IAS

September 2026

Welcome to the third differentiated service delivery (DSD) newsletter of 2026 from IAS – the International AIDS Society. This edition spotlights the latest DSD discussions and science presented at AIDS 2026, the 26th International AIDS Conference.

Reflections on AIDS 2026 from a DSD perspective

By Irénio Gaspar, Director of the National STI, HIV and AIDS Control Programme, Ministry of Health (MISAU), Mozambique



AIDS 2026 made it clear that DSD is entering a defining period. As HIV programmes navigate financing transitions, changes in service delivery structures and persistent inequities, the question is no longer whether services should be differentiated, but how DSD can be used to protect the people and outcomes that matter most.

Across discussions on funding disruptions, prioritization and sustainability, one message came through consistently: DSD should not become shorthand for doing less. Instead, it should help programmes make better and more deliberate choices about how limited resources are used, according to clinical stability, vulnerability and individual needs, while protecting the essential services that sustain treatment continuity, prevention and quality of care. Discussions around TIER-Plus reflected this reality, highlighting the importance of

making prioritization decisions deliberately and transparently when resources are constrained.

For me, one of the clearest messages from AIDS 2026 was, therefore, that the next phase of DSD must be about differentiation for protection: protecting continuity, equity, quality and person-centred care while HIV programmes adapt to a changing financing landscape. DSD will remain essential to sustaining progress towards 2030, but its value will increasingly depend on how well it helps programmes protect those most at risk of being left behind precisely when HIV services are under the greatest pressure.

Read the full piece

Don’t miss

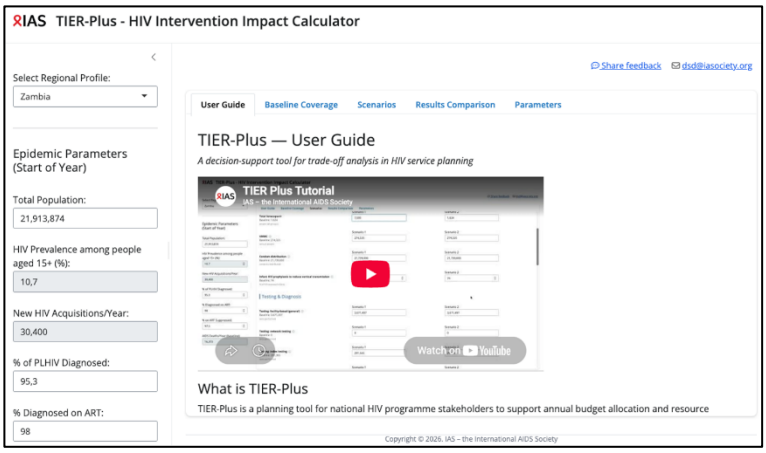


Check out the summary slide deck of the DSD science presented at AIDS 2026, prepared by the IAS DSD team.



Dive deeper into the evidence behind “The future of HIV service delivery is simplification,” presented by Lynne Wilkinson during the IAS satellite at AIDS 2026.

Get involved



Discover TIER-Plus, the HIV Intervention Impact Calculator. This open-access tool helps users compare HIV service delivery scenarios, estimate their potential impact, and navigate trade-offs when making difficult programme prioritization decisions.

Looking ahead, looking back

Looking ahead …

- Catch up on the latest scientific, policy and funding developments from AIDS 2026 at the webinar, "Key messages from AIDS 2026", on 15 September.
- Join the IAS and ITPC webinar, "Prioritization under pressure: Bringing communities to the centre of HIV programme decisions", on 16 September to explore how communities can help shape HIV programme prioritization decisions.
- Connect with the IAS DSD team in Cape Town. We will be participating in the 1st African Forum: Diagnostics at the Frontline on 20 September and the HIV, Infectious Diseases, and Global Health Science of Implementation Conference (VISTA) from 21 to 23 September. Get in touch!

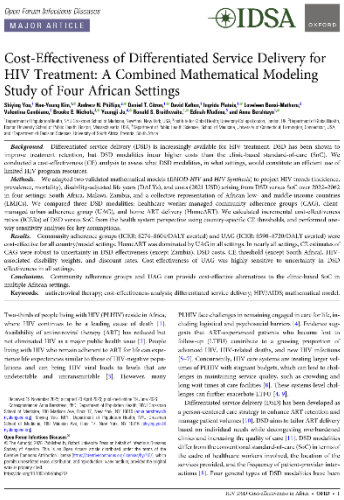
Looking back …

- Check out the slides from the four satellite sessions organized by the IAS DSD programme at AIDS 2026:
    - Prioritization under pressure: Rethinking HIV service delivery with TIER-Plus
    - The future of HIV service delivery is…simplification, self-care, integration, and AI in practice

- Unfinished business: Ending preventable deaths from advanced HIV disease in a changing HIV response
- AI and HIV: Who owns the future of public health? (organized by the Lancet Global Health Commission on artificial intelligence and HIV)

- Access all the content from AIDS 2026 on IAS+ (available to the public as of 24 September) and check out the AIDS 2026 abstract book.
- Watch the recording of the webinar, "HIV service delivery prioritization in resource-constrained settings", jointly organized by the IAS, ICAP-CQUIN at Columbia University and the South-to-South Learning Network (SSLN). You can find the slides here; the recording is also available in French and Portuguese.
- Explore the findings from "The future of HIV service delivery" survey of IAS members, highlighting perspectives on integration, simplification, digital health and AI, and self-care in HIV service delivery.

What we're reading

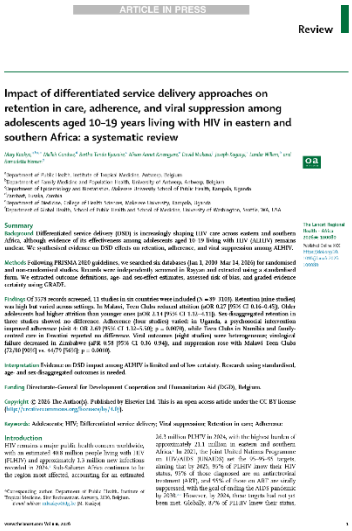

Open Forum Infectious Diseases
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Cost-Effectiveness of Differentiated Service Delivery for HIV Treatment: A Combined Mathematical Modeling Study of Four African Settings

Cost-Effectiveness of Differentiated Service Delivery for HIV Treatment: A Combined Mathematical Modeling Study of Four African Settings, You et al, Open Forum Infectious Diseases, June 2026

This cost-effectiveness analysis assessed what DSD models, in what settings, would constitute an efficient use of limited HIV programme resources. Two validated mathematical models (EMOD-HIV and HIV Synthesis) were adapted to project HIV trends (incidence, prevalence, mortality), disability-adjusted life years, and costs arising from DSD versus standard of care over 2022-2062 in four settings: South Africa, Malawi, Zambia and a collective representation of African low- and middle-income countries. The authors conclude that community and urban adherence groups can provide cost-effective alternatives to the clinic-based standard of care in multiple African settings.


ARTICLE IN PRESS

Review

Impact of differentiated service delivery approaches on retention in care, adherence, and viral suppression among adolescents aged 10–19 years living with HIV in eastern and southern Africa: a systematic review

May Kaakyo,[a,b,*] Heleh Cordon,[a] Anette Tevis Kjaeste,[a] Alison Anne Grosgurin,[a] Lead Mchome,[c] Joseph Sagaya,[c] Amelia Wilson,[a] and Anne-Mieke Vranken[a]

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Summary

Background Differentiated service delivery (DSD) is increasingly shaping HIV care across eastern and southern Africa, although evidence of its effectiveness among adolescents aged 10–19 living with HIV (ALHIV) remains unclear. We synthesised evidence on DSD effects on retention, adherence, and viral suppression among ALHIV.

Methods Following PRISMA 2020 guidelines, we searched six databases (Jan 1, 2020–Mar 14, 2026) for randomised and non-randomised studies. Records were independently screened in Rayyan and extracted using a standardised form. We extracted outcome definitions, age- and sex-effect estimates, assessed risk of bias, and graded evidence certainty using GRADE.

Findings Of 3378 records screened, 13 studies in six countries were included (*N* = 49 310). Retention (nine studies) was high but varied across settings. In Malawi, Teen Clubs reduced attrition (aOR 0.27 [95% CI 0.16–0.45]). Older adolescents had higher attrition than younger ones (aOR 1.14 [95% CI 1.10–1.18]). Sex-disaggregated retention in three studies showed no difference. Adherence (four studies) varied: in Uganda, a psychosocial intervention improved adherence (pilot: 6 OR 3.49 [95% CI 1.53–8.00]; *p* = 0.0030), while Teen Clubs in Namibia and family-centred care in Eswatini reported no difference. Viral outcomes (eight studies) were heterogeneous; virological failure decreased in Zimbabwe (aHR 0.58 [95% CI 0.36–0.94]), and suppression rose with Malawi Teen Clubs (72/80 [90%] vs. 44/75 [58%]; *p* < 0.001).

Interpretation Evidence on DSD impact among ALHIV is limited and of low certainty. Research using standardised, age- and sex-disaggregated outcomes is needed.

Funding Directorate-General for Development Cooperation and Humanitarian Aid (DGD), Belgium.

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Keywords: Adolescents; HIV; Differentiated service delivery; Viral suppression; Retention in care; Adherence

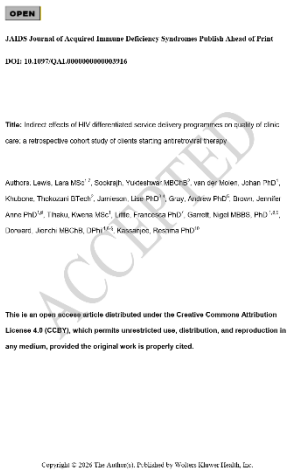
Introduction

HIV remains a major public health concern worldwide, with an estimated 40.8 million people living with HIV (PLHIV) and approximately 1.3 million new infections recorded in 2024.[1] Sub-Saharan Africa continues to be the region most affected, accounting for an estimated 26.5 million PLHIV in 2024, with the highest burden of approximately 21.1 million in eastern and southern Africa.[1] In 2021, the Joint United Nations Programme on HIV/AIDS (UNAIDS) set the 95–95–95 targets, aiming that by 2025, 95% of PLHIV know their HIV status, 95% of those diagnosed are on antiretroviral treatment (ART), and 95% of those on ART are virally suppressed, with the goal of ending the AIDS pandemic by 2030.[2] However, in 2024, these targets had not yet been met. Globally, 87% of PLHIV knew their status,

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Impact of differentiated service delivery approaches on retention in care, adherence, and viral suppression among adolescents aged 10–19 years living with HIV in eastern and southern Africa: a systematic review, Kaakyo et al, The Lancet Regional Health Africa, June 2026

This systematic review synthesized evidence on the effect of DSD on retention, adherence and viral suppression among adolescents aged 10-19 living with HIV. They found that retention (nine studies) was high, but varied across settings. Adherence (four studies) also varied: in Uganda, a psychosocial intervention improved adherence, while teen clubs in Namibia and family-centred care in Eswatini reported no difference. Viral outcomes (eight studies) were heterogeneous: virological failure decreased in Zimbabwe, and suppression rose in Malawi teen clubs. The review concluded that evidence on DSD impact among adolescents living with HIV is limited and of low certainty.


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JAIDS Journal of Acquired Immune Deficiency Syndromes Publish Ahead of Print

DOI: 10.1097/QAI.0000000000003916

Title: Indirect effects of HIV differentiated service delivery programmes on quality of clinic care: a retrospective cohort study of clients starting antiretroviral therapy

Authors: Lewis, Lara MSc[1,2], Sookrajh, Yukteshwar MBChB[3], van der Molen, Johan PhD[1], Khubone, Thokozani BTech[4], Jamieson, Lise PhD[1,5], Gray, Andrew PhD[6], Brown, Jennifer Anne PhD[1,6], Thlaku, Kwena MSc[1], Little, Francesca PhD[7], Garrett, Nigel MBBS, PhD[1,8,9], Donald, Jerchi MBChB, DPhil[10,11], Kassanjee, Reshma PhD[1,6]

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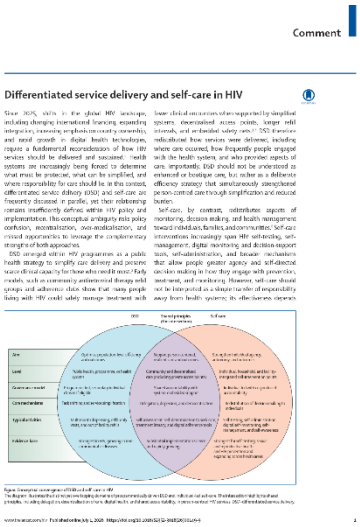
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Indirect effects of HIV differentiated service delivery programmes on quality of clinic care: a retrospective cohort study of clients starting antiretroviral therapy, Lewis et al, JAIDS, June 2026

This retrospective cohort study analysed whether DSD indirectly improves quality of care for clients ineligible for DSD by allowing more clinic resources to be redirected towards them. Quality-of-care outcomes were the probability of clients having a CD4 count test, having a six-month viral load test and being retained for six months. Authors found a positive relationship between the clinic DSD referral proportion and test

completion among newly initiated clients, but no evidence of an association with DSD and retention. With full DSD scale up, programmatically meaningful effects could be achieved.


Comment

Differentiated service delivery and self-care in HIV

Differentiated service delivery and self-care in HIV, Grimsrud et al, The Lancet HIV, July 2026

This comment defines the relationship between self-care and DSD within HIV policy and implementation. The authors argue that while both approaches share the common goal of reducing unnecessary facility-based interactions while increasing convenience, continuity, flexibility and participation in care, they are not interchangeable. DSD remains fundamentally a systems-level strategy while self-care operates through individual agency and autonomy, raising distinct questions regarding treatment literacy, accountability, continuity and the safeguards required to support informed decision making outside traditional clinical settings. The approaches are complementary.


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Earlier referral to differentiated antiretroviral therapy delivery at six months after initiation: a retrospective cohort study in KwaZulu-Natal, South Africa

Johan van der Molen, PhD[1,*], Kwena Thaku, MSc[1,*], Lara Lewis, MSc[1,*], Yukteshwar Sookrajh, MBChB[2], Langile Hobe, MBChB[3], Thulani Ngwenya, MBChB[4], Mbongeni Khanyile, MBChB[5], Tholozani Khabone, BTech[1], Nigel Garrett, MBChB, PhD[1,6], Jennifer A. Brown, PhD[1,6,7], Teodhi Desmond, MBChB, DPhil[1,8]

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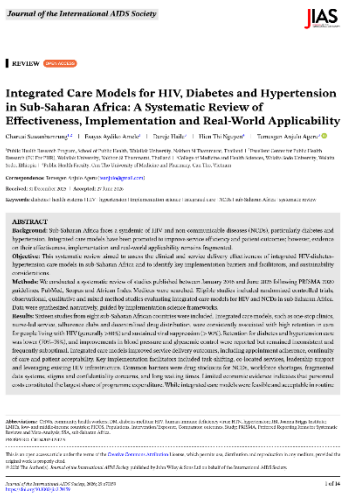
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Earlier referral to differentiated antiretroviral therapy delivery at six months after initiation: a retrospective cohort study in KwaZulu-Natal, South Africa, van der Molen J et al, JAIDS, July 2026.

This retrospective cohort study evaluated the uptake of early community-based ART and subsequent clinical outcomes in 124 public clinics in KwaZulu-Natal, following South Africa's revision of DSD eligibility, which changed from requiring virologically suppressed clients to be on ART for 12 months to six months. The findings suggested that early referral to community-based ART does not result in

inferior outcomes and could be a valuable approach to improving HIV care.


Journal of the International AIDS Society

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REVIEW

Integrated Care Models for HIV, Diabetes and Hypertension in Sub-Saharan Africa: A Systematic Review of Effectiveness, Implementation and Real-World Applicability

ABSTRACT

Integrated Care Models for HIV, Diabetes and Hypertension in Sub-Saharan Africa: A Systematic Review of Effectiveness, Implementation and Real-World Applicability, Suwanbamrung et al, JIAS, July 2026

This systematic review aimed to assess the clinical and service delivery effectiveness of integrated HIV-diabetes-hypertension care models in central, eastern, southern and western Africa and to identify key implementation barriers and facilitators, and sustainability considerations. The authors conclude that those models effectively maintain HIV treatment outcomes and improve service delivery, but clinical control of non-communicable diseases remains suboptimal. Sustainable and equitable integration will require deliberate strengthening of NCD-specific supply chains, workforce training and context-adapted implementation strategies aligned with health system readiness. Policy and programming should support differentiated, client-centred integration that addresses both clinical and systemic barriers.


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Population-level coverage and correlates of enrollment in community-based antiretroviral therapy (ART) refill models following differentiated service delivery scale-up in Africa: a multi-country study

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Abstract

Community-based antiretroviral therapy (ART) distribution is a promising strategy to increase HIV treatment accessibility in Africa, yet population-level coverage and correlates of enrollment

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Population-level coverage and correlates of enrollment in community-based antiretroviral therapy (ART) refill models following differentiated service delivery scale-up in Africa: a multi-country study, Lukose et al, AIDS Care, August 2026

This multi-country study pooled data from seven Population-based HIV Impact Assessment surveys (2020–2023) to identify socio-demographic and clinical correlates of enrolment in community-based, relative to facility-based, ART distribution models. Findings affirm the potential of those models to reach populations vulnerable to HIV care attrition, but coverage estimates remain low, indicating implementation barriers.

What we're watching



"Treatment access is a political choice."

Watch ITPC Global Executive Director Solange Baptiste's address to the UN General Assembly High-Level Meeting on HIV/AIDS in New York on 23 June 2026, where she underscored that equity, access and solidarity are political choices.

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Get in touch

Do you have content for the next newsletter? We want to hear from you.

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