengthening Interventions, December 2023 (6.79 OR 95% CI 6.04-7.63)

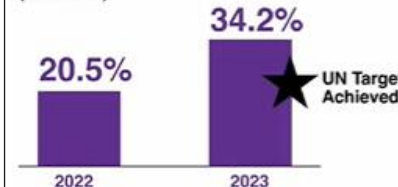
	Facilities with DSD strengthening interventions	Facilities without DSD strengthening interventions
People accessing ART through a DSD model	2,290	334
People accessing ART through standard care	17,389	17,221

FIGURE Number of people who were virally suppressed (< 0-199 copies/ml or undetectable) at CLM sites with and without DSD strengthening interventions, 2023

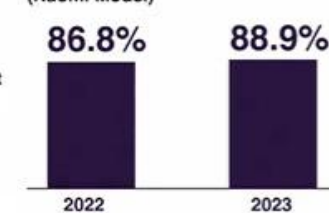


In Malawi, DSD coverage and viral load suppression improved.

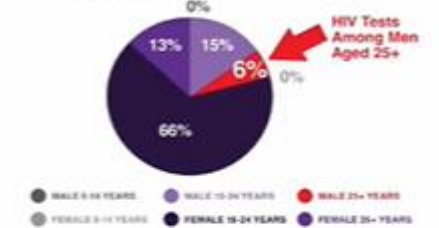
Percentage of HIV tests delivered by community-led organizations, West Rand (CLM data)



Percentage of men aged 25-34 years living with HIV who know their status, West Rand (Naomi Model)



HIV Tests by Age and Sex at 15 Government Health Facilities in West Rand, 2022 (n=98,410 tests)



HIV Tests by Age and Sex at 4 Community-Led Health Facilities in West Rand, 2022 (n=20,191 tests)



In South Africa, men preferred community-led HIV testing sites. After prioritization of those services, community-led HIV testing at monitored sites increased from 20.5% (2022) to 34.2% (2023). As a result, more men living with HIV know their status (in West Rand region: 86.8% in 2022, 88.9% in 2023).

CONCLUSIONS: It is possible to evaluate CLM interventions using rigorous scientific methods. Identifying a control group can be helpful to demonstrate the effectiveness of CLM.



Advancing HIV Service quality through community-led monitoring system in Chiang Mai, Thailand. Abstract 2707.

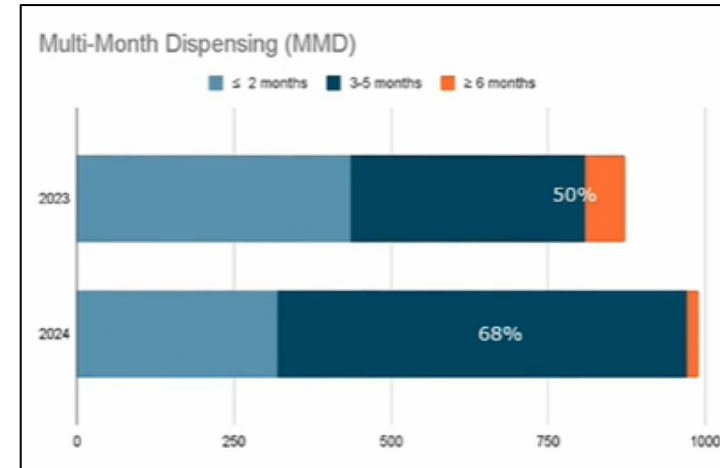
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Description: In Chiang Mai, Thailand, a people-centered CLM system was launched in January 2022. It aims to improve HIV service delivery by collecting and analyzing data on service quality and clients' satisfaction through structured feedback tools, surveys and interviews.

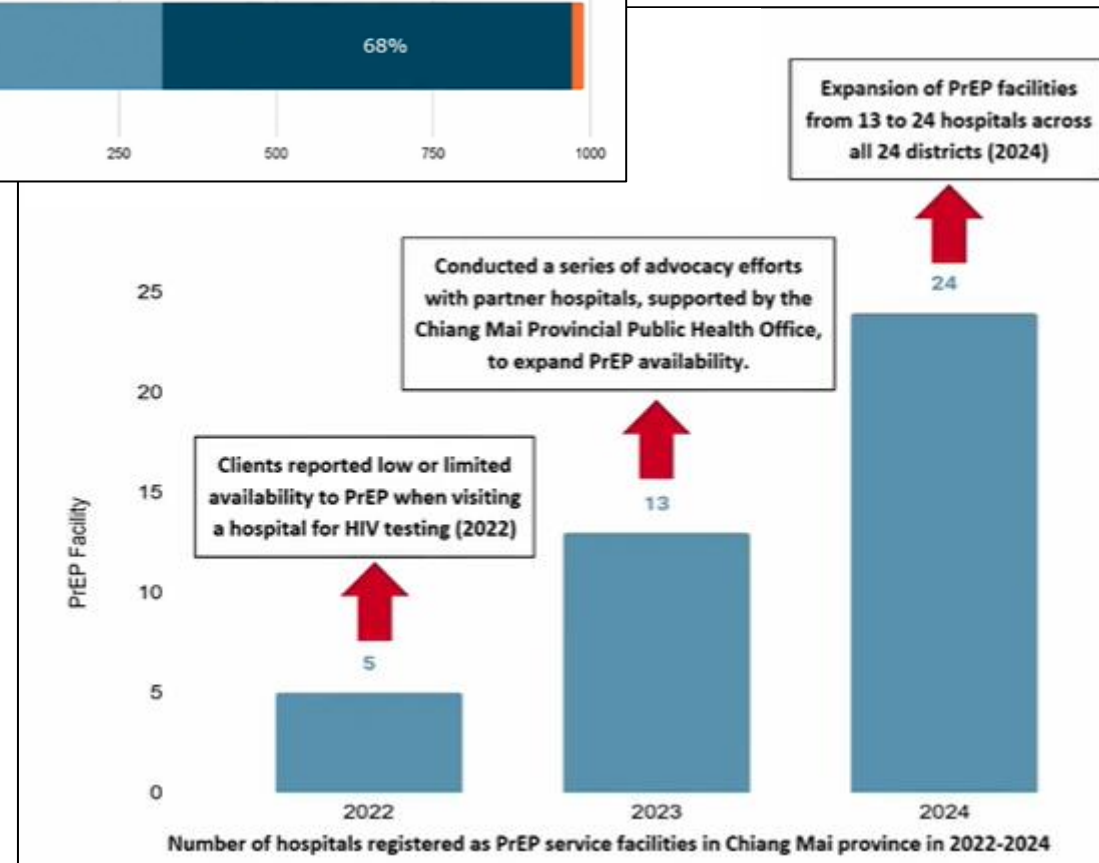
CLM Results	Outcomes
Clients reported low or no access to PrEP in many hospitals. (2022)	Expansion of PrEP facilities from 13 to 24 hospitals across all 24 districts. (2023)
PLHIV felt that multi-month dispensing (MMD) was not offered to them by providers (2022)	Provincial Health Office-led strategy to scale up 6-month MMD at 24 hospitals. (2024)
PLHIV reported that U=U was not integrated in counseling. (2023)	Provincial Health Office launched a comprehensive U=U campaign. (2024)

CONCLUSIONS: CLM is vital in creating a participatory environment where at-risk populations monitor and review HIV services.

Through the implementation in Chiang Mai during March 2022 - November 2024, CLM improved PrEP service availability to cover all districts in the province, reduced travel burden for ART refills for clients living with HIV, and increased awareness of U=U (Undetectable=Untransmittable) among the public, at-risk population communities, and service providers. With standardized tools and community leadership, CLM proves to be an effective and scalable process to enhance HIV service quality in multiple provinces.



[Watch session and slides](#)





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Lessons from South Africa: Impact of funding cuts on service delivery (satellite presentation)

[Watch session and slides](#)

Ritshidze: CLM programme in South Africa

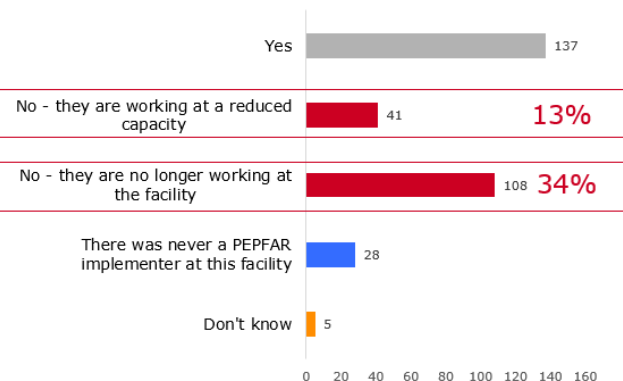
Data collected between April and June 2025 in 353 facilities across 17 districts

Key results:

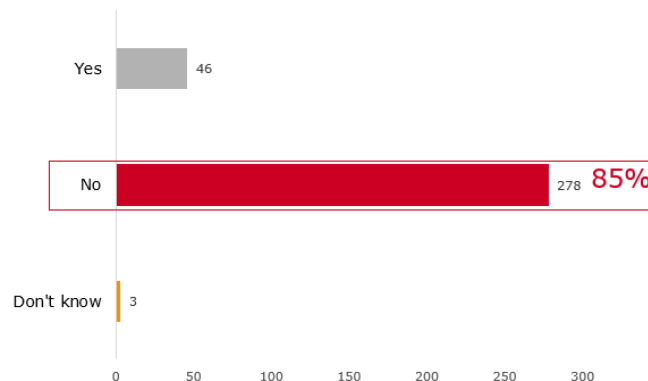
1) Facility staff

- 47% of facility staff surveyed reported reduced capacity after PEPFAR disruptions
- Facility staff surveyed report negative impact on viral load testing and routine clinical consultants after PEPFAR withdrawal

Is the PEPFAR implementing partner working as usual?



Facility manager: does the facility have enough staff?



2) Public healthcare users

- 22% of public healthcare users reported longer delays than before PEPFAR disruptions
- 48% of patients surveyed reported not being offered HIV testing when attending a health facility
- Among patients surveyed: Less friendly services since January in KZN, Mpumalanga and the Free State

3) People living with HIV

- People living with HIV reported: 69% increase in 1-month ARV supply, 15% decrease in 3-month supply and no implementation of 6-month supply despite commitment
- People living with HIV reported: 37% reduction in external pick-up points, 19% increase in facility pick-up points

Among people living with HIV surveyed: 35% said it took longer to collect their ART refill parcel after PEPFAR disruptions

CONCLUSIONS:



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8. Late breaking science on the impact of funding cuts

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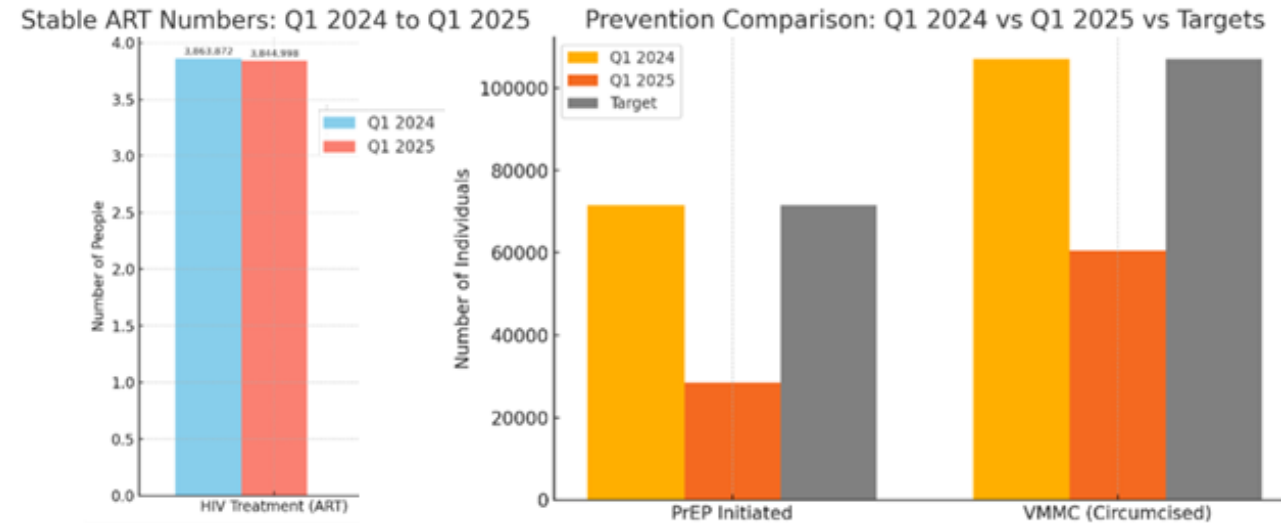
Assessing the Impact of USG Funding Cuts on Zambia's HIV Programming: A Retrospective Review of PrEP and VMMC Uptake (2024–2025). Abstract: 6578.

[Watch session and slides](#)

A retrospective analysis of secondary data from DHIS2 in Zambia, the Ministry of Health's national data system, was conducted to assess **uptake in oral PrEP and VMMC services**, comparing **Q1 2024 to Q1 2025**.

Key results

- Between January-March 2024 and the same period in 2025, the number of individuals on ART declined marginally (by 0.5%).
- In contrast, oral PrEP initiations declined by 60.6% and VMMC services by 43.4%.



CONCLUSIONS: USG funding cuts have disrupted Zambia's HIV prevention programs, particularly in USAID-supported provinces, leading to reduced uptake of PrEP and VMMC, threatening broader epidemic control.



IAS 2025

Modelling the impact of cuts in PEPFAR funding for HIV pre-exposure prophylaxis among key populations in sub-Saharan Africa. Abstract: 6731.

[Watch session and slides](#)

Background:

- Before the cuts, PEPFAR accounted for >90% of global oral PrEP initiations. PEPFAR waiver for PrEP is only for pregnant and breastfeeding women.

Model:

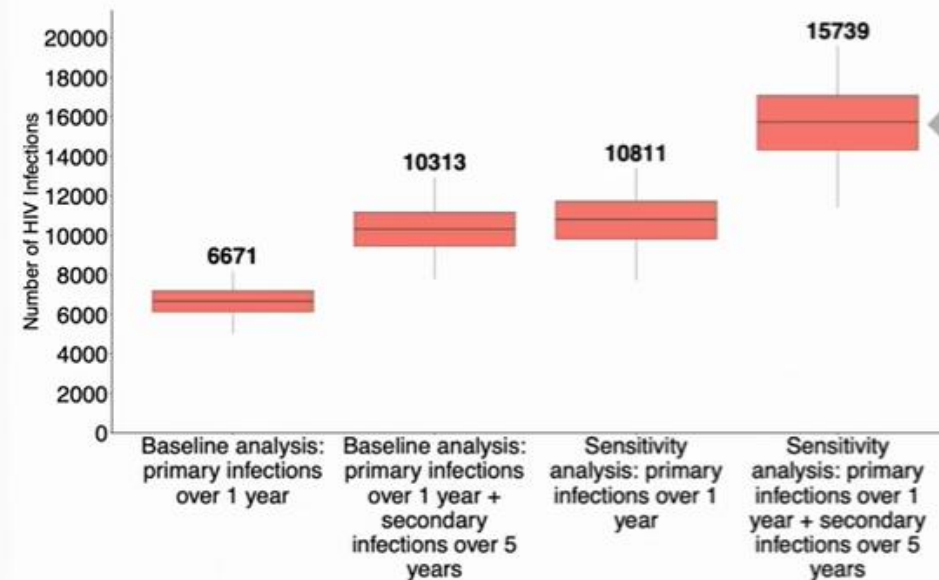
- Static model to estimate the short-term impact of ceasing PEPFAR funding for PrEP for everyone except pregnant and breastfeeding women.
- Model estimates: coverage, primary infections (1 year) and secondary infections (5 years)

Results:

Removal of PEPFAR's provision of PrEP for one year:

- would take approximately 700k individuals from using PrEP in sub-Saharan Africa
- would lead to 6,671 additional new HIV acquisitions. 85% of these will occur among KP.
- <3% increase in HIV acquisitions among KP, due to low coverage.

Increase in new HIV infections



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Account for secondary infections & potential under-reporting of MSM

CONCLUSIONS: Mitigation measures, including funding through alternative international donors or domestic government budgets, are needed to prevent the detrimental impact of PEPFAR's funding cuts for PrEP, particularly in high coverage countries.



IAS 2025

The impact of the U.S. funding interruption on HIV services and the HIV epidemic in Mozambique. Abstract: 6810.

[Watch session and slides](#)

Background: U.S. covering approximately 93% of the Mozambique's expenses, mainly through PEPFAR and the Global Fund

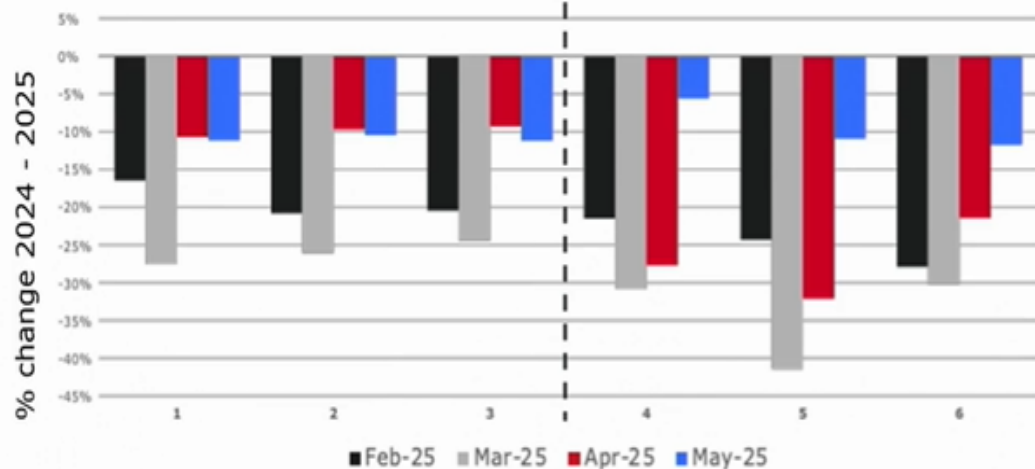
Results: Impact on HIV service provision

For adults

- Tests performed: 38% reduction (37,010)
- Tests received: 37% reduction (27,656)
- Viral suppression: 33% reduction (22,043)

For children

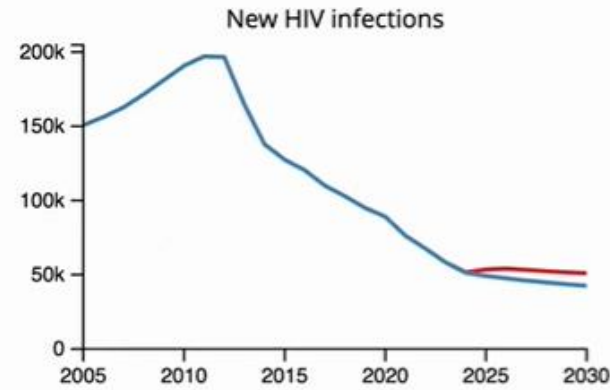
- Tests performed: 44% reduction (2,348)
- Tests received: 71% reduction (2,707)
- Viral suppression: 43% reduction (1,263)



→disproportionate impact on paediatric population

Modelled impact on HIV epidemic

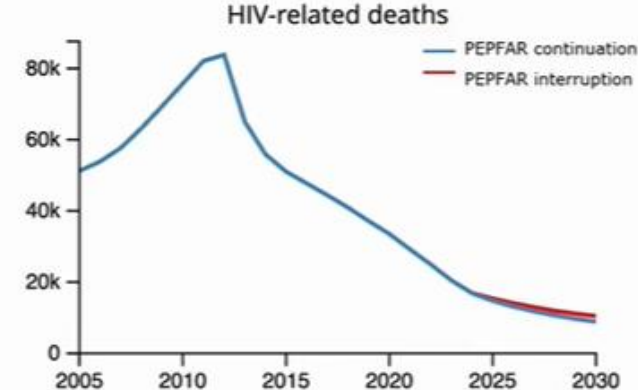
Estimated increase of 83,000 new HIV infections (15%) by 2030



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Estimated increase of 14,000 HIV-related deaths (10%) by 2030



Source: Optima HIV model

CONCLUSION: The findings highlighted the immediate negative impact of the U.S. funding freeze on HIV service outcomes and the potential alarming effect on the HIV epidemic, in case the funding interruption is sustained.



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Termination of the USAID APACE award in Johannesburg, South Africa: Impact on the number of people living with HIV tested, diagnosed and initiated on anti-retroviral therapy (ART) (January-March 2023-2025). Abstract 6823.

No poster available

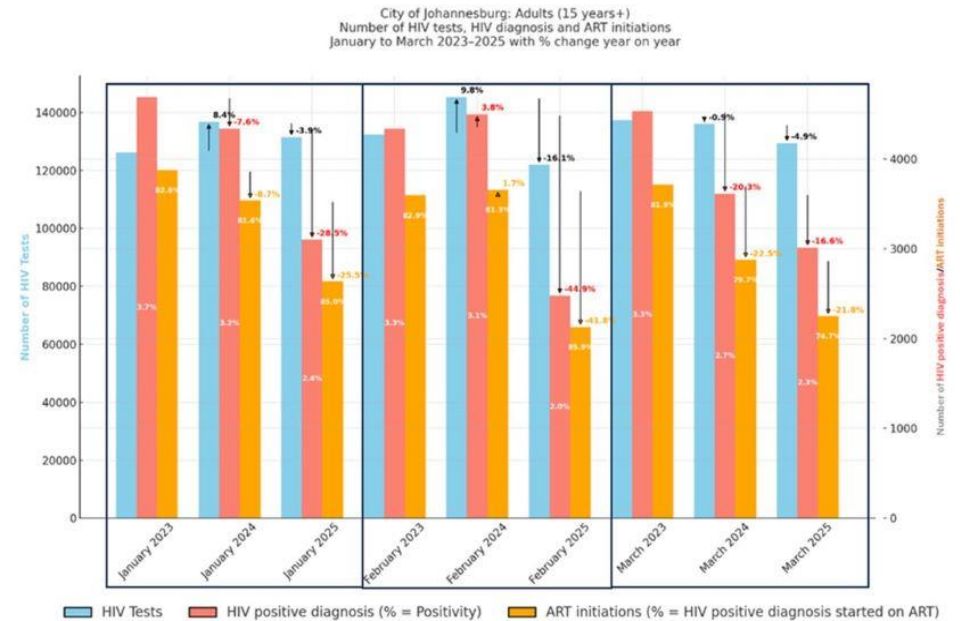
Background: The purpose of APACE was to support the Department of Health to achieve the 95-95-95 goals in Johannesburg District (JHB), with an estimated 623,200 adults living with HIV. APACE activities in JHB ceased immediately following the Stop Work Order on 21st January.

Methods: Routine indicators—HIV tests, HIV positive diagnoses, and ART initiations—were compared across Q1 2023 to 2025 to account for seasonal variation.

Results

- **HIV testing decreased by 8.5% from Q1 2024 to Q1 2025, with a 31% reduction in HIV diagnosis and 30% reduction in ART initiations.**

- HIV positivity declined from 3% to 2.2% while the ART initiation rate remained stable at 81-82%.



CONCLUSIONS: With reduced funding for key healthcare workers, including counsellors, and services, testing and ART initiations have declined.



Impact of US-funding suspensions on HIV response in the Latin America and Caribbean region. Abstract: 6842.

IAS 2025

No poster available

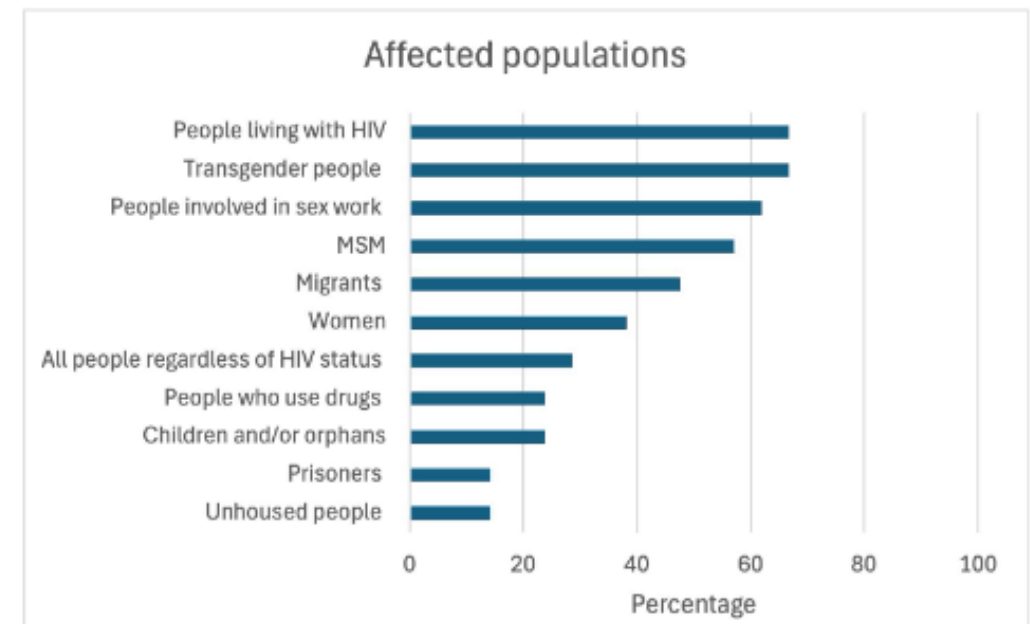
Background: in LAC, the majority of national HIV programs rely on donor funding to some extent, and PrEP was only available through foreign-funded programs in several countries.

Methods: online survey, from February 18–March 14, 2025, to HIV service organizations in the LAC region. 40 organizations from 13 countries provided data for this analysis.

Results:

- 56% of respondents reported receipt of US funding in the last year; of those, 87% had funds suspended.
- The median annual affected budget represented a median 46% of the organizations' annual budgets.
- The programs most frequently affected were sexual prevention programs, HIV testing services, psychosocial support, social services, gender-based violence prevention and clinical care, and HIV PrEP
- In total, 156,164 beneficiaries were estimated to lose access to HIV services provided by these organizations alone as a result of the funding freezes.

Figure 1: Most frequently affected populations by the US government funding freeze on HIV programming among a sample of HIV organizations in the Latin America & Caribbean region (n=21)



CONCLUSIONS: Suspensions of US foreign aid have led to drastic pauses and terminations of critical HIV prevention and care programs in LAC, though our survey likely underestimates the scale of the impact.



IAS 2025

Health system reliance and disruption: lessons from Mozambique's experience with the U.S. aid freeze. Abstract: 6920.

Background: Mozambique, the country with the third highest population of people living with HIV in the world, relies heavily on the U.S. fund which, in 2022, covered 93% of the country's expenses for HIV service delivery, mainly through PEPFAR.

Lessons learned:

- marked declines in key HIV service indicators in February 2025 compared to the same month of the previous year.
- In general, there was a 40% decline in peer-led outreach interventions enrollees, in ART initiations (34%) and re-initiations from (52%), and in tuberculosis screening coverage (16%).
- Among those on treatment, there was a decrease of 38% of viral load tests performed, 37% of test results received, and 33% of viral suppression.
- These viral load cascade indicators were worse in children (<15years), 44%, 71% and 43%, respectively, showing a disproportionate impact on paediatric population.

No poster available

CONCLUSIONS: The findings highlighted the critical role of U.S. funding in sustaining the HIV prevention and treatment services in Mozambique and exposed the country's system fragility. This episode underscores the urgency of building health systems that are both financially and operationally sustainable in the face of unpredictable donor landscapes.



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The impact of the USG funding freeze on PrEP implementation and continuity in Nigeria. Abstract: 6926.

[View poster](#)

This study evaluates the funding freeze's impact on CAB-LA roll-out, oral PrEP service provision, and national PrEP data reporting infrastructure.

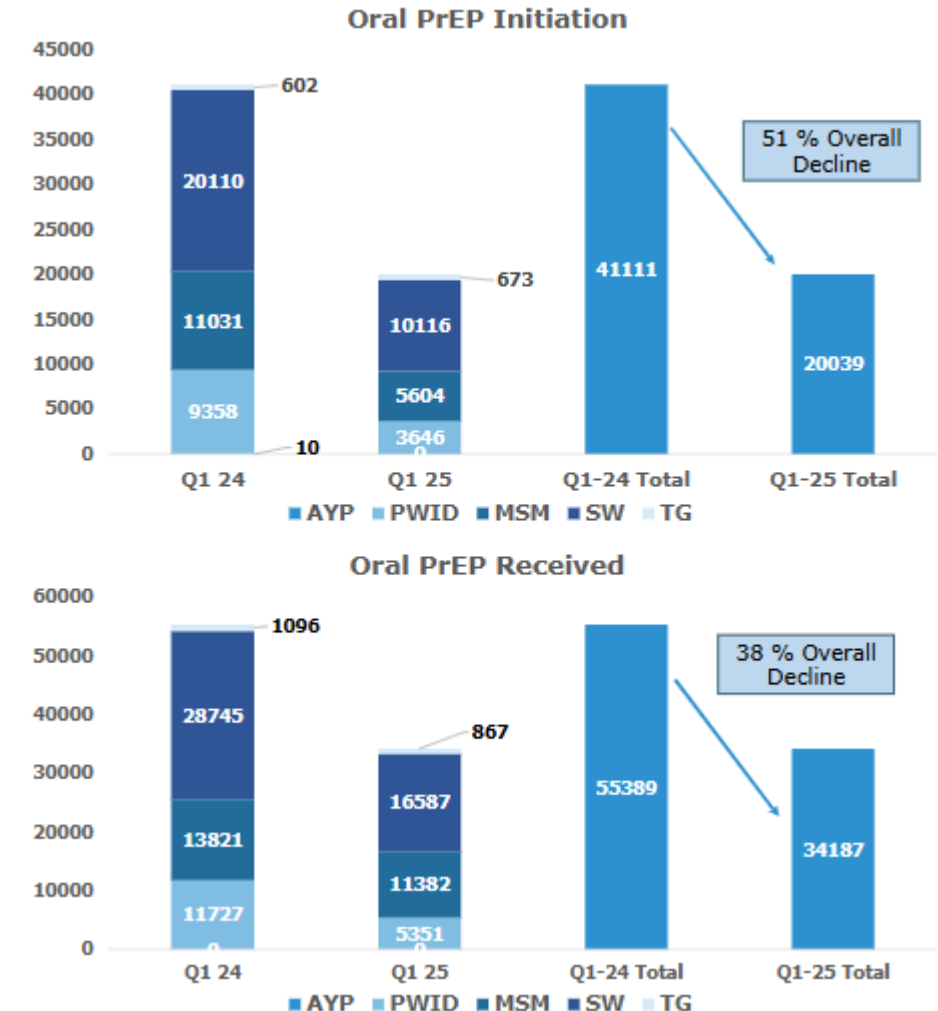
Methods:

- Stakeholders consultations between January-March 2025
- Program reports and service delivery data from January 2024 to March 2025

Key results:

- Between Q1 2024 and Q1 2025, new oral PrEP initiations among KPs declined by 51% and the total number of clients receiving PrEP dropped from 55,389 to 34,187.
- Approximately 95% of previously active KP-focused PrEP sites reported full (86%) or partial (14%) service suspension
- Qualitative findings show loss of trust among KPs - impeding prior demand generation efforts for PrEP delivery, increased stigma, and elevated HIV risk perception due to inconsistent and disrupted access.

CONCLUSIONS: The USG funding freeze disrupted PrEP delivery in Nigeria, setting back progress in HIV prevention and highlighting the fragility of donor-dependent health programs.





IAS 2025

Satellite session - Building forward: Differentiated service delivery as a catalyst for sustained and integrated HIV services amid funding uncertainty

Description:

This session, organized by the DSD programme of IAS – the International AIDS Society - explored the consequences of the US foreign aid funding freeze on HIV service delivery and highlighted the resilience and leadership demonstrated by countries and communities in the face of this challenge.

It also provided a forward-looking discussion on opportunities for strengthening health systems through alternative funding mechanisms and diversifying financial support.

Presentations:

- [Welcome and framing remarks](#), Ingrid KATZ, GHSD/PEPFAR, United States and Maaya SUNDARAM, Gates Foundation, United States
- [Confronting a new reality for HIV service delivery](#), Anna GRIMSRUD, IAS, South Africa
- [Lessons from Zambia: DSD plans and agreeing on a minimum package](#), Suilanji SIVILE, Ministry of Health, Zambia
- [Lessons from Uganda: DSD plans and integration](#), Mina NAKAWUKA, Ministry of Health, Uganda
- [Lessons from South Africa: Impact of funding cuts on service delivery](#), Ndivhuwo RAMBAU, Treatment Action Campaign, South Africa
- [Lessons from Malawi: DSD plans and agreeing on a minimum package](#), Stephen MACHESO, Ministry of Health Malawi, Directorate of HIV, STI and Viral Hepatitis, Malawi



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9. Miscellaneous

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Decentralizing HIV care: Blockchain solutions for client data integrity and pharmaceutical supply chain resilience. Abstract 4291.

[Watch session and slides](#)

Background: Blockchain technology is revolutionizing HIV care by addressing critical challenges in data management and pharmaceutical supply chains. Its decentralized, tamper-proof architecture offers solutions to fragmented systems, privacy risks, and inefficiencies that undermine global treatment equity.

Lessons learned:

- Blockchain enhances data security, interoperability, and supply chain transparency.
- Key successes include adherence gains (25% in Kenya), error reduction (40% in the U.S.), and counterfeit drug mitigation (35% in Malawi).
- Challenges such as infrastructure gaps (e.g., rural internet access) and regulatory complexities (e.g., HIPAA compliance) demand hybrid models and public-private partnerships for scalability.

Conclusions: Blockchain's success in improving client adherence, reducing counterfeit drugs, and streamlining supply chains underscores its potential to revolutionize HIV programs globally. Scaling these innovations requires addressing infrastructure gaps (e.g., internet access in rural areas), regulatory alignment (e.g., HIPAA compliance), and stakeholder training.

Future efforts should prioritize hybrid blockchain models to balance transparency with compliance, foster cross-sector collaboration to expand solutions, and explore broader applications in chronic disease management and cross-border health data sharing.

By integrating blockchain with emerging technologies like AI, healthcare systems can unlock predictive analytics for supply chain optimization and personalized client care, positioning blockchain as a cornerstone of equitable, client-centered healthcare worldwide.