

Global DSD Research collaborative

22 June 2026

dsd@iasociety.org

Agenda

1. Welcome & intros
2. New science
 - Publications
 - In progress...
 - INTEREST 2026
 - Other
3. Upcoming at AIDS 2026
4. Next steps/AOB



1. Welcome and intros

Who's in the room today?

- Please drop a quick introduction in the chat:



Name



Organization



Country you're joining from (with a flag!)



World Cup team you're supporting (with a flag!)

Example:

Anna Grimsrud | IAS | za South Africa | cv Cabo Verde (sorry Bafana Bafana)

2. Next science Publications

- Contemporary Disengagement From Antiretroviral Therapy in the Western Cape, South Africa: A Cross-Sectional Study, Jonathan Euvrard et al
- Integrating clinical decision support and mobile health for differentiated HIV service delivery in Lesotho (VITAL): a cluster-randomised non-inferiority trial, Tschumi N et al, EClinicalMedicine, April 2026
- SHIFT (Studying the HIV Program Impact of Funding Transitions) policy briefs, BU/HE²RO team



Contemporary Disengagement From Antiretroviral Therapy in the Western Cape, South Africa: A Cross-Sectional Study

Jonathan Euvrard jonathan.euvrard@uct.ac.za, Claire Marriott Keene, Erin von der Heyden, Meg Osler, David Pienaar, Hassan Mahomed, Graeme Meintjes, Mary-Ann Davies, Andrew Boule

First published: 18 May 2026 | <https://doi.org/10.1002/jia2.70124> | VIEW METRICS

ABSTRACT

Introduction: South Africa has the largest antiretroviral therapy (ART) programme in the world, with universal access available through the public health system. Yet, gaps in coverage persist. In the Western Cape (WC), an estimated 200,000 people living with HIV are not currently on ART—many of whom are known to the health services. Exploring how people who are not on ART differ from those who are on ART may help guide more effective strategies for re-engagement and retention in care.

Methods: We conducted a cross-sectional analysis of routine person-level data from the WC Provincial Health Data Centre, including adults (≥ 15 years) known to be living with HIV who accessed public services between October 2022 and September 2024. ART status was inferred from visit and dispensing records. Relative risks (RRs) of current disengagement were estimated using multivariable log-binomial regression on 25 imputed data sets, adjusting for sex, age, years since diagnosis, diagnosis setting and baseline CD4 count.

Results: Of 494,071 adults included, 131,368 (27%) were currently disengaged from ART. Those at elevated risk included men (aRR 1.20, 95% CI 1.19–1.21), younger people aged 15–24 years (aRR 1.54, 95% CI 1.51–1.57), those with CD4 > 500 cells/mm³ at diagnosis (aRR 1.26, 95% CI 1.24–1.28) and individuals diagnosed in hospital (aRR 1.41, 95% CI 1.39–1.43) or during pregnancy (aRR 1.20, 95% CI 1.18–1.22). However, the majority of those disengaged were not from these groups, proportionally representing the underlying population living with HIV. Model discrimination was poor (AUC 0.614), indicating that these characteristics do not reliably identify those disengaged.

Conclusions: Most disengaged individuals are from larger, lower-risk demographic groups and would be missed by interventions targeting higher-risk demographics. Whole-population strategies that address common barriers to retention through more inclusive, person-centred care offer the greatest potential to improve ART coverage.

Presented by Jonathan Euvrard
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Contemporary disengagement from antiretroviral therapy in the Western Cape, South Africa: A cross-sectional study



RESEARCH ARTICLE |  Open Access |  

Contemporary Disengagement From Antiretroviral Therapy in the Western Cape, South Africa: A Cross-Sectional Study

[Jonathan Euvrard](#) , [Claire Marriott Keene](#), [Erin von der Heyden](#), [Meg Osler](#), [David Pienaar](#), [Hassan Mahomed](#), [Graeme Meintjes](#), [Mary-Ann Davies](#), [Andrew Boule](#)

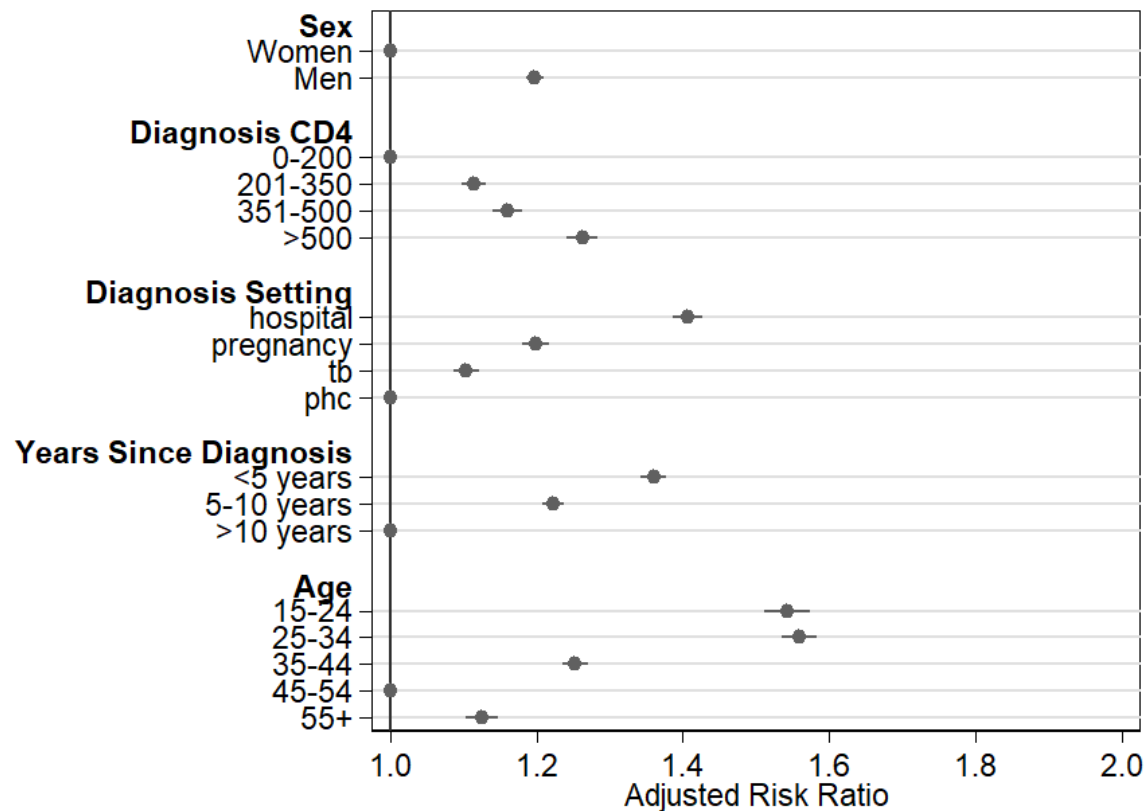
First published: 18 May 2026 | <https://doi.org/10.1002/jia2.70124> |  VIEW METRICS

- ~494,000 adults living with HIV in WC in routine data
- 131,368 (27%) currently not on ART
- Majority previously engaged with care
- ART is free and widely available
 - We are not failing to reach people
 - We are failing to *retain* people in long-term care

Who is at **higher risk**?

- Men: aRR **1.20**
- Age 15–24: aRR **1.54** (highest risk)
- Higher CD4 at Dx (>500): aRR **1.26**
- Diagnosed in:
 - Hospital: aRR **1.41**
 - Pregnancy: aRR **1.20**
 - Recent diagnosis (<5 years): aRR **1.36**

Can these groups be targeted to improve population-level ART coverage?



Targeting doesn't work well

Model performance:

- AUC = **0.614** (poor discrimination)
- To identify 50% of disengaged, need to classify:
 - **~62%** of the population as "high risk"

Target proportion of disengaged (not on ART)	Proportion needed to be targeted (classified as high risk)
50%	62%
60%	72%
70%	80%
80%	88%
90%	94%
95%	97%

"Most disengaged individuals are from larger, lower-risk demographic groups and would be missed by interventions targeting higher-risk demographics"

High-risk individuals have a higher probability of disengagement

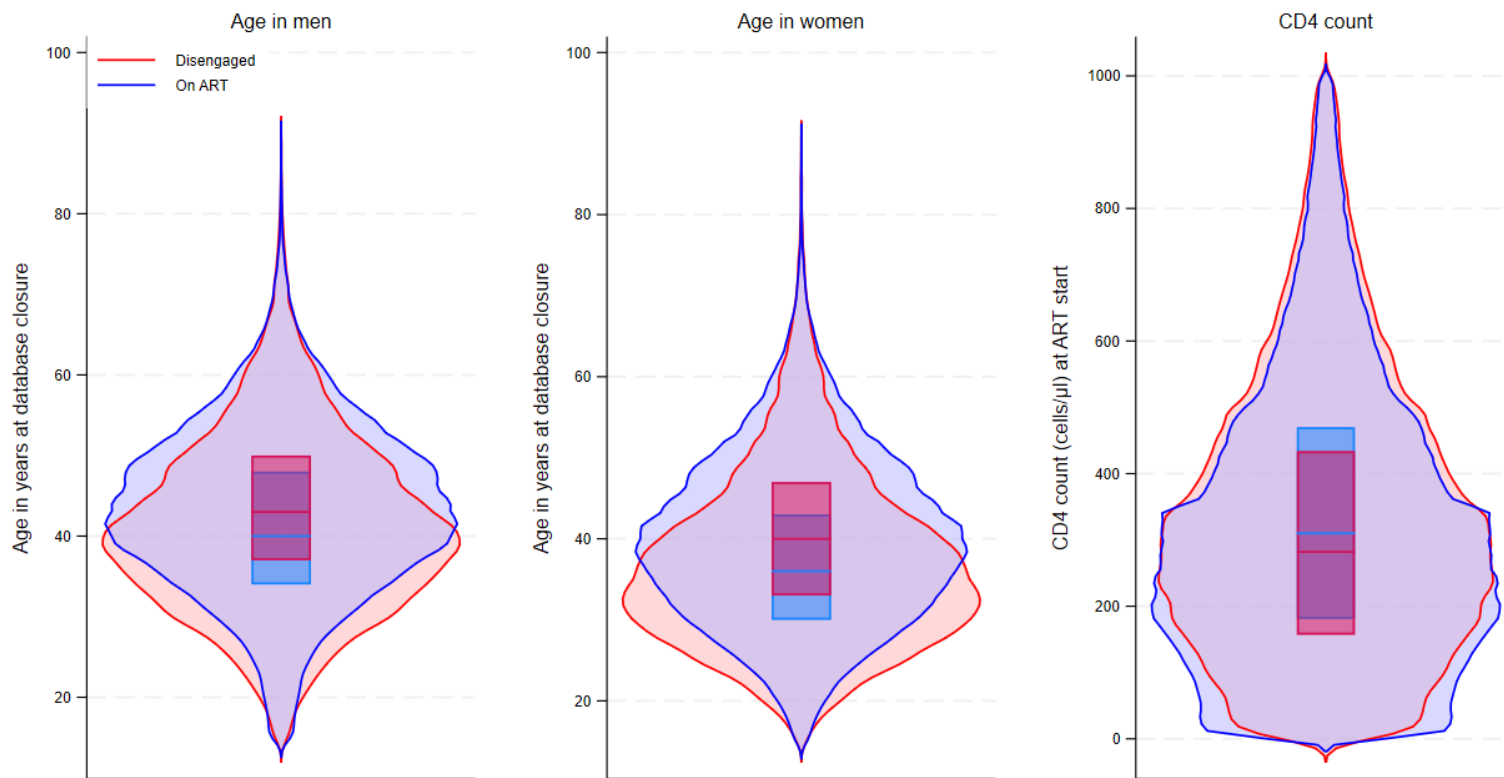
Most individuals not on ART are from lower-risk groups

Example:

Women at lower individual risk than men, but ~66% of individuals not on ART were women

Associations may be weak proxies for deeper, system-level barriers to care

Distributions of continuous measures by ART engagement status



ART: Antiretroviral therapy.
Each violin plot shows the distribution of values for a group. The width at each point reflects the data density. Box and whisker plots are included in the centre of each plot showing median and interquartile range.

Similar findings from Malawi presented at CROI

- **Developing a Screening Tool to Identify ART Clients at Risk of Interruption in Treatment in Malawi** – Marguerite Thorp, Kelvin Balakasi, Isabella Robson, Isabella Robson, Eric Lungu, Sam Phiri, Steven Shoptaw, Thomas J. Coates, Risa Hoffman, Joep J. van Kampen, Morna Cornell, Kathryn L. Dovel

Background

Ensuring antiretroviral treatment (ART) success and reducing HIV transmission requires preventing interruption in treatment (IIT). We developed a screening tool to identify clients in Malawi at highest risk of IIT who may benefit from additional services at ART initiation or re-initiation.

Methods

We enrolled clients in a prospective cohort from nine ART clinics in four districts of Malawi. Enrollment criteria included (1) age ≥ 15 years, (2) living in facility catchment area, (3) newly initiating or re-initiating ART ≥ 28 days after IIT. Participants completed an enrollment survey on sociodemographics, mobility, ART history, and depression; medical charts were reviewed ≥ 7 months later to identify clients who had experienced IIT (missed appointment by ≥ 28 days) within six months of enrollment. Using 70% of our data as a “training” dataset, logistic regression was performed to identify characteristics that predicted IIT ($p \leq 0.10$) with stepwise backwards elimination to select characteristics for inclusion in screening tools. Using the 30% “testing” data, we compared areas under the receiver-operator curve (AUROC), sensitivity, and specificity for predicting IIT at each tool’s cutoff point. We attempted the same process for subpopulations including women, men, new initiates, and re-initiators.

Results

We enrolled 894 clients: 253 new initiates (28%); 543 (61%) female; and 506 (57%) married. Similar to routine data, 215 (24%) experienced early IIT. We identified two potential tools to predict IIT: a 7-question “optimized” tool had the highest AUROC (0.699), and a 3-question “brief” tool included only variables with $p \leq 0.05$ (AUROC 0.672). For the “optimized” tool, a score of ≥ 2 yielded sensitivity of 93% and specificity of 21%, while a score of ≥ 3 yielded sensitivity of 61% and specificity of 62% (Table). For the “brief” tool, a score of ≥ 1 yielded sensitivity of 80% and specificity of 33%, while a score of ≥ 2 yielded sensitivity of 37% and a specificity of 88%. No sub-population tool achieved a target of 80% sensitivity and 60% specificity.

Conclusions

Predicting IIT in this population was difficult, and as reported in other settings, an ideal screening tool may not be achievable. However, depending on specific policy goals (e.g. only offering intensive services to clients at highest risk of IIT and seeking high specificity, or exempting the lowest-risk clients from additional counseling and seeking high sensitivity) our developed tools may improve the efficiency of service delivery.

2. Next science

In progress...

- **Targeting the tail or shifting the curve: HIV program resource allocation in contexts of scarcity**, Jonathan Euvrard et al
- **Nadir CD4 and unsuppressed viral load predict advanced HIV disease at return from treatment interruptions**, Jonathan Euvrard et al
- **Community ART for children & adolescents**, Lara Lewis et al



Targeting the tail or shifting the curve

HIV program resource allocation in contexts of scarcity*

- Under 25 years of age:
 - 1.5× higher disengagement risk
 - 6% of adults living with HIV in Western Cape
- But:
 - Most disengagement occurs outside this group
- Trade-off:
 - A universal approach can be ~91% less effective individually and still achieve the same population impact

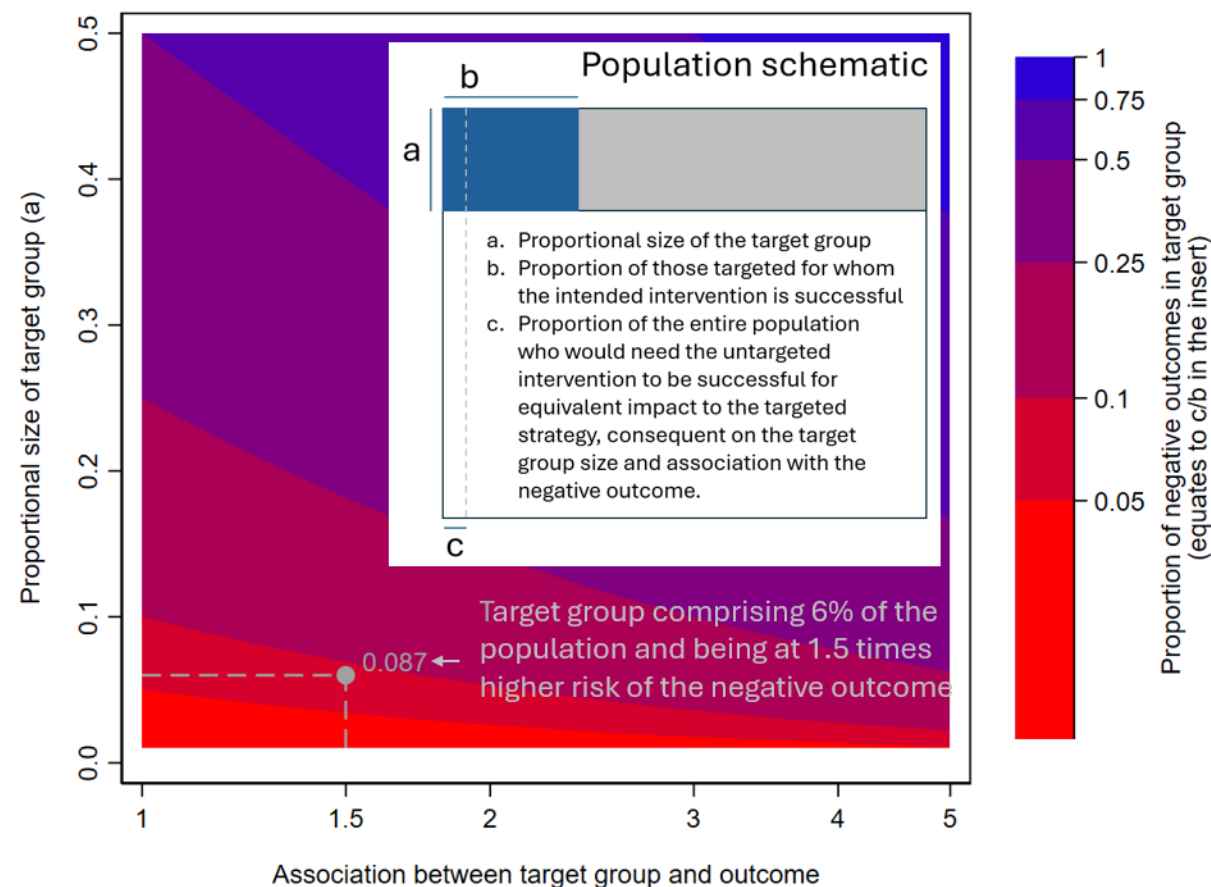
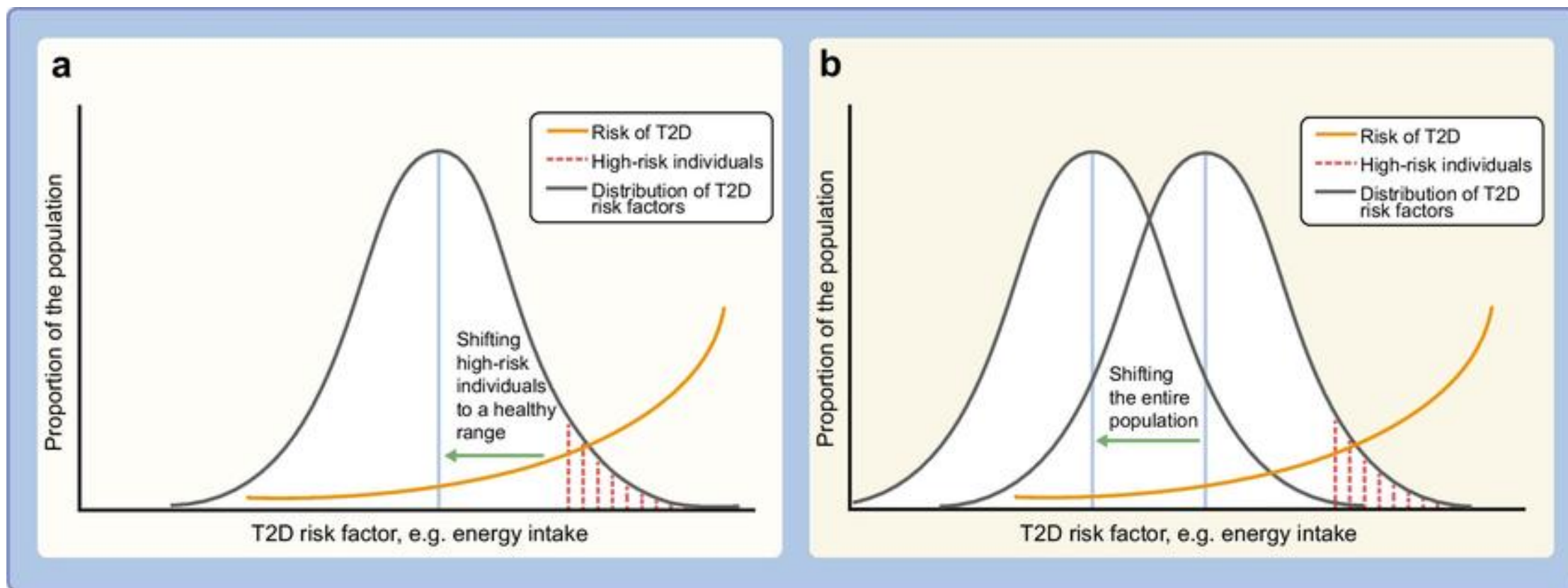


Figure. Efficiency potential of targeted compared to population-wide interventions, based on potential target group size and association with the negative outcome

Targeting the tail or shifting the curve

HIV program resource allocation in contexts of scarcity

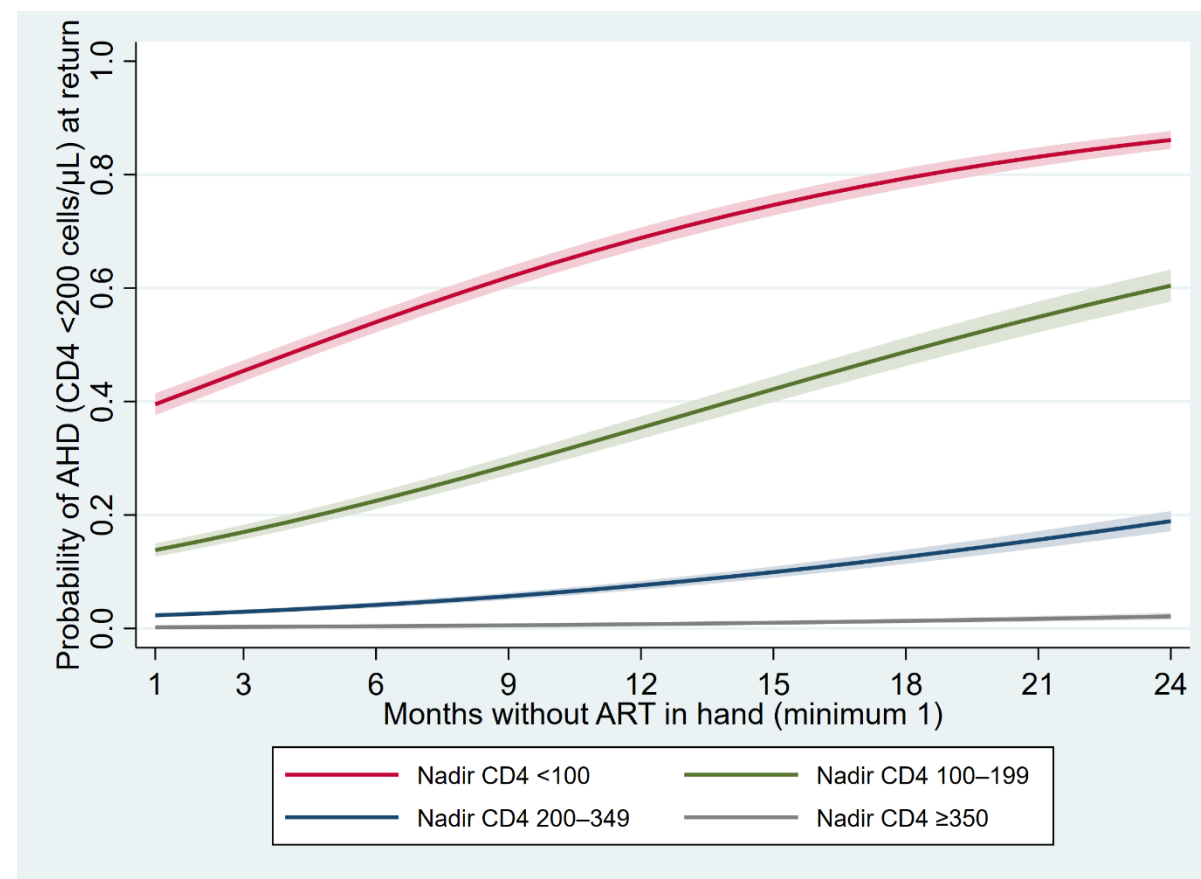


Nadir CD4 determines AHD risk at return to care independent of interruption duration

- Analysis of routine data from WC
- 24 793 treatment interruptions
- Median age at interruption
 - 34 years (IQR 29–41)
- Almost two-thirds of interruptions were among women (63.6%)
- Median interruption duration
 - 5.5 months (IQR 2.7–12.2)

Nadir CD4 determines AHD risk at return to care independent of interruption duration

- Do all interruptions carry the same risk?
 - No: risk is highly heterogeneous
- Individuals with prior severe immunosuppression rapidly progress to high-risk of AHD after interruption
- Individuals with preserved immune function remain relatively low risk, even with longer interruptions



What this means for DSD and programmes

- **Change the objective**
 - From identifying high-risk individuals to
 - Reducing system-level barriers for everyone
- **Practical implication**
 - Don't over-invest in increasingly complex risk models
 - Prioritise scalable, system-wide improvements
- Disengagement is not concentrated enough to **target** precisely
- The biggest gains come from **shifting the whole curve**

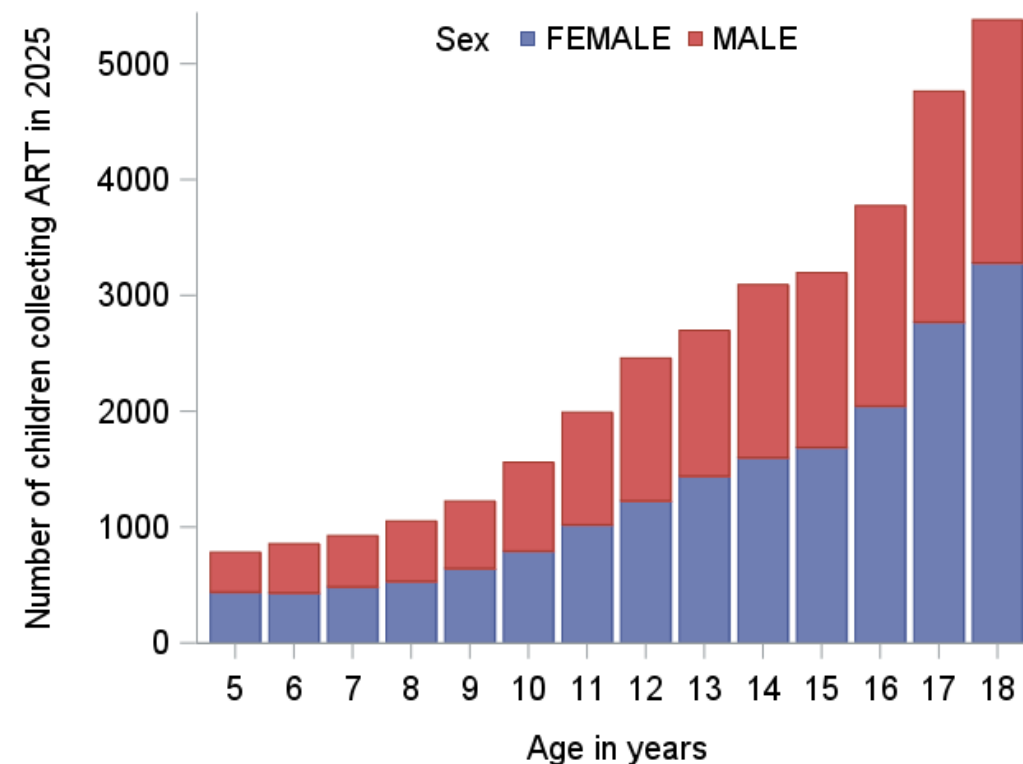
Community ART for children & adolescents

Lara Lewis

Background

- In South Africa, community ART* has been available to children and adolescents living with HIV (CALWH) since 2020
- **collection of ART from pick-up points every 2-3 months, in-between bi-annual clinic consultations*
- Reduce the burden on clients and healthcare system by reducing the number of clinical visits
- We aimed to evaluate community ART uptake and clinical outcomes among CALWH in KwaZulu-Natal, South Africa

Figure 1: Number of CALWH who collected ART at any time during 2025 in KZN



Methods

Data: de-identified TIER.Net data from 566 KZN clinics from 2020-2025

Sequential target trial emulation design

✓ **Treatments:**

1. Referral into community ART collection
2. Clinical ART collection only

✓ **12-month outcomes:**

1. Missing at least one visit (or not)
2. VL < 50 copies/ml, VL ≥ 50 copies/ml or VL missed

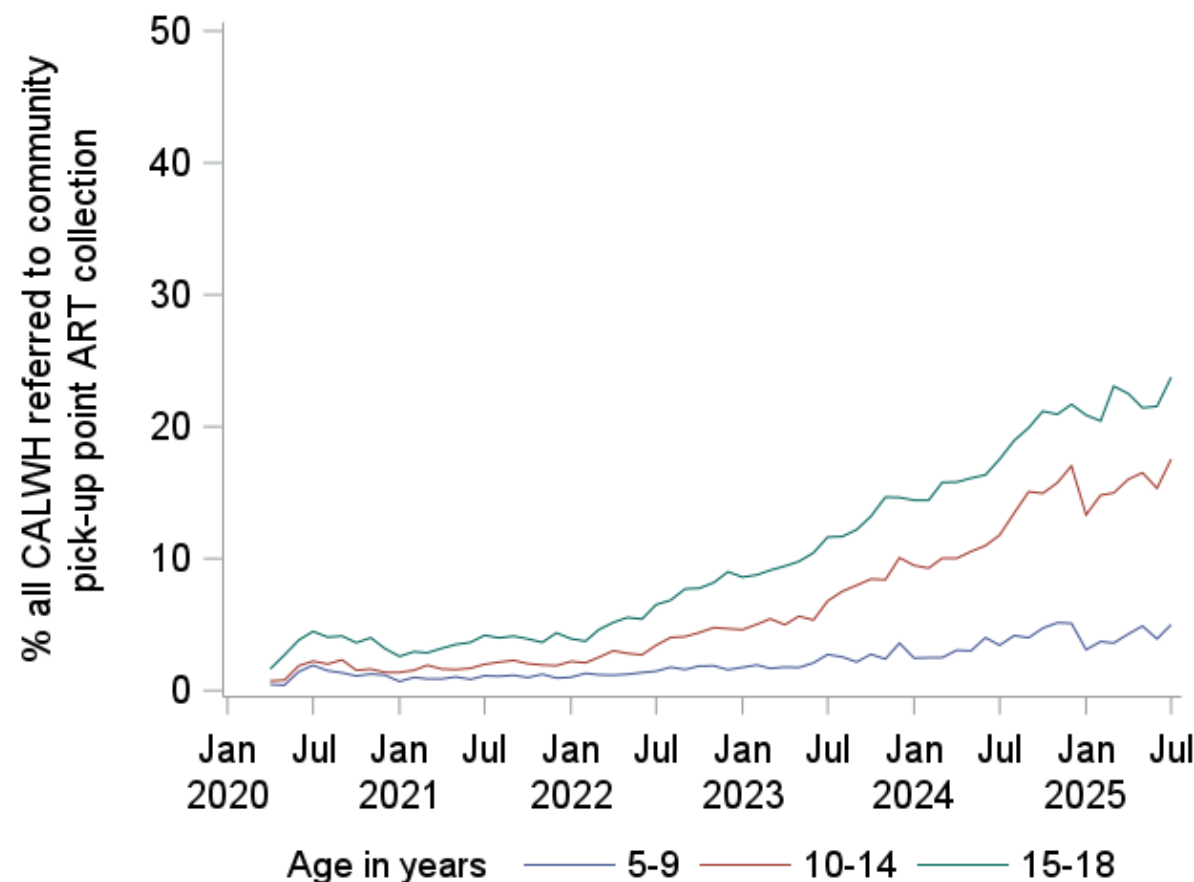
• **Inclusion criteria**

- ✓ Aged 5-18 years
- ✓ Eligible for CCMDD, but no history of CCMDD use
- ✓ ART regimens: ABC/XTC/DTG, ABC/XTC/EFV, ABC/XTC/LPV/r, TDF/XTC/DTG, TDF/XTC/EFV
- ✓ No evidence of CD4 count < 500 cell/mm³ in last 2 years

Results (1)

- 32,009 eligible CALWH
- Slow introduction, room for growth in community ART uptake (Figure 2)
- After community ART referral:
 - ✓ Median (IQR) # clinical visits reduced from 6 (IQR: 4-7) to 2 (IQR: 2-3)/year
 - ✓ Comparable clinical outcomes among community ART vs. non-community ART and across age groups (Table 1 – next slide)

Figure 2: Percentage of CALWH referred to community ART in 2025



Results (2)

Table 1: Estimated impact of community ART on clinical outcomes of CALWH in KZN

12-month Outcome	Age group (years)	Crude % with outcome Community ART arm	Crude % with outcome Non-community ART arm	Modelled risk difference (95% CI) community ART vs none
Missed visit	5-9	5.1%	6.2%	-0.04% (-2.89 to 2.95%)
	10-14	5.5%	6.0%	0.47% (-1.04 to 2.04%)
	15-18	6.7%	10.2%	-3.18% (-4.30 to -2.05%)
Viraemia	5-9	18.8%	17.8%	1.62% (-1.60 to 7.63%)
	10-14	16.0%	18.4%	-1.10% (-3.73 to 1.02%)
	15-18	15.6%	18.7%	-2.78% (-3.73 to -1.00%)
VL not done	5-9	10.4%	10.0%	2.55% (-1.07 to 8.03%)
	10-14	10.2%	9.9%	1.49% (-0.55 to 3.59%)
	15-18	12.3%	11.0%	1.95% (0.57 to 3.38%)

Implications

- Community ART decreases the burden of clinical visits without negatively impacting clinical outcomes (additional strain for the system and the clients)
- Community ART improves outcomes among 15-18 year olds
- Roll-out of community ART among those who are eligible should be supported, and continued viral load monitoring needs to be prioritised
- Programmes to address high levels of viraemia in CALWH need to be implemented

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2. Next science **INTEREST 2026**

- **Retention in care and viral suppression among HIV clients receiving 6-month versus 12-month prescriptions in South Africa's CCMDD Program: A retrospective analysis** – Oratile Mokgethi et al
- **Missed Opportunities for Integrating Family Planning into Differentiated ART Service Delivery in Malawi** – Idah Mokhele et al

Retention in care and viral suppression among HIV clients receiving 6-month versus 12-month prescriptions in South Africa's CCMDD Program: A retrospective analysis

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Introduction: The scale of the challenge



SA HIV TREATMENT CONTEXT

6M+

people on ART

South Africa has the world's largest HIV treatment program

- Focused on long-term retention and sustained viral suppression
- Maintaining engagement strains already constrained health systems
- New care models need to maintain quality while reducing system burden

STANDARD OF CARE FOR STABLE HIV CLIENTS AT TIME OF STUDY

6 months after initiation

Viral load test

12 months after initiation

Viral load test
post-ART initiation

Annually

Ongoing viral
load monitoring

Eligible for DMOC: on ART ≥ 6 months · virally suppressed · no active TB · not pregnant · no uncontrolled chronic conditions

Does extending the clinical re-scripting interval from 6 to 12 months maintain retention in care and viral suppression among clients in CCMDD?

THE CCMDD PROGRAM

- Standard CCMDD model: 6-month prescriptions (2 clinic visits/year; 2-3-month refills)
- COVID-19 pandemic response (2020) **extended** prescriptions to 12 months (1 clinic visit/year; 2-3-month refills)
- Repeat Prescription Collection strategies (RPCs - SA's DSD models) utilize CCMDD for medication refills

EVIDENCE GAP & STUDY AIM

- WHO currently recommends 6-monthly clinical visits for established clients and has explicitly called for evidence on less frequent visit models
- This study compares 12-month vs 6-month prescription outcomes to guide sustainable, patient-centred HIV care policy in resource-constrained settings

SERVICE DELIVERY MODELS - RPCs



**Facility Pickup
(Fac-PuP)**



**External Pickup
(Ex-PuP)**



Adherence Clubs





STUDY DESIGN

Retrospective cohort analysis - routinely-available electronic health data



STUDY POPULATION

Adults (≥ 18 yrs) on ART
6- or 12-month medication prescription visit, 1 Jun–30 Nov 2020

LOCATION



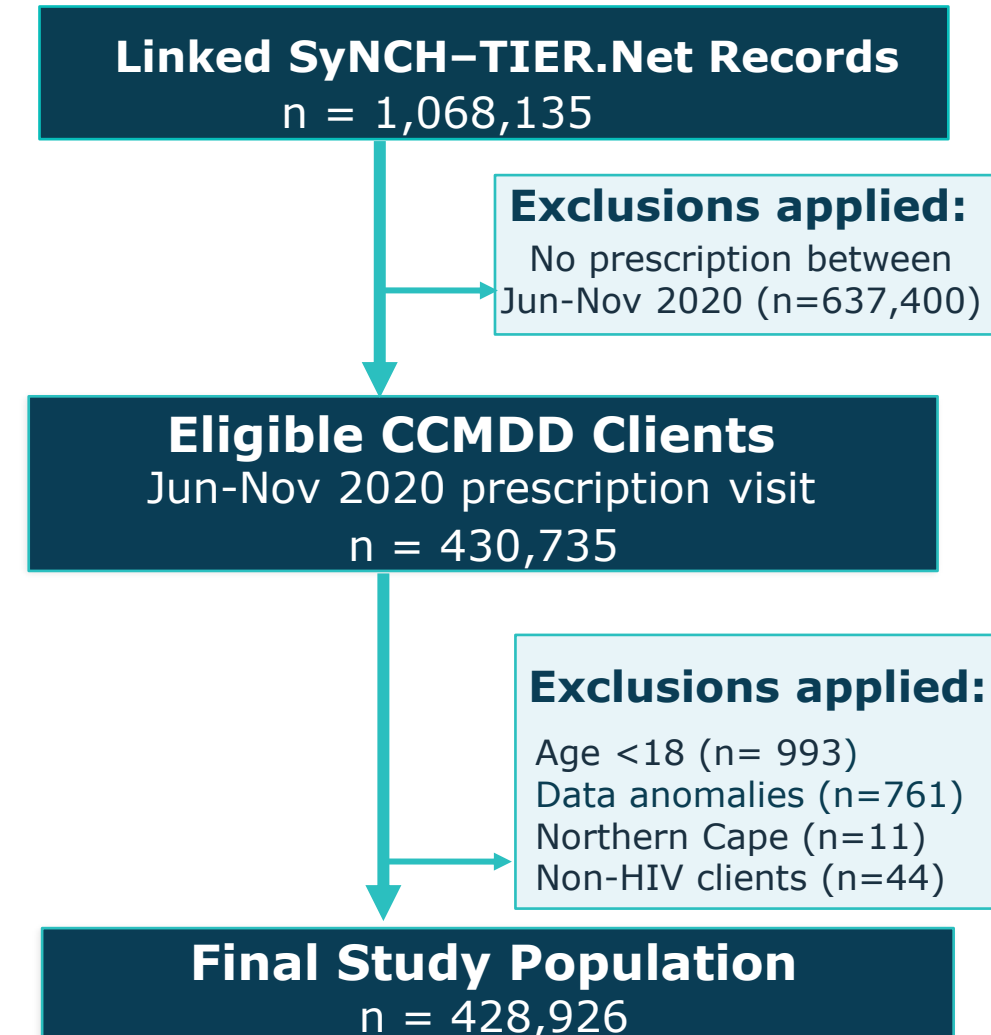
7 of 9 South African provinces: Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo, North West, & Mpumalanga



DATA SOURCES

TIER.Net (HIV treatment records) linked to SyNCH (prescription & CCMDD collection data)

STUDY FLOW



Study Design: Follow-up & endpoints



FOLLOW-UP TIMELINE

Exposure defined: 6-month or extended 12-month prescription at baseline



PRIMARY ENDPOINTS (assessed months 12–24)



Retention in care

DEFINED AS:

≥1 medication dispensing or collection visit during months 12–24 after baseline

Not retained includes silent and formal transfers out and deaths as well as disengagement.



Viral Suppression

DEFINED AS:

First viral load result during months 12–24 is <50 copies/ml

No recorded viral load in window → assigned as missing.

Results: Study population characteristics



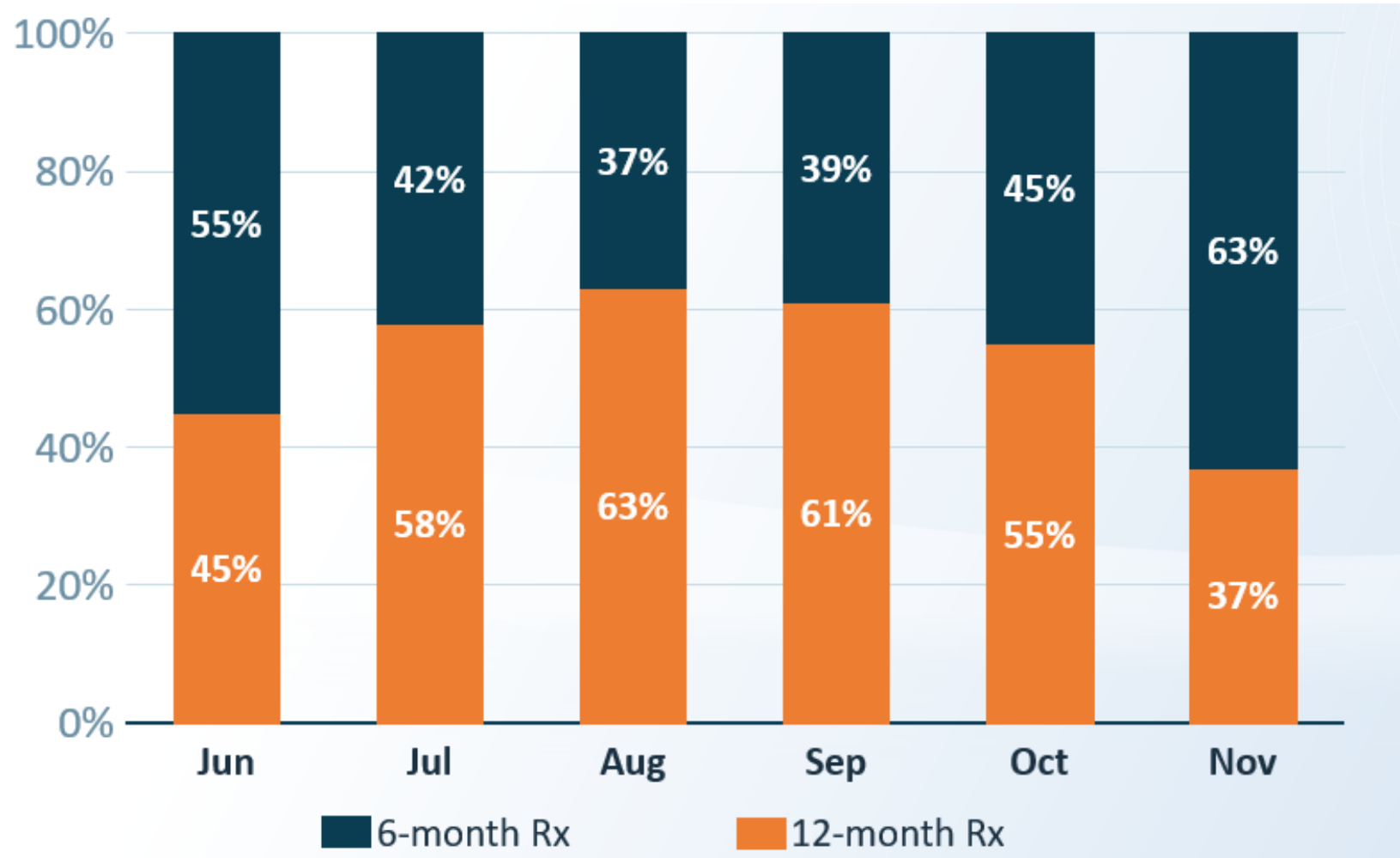
428,926
Total clients

196,531
6-month Rx (46%)

232,395
12-month Rx (54%)

Characteristic	6-month Rx	12-month Rx
Age in years (median [IQR])	44 [37–51]	43 [37–51]
Sex (female)	131,785 (67%)	160,459 (69%)
Time on ART in years (median, IQR)	6 (3–8)	6 (4–9)
Model of care		
ExPuP (community pickup point)	122,598 (62%)	148,043 (64%)
FacPuP (facility pickup point)	73,591 (37%)	84,282 (36%)
TDF/3TC/DTG regimen	95,848 (49%)	139,693 (60%)

Prescription mix over time (June–November 2020)



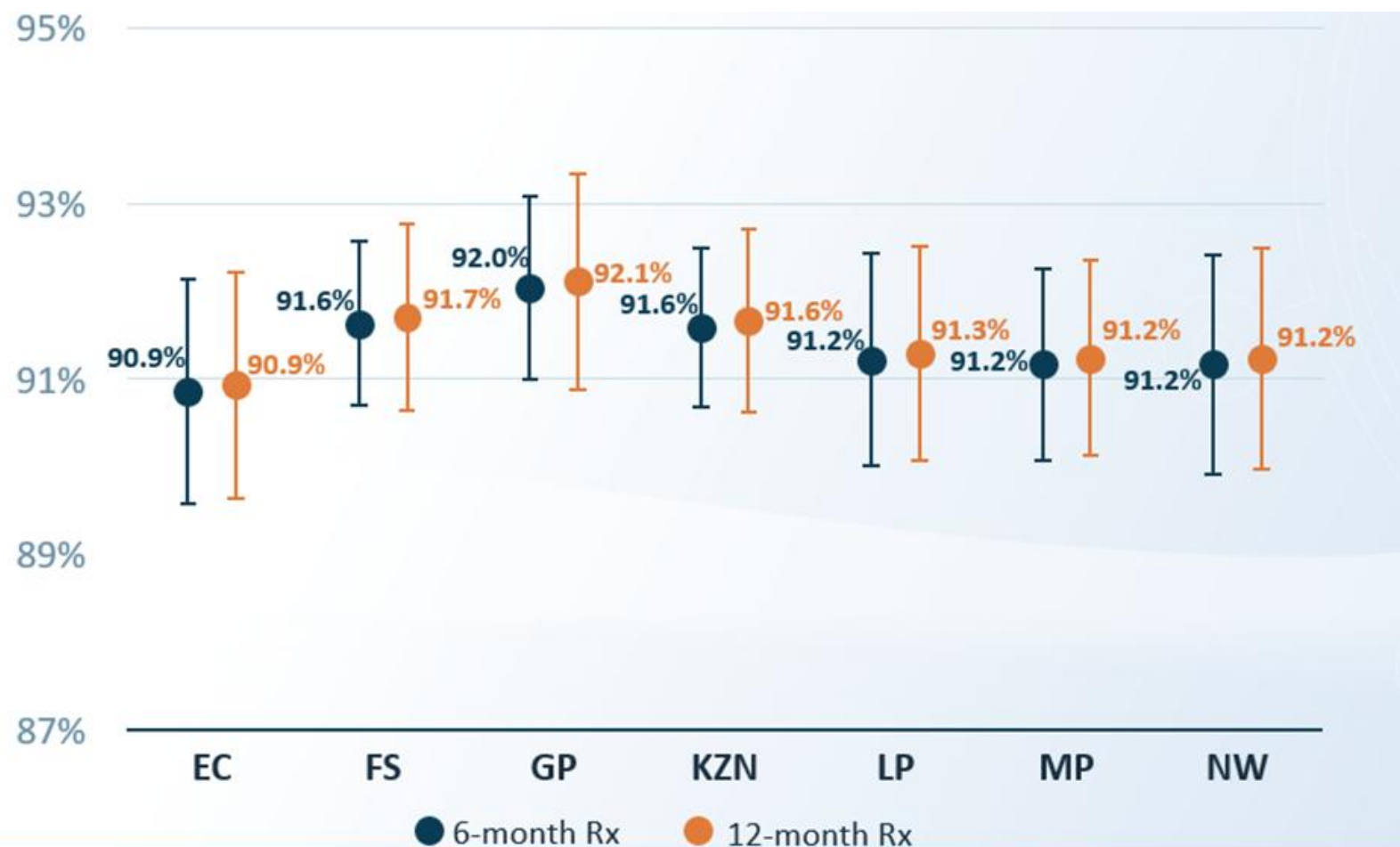
KEY TAKEAWAY

12-month prescription uptake peaked at

63%

peak 12-month Rx share in August 2020

Results: Adjusted retention in care by province



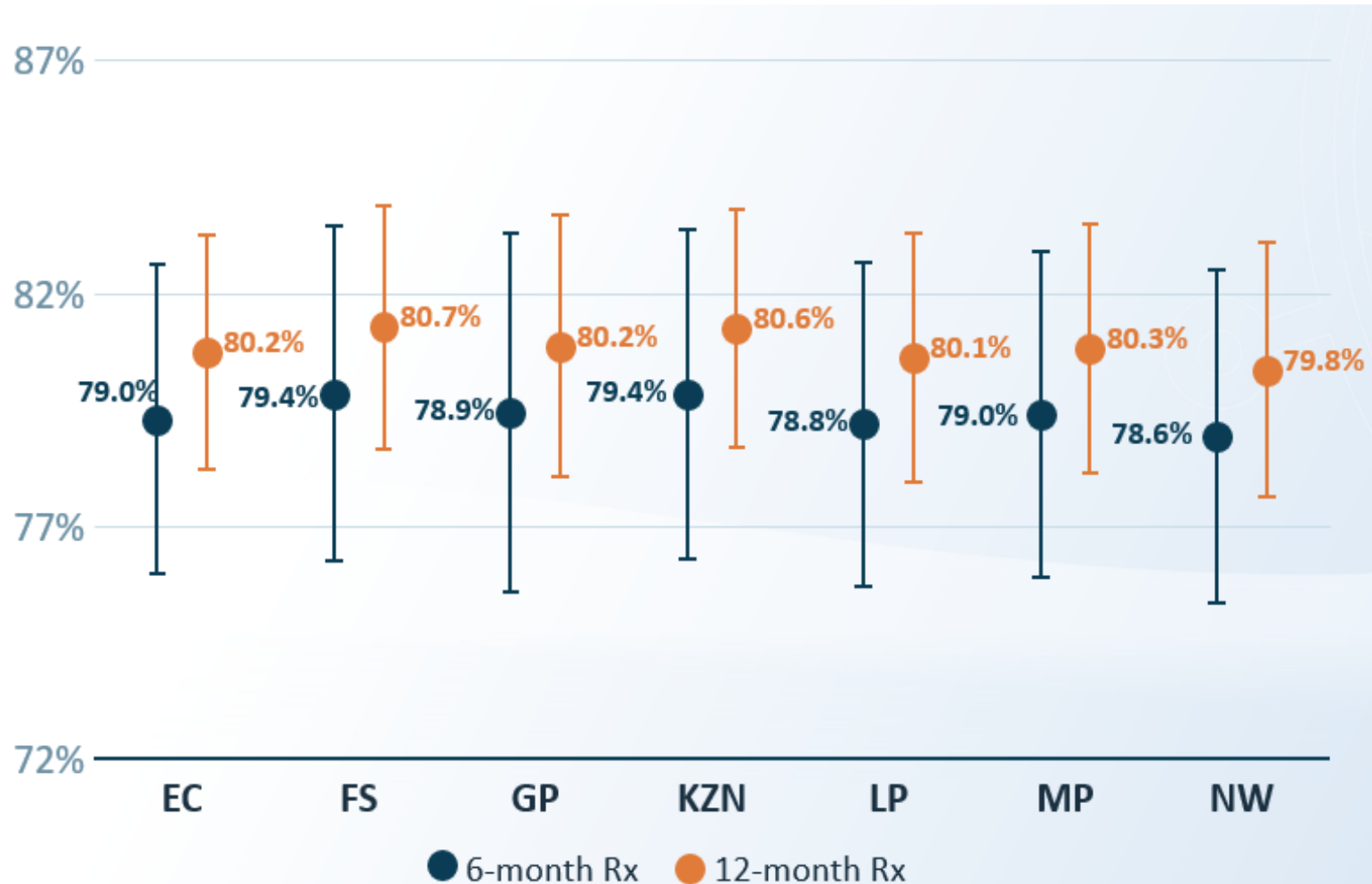
KEY TAKEAWAY

<1%

max adjusted difference
between prescription groups

Adjusted for: age · sex · time
on ART · DSD model · ART
regimen · comorbidity

Results: Adjusted viral suppression by province



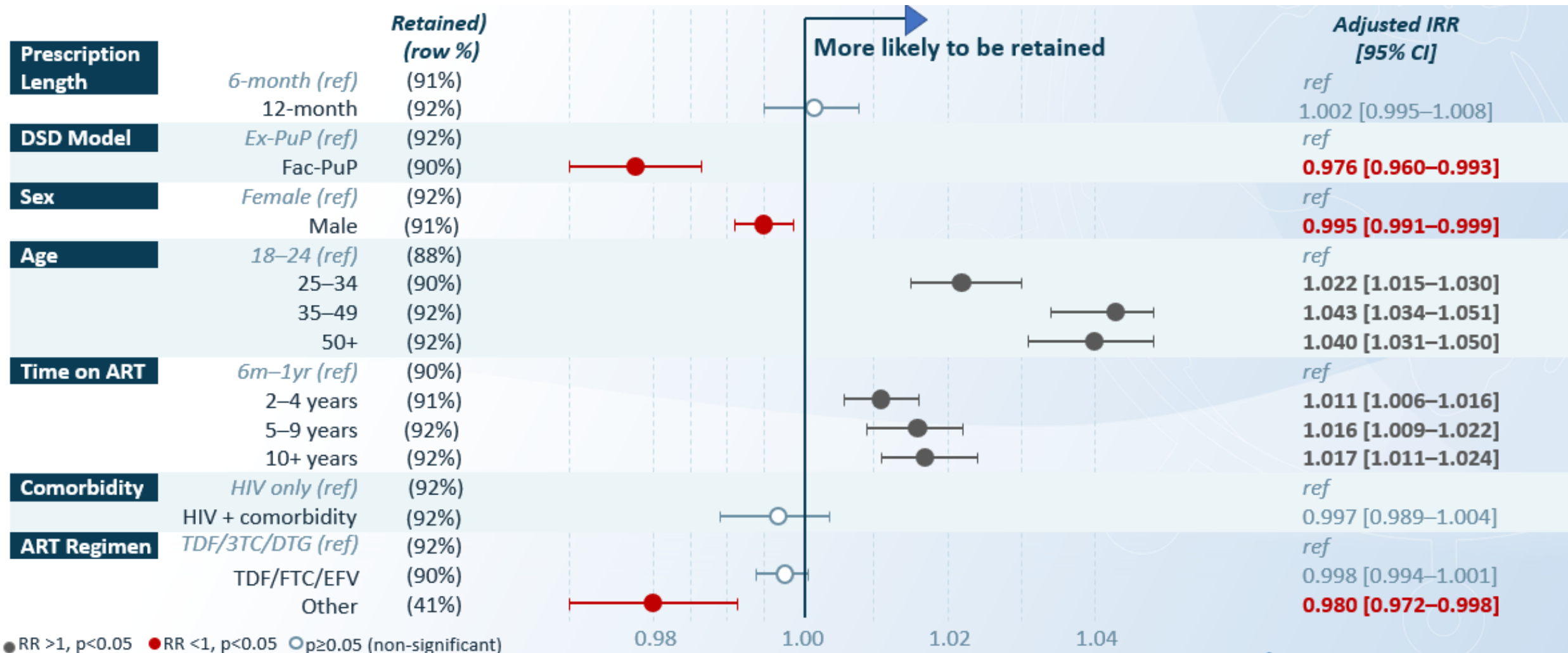
KEY TAKEAWAY

+1.3%

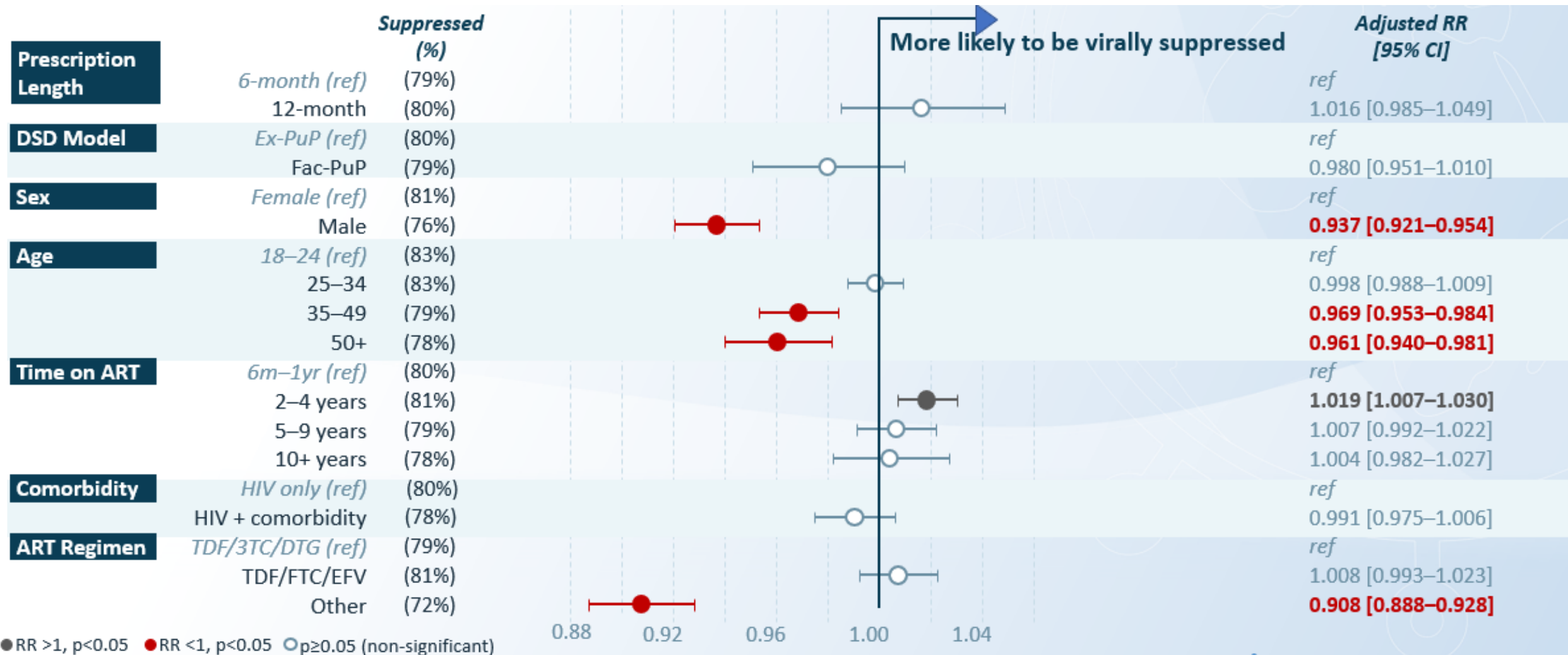
avg. adjusted gain with
12-month prescription across
provinces

Adjusted for: age · sex · time
on ART · DSD model · ART
regimen · comorbidity

Results: Predictors of retention in care (n=407,193)



Results: Predictors of viral suppression (n=352,534)



Key findings



91–92%

retention in both
Prescription groups

**Retention in
care**

12-month prescriptions maintained equivalent retention to 6-month prescriptions across all 7 provinces

Adjusted risk ratio showed a small non-significant positive association with 12m prescription (IRR 1.002)

Older clients and those longer on ART were more retained; **Fac-PuP** and **male sex** were associated with slightly lower retention

+1.3%

adjusted VS gain with
12m prescription

**Viral
suppression**

12-month prescription clients had slightly higher adjusted viral suppression consistent across all provinces

Adjusted risk ratio showed a small non-significant positive association with 12m prescription (IRR 1.016)

Male sex and older age were associated with lower viral suppression; 2–4 years on ART associated with higher suppression

Caveat: selection bias

12-month scripts may have been preferentially offered to clients expected to do well. Causal conclusions should not be overstated.

Policy & programme recommendations



1 Support 12-month prescriptions as policy

One clinical visit per year is what matters to clients — especially when combined with longer dispensing and community pickup.

2. Prioritize men and young clients

12-month scripting did not close the engagement gap - longer prescriptions alone will not address this disparity.

3. Inform WHO guideline development

These findings directly support WHO's call for evidence on less frequent clinic visits for stable ART clients.

Missed opportunities for integrating family planning into differentiated ART service delivery in Malawi

Idah Mokhele

AMBIT Project, 22 June 2026

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Background

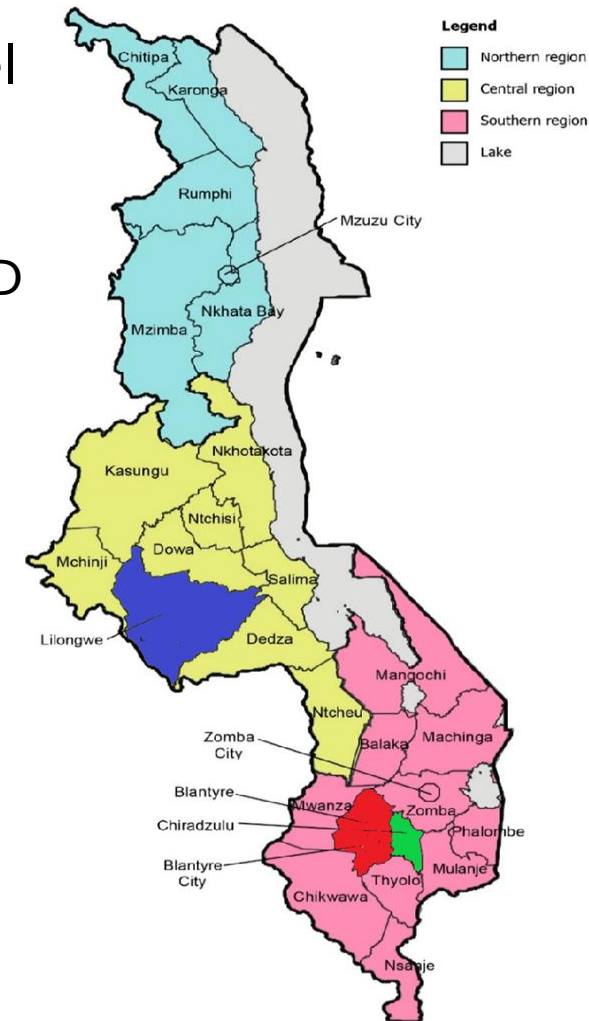
- **Differentiated service delivery (DSD) models for ART** are widely implemented in Malawi to improve efficiency and client-centred care.
- **Integrating family planning (FP) into DSD models for ART** can improve client-centered care for women living with HIV (WLHIV).
- Evidence on FP access and coordination within ART DSD models in routine settings remains limited.



AIM: Assess FP access and FP–ART visit coordination among WLHIV enrolled in different models of care for ART in Malawi.

The SENTINEL-Malawi client DSD survey

- Interviewer-administered **cross-sectional survey** at 12 public facilities in three districts (Chiradzulu, Blantyre, Lilongwe)
- WLHIV (16–49 years, on ART ≥ 6 months), July–October 2024, during routine HIV-related clinic visits
- Up to 10 participants per model of care were sequentially enrolled, including:
 - Conventional care-eligible for DSD but not enrolled (CE)
 - Conventional care-not eligible for DSD (CN)
 - Teen clubs (TC)
 - Mother–infant pairs (MIP)
 - Six-month dispensing (6MMD)
 - Community-based and other less common models (CB-O).



Outcomes: Self-reported current FP use & method type ·
Reasons for non-use · Coordination of FP and ART visits



Results

31 yrs

Median age
(IQR 21–40)

64%

Currently
employed

9 yrs

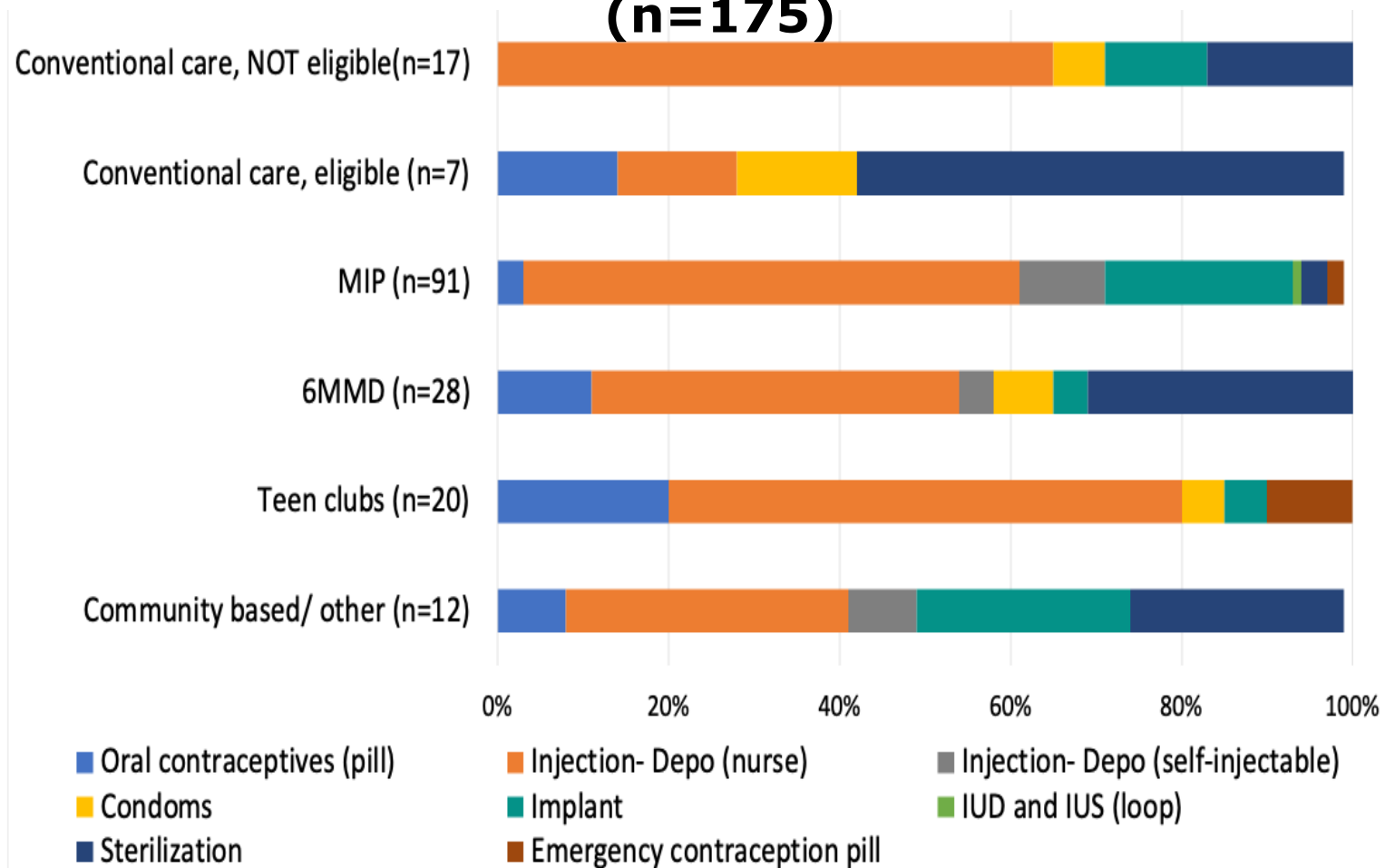
Median time
on ART

Participant characteristics, current models of care, and contraceptive use (n=295)

Characteristic (N, %)	Blantyre	Chiradzulu	Lilongwe	Total
N (row %)	92 (31)	91 (31)	112 (38)	295
Education (grade 12 or higher)	49 (53)	23 (25)	44 (39)	116 (39)
Number of years on ART (median (IQR))	8 (6, 13)	10 (5, 14)	9 (6, 12)	9 (6, 13)
Model of care:				
Conventional care not eligible	2 (2)	1 (1)	8 (7)	11 (4)
Conventional care eligible	2 (2)	4 (4)	15 (13)	21 (7)
6MMD	34 (37)	42 (46)	34 (30)	110 (37)
Mother-infant pairs	18 (20)	24 (26)	15 (13)	57 (19)
Teen clubs	25 (27)	18 (20)	26 (23)	69 (23)
Community-based/other	11 (12)	2 (2)	14 (12)	27 (9)
Contraceptive use (current)				
No	47 (51)	29 (32)	44 (39)	120 (41)
Yes	45 (49)	62 (68)	68 (61)	175 (59)

Family planning methods among current users

Current self-reported FP methods by model of care (n=175)

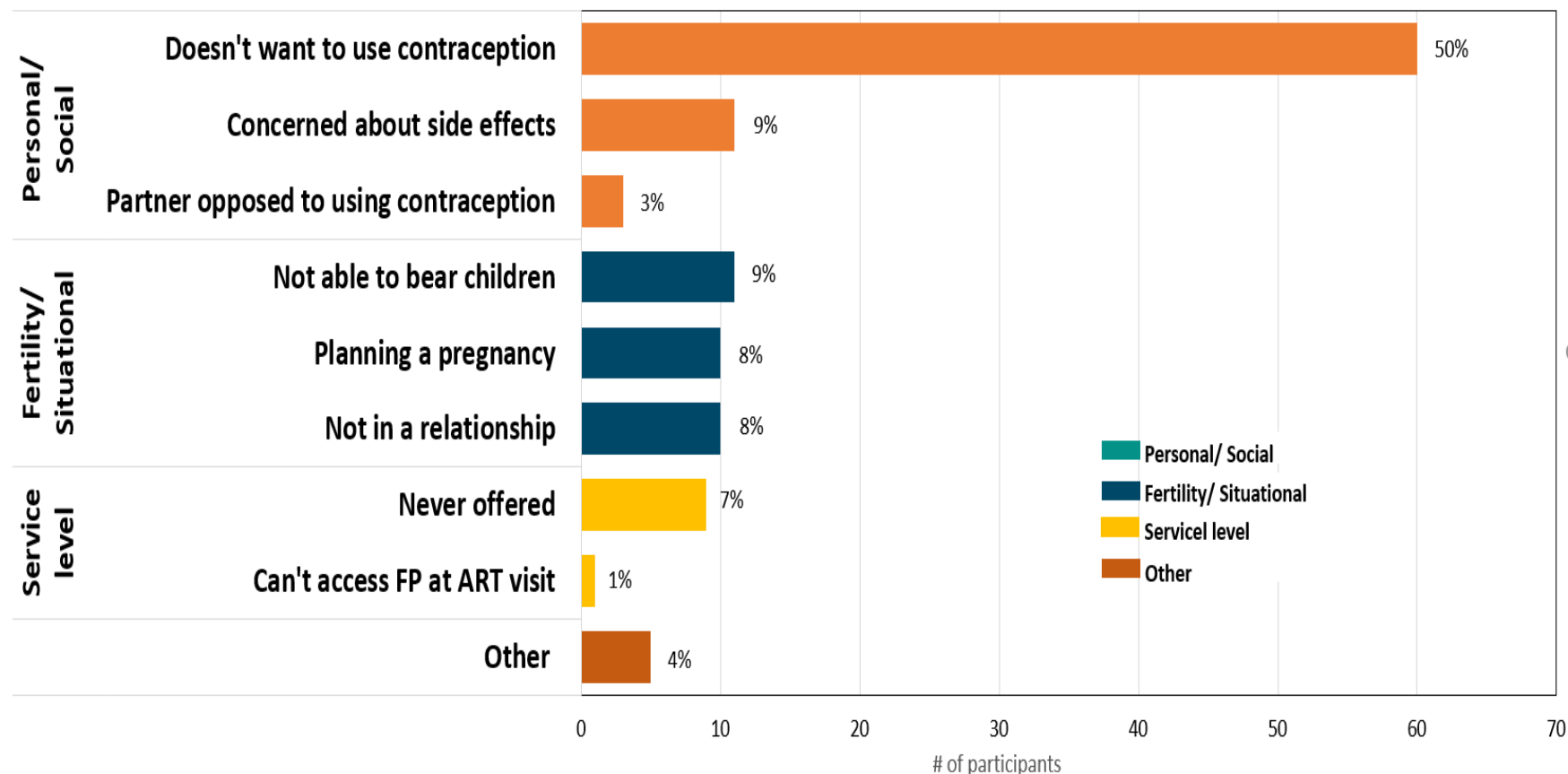


KEY FINDINGS

- Depo-Provera most common (53%)
- Only 15% use long-acting implants despite their convenience with MMD schedules
- 13% are sterilized — indicating completed families, especially among older women
- Visit schedule mismatch: Depo's 3-month cycle not aligned with 6MMD dispensing

Reasons for not using family planning

Reasons for Non-use of FP (n=120)



BY DSD MODEL

- **Teen clubs (59%):** Highest 'personal choice,' but 14% were never offered FP services
- **CB-O (50%):** High personal choice; no FP offered at point of ART
- **6MMD (17%):** Health concerns dominant — side effects & infertility fears
- **MIP (10%):** Health concerns; some planning further pregnancies

Family planning-ART visit coordination

83%

accessed FP at separate visits

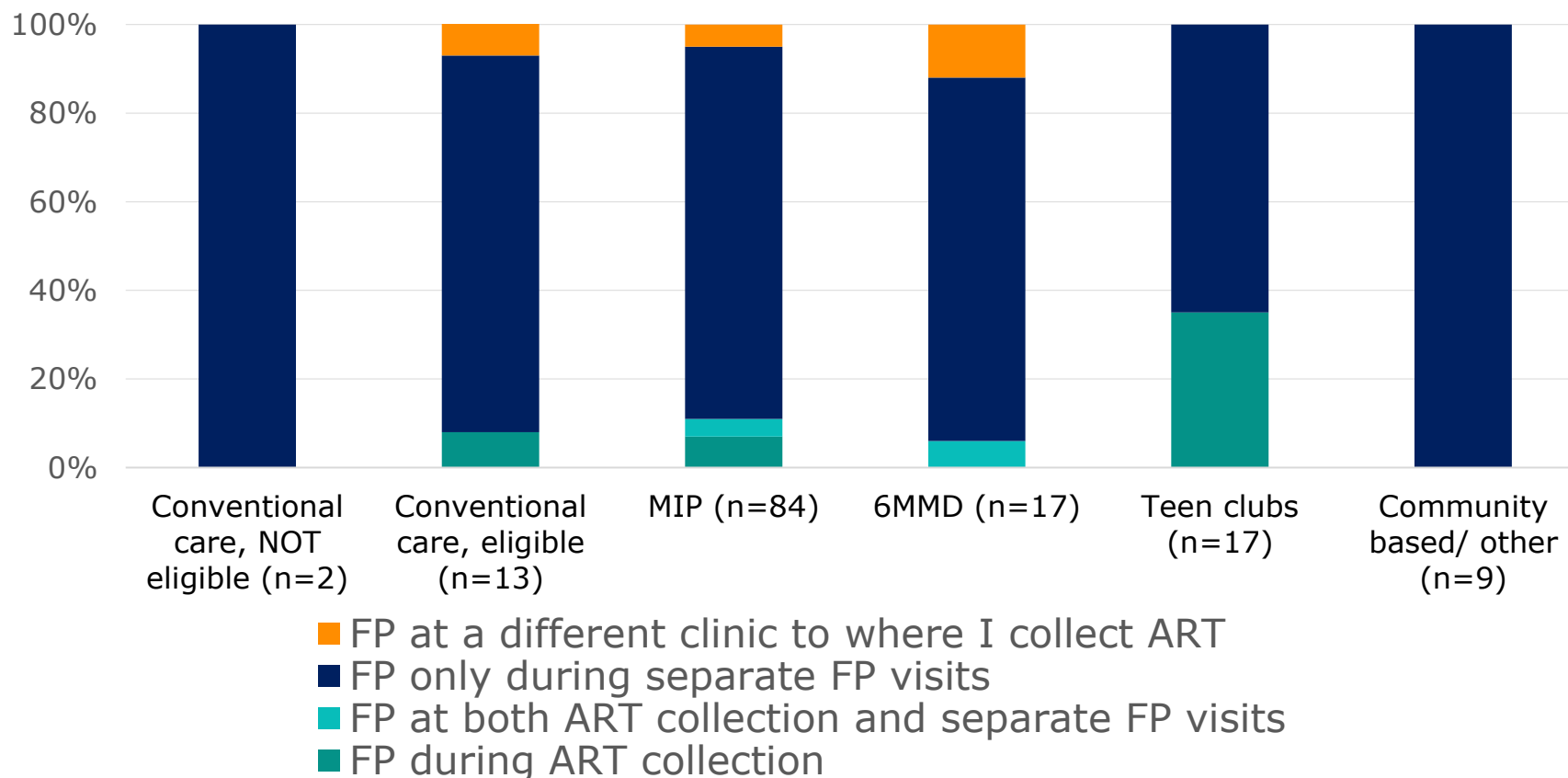
9%

FP at same ART visit

5%

FP at different facility

Coordination of family planning and ART collection (n=142)



Teen clubs: 20% co-located (highest) | **MIP:** mixed access patterns | **CB-O:** zero co-location observed



Key takeaways

- **There is little integration of family planning into differentiated ART delivery services;** 83% of WLHIV still access FP at entirely separate visits.
- **Integration potential differs markedly by DSD model;** Teen clubs and MIP show some co-location; CB-O models show none.
- **Adolescents in teen clubs face a double gap,** reporting the lowest FP uptake AND least likely to be offered FP (14% never offered).
- **Coordinating FP and ART schedules** would reduce client burden and strengthen the value proposition of DSD.

Acknowledgements

- Malawi Ministry of Health
- SENTINEL site staff and clients
- Implementing partners
- Gates Foundation
- IAS, CQUIN, and other collaborating organizations
- AMBIT project team



3. Upcoming at AIDS 2026



AIDS 2026, the 26th International AIDS Conference





Registration is now open

Register for AIDS 2026 and join thousands of HIV professionals at the world's largest conference on HIV and AIDS.

[Register now →](#)

Satellite sessions supported by the IAS DSD programme

Monday, 27 July

- *Prioritization under pressure: Rethinking HIV service delivery with TIER-Plus*, 11:30 – 12:30, Room: 203

Tuesday, 28 July

- *AI and HIV: Who owns the future of public health?*, 13:30-14:30, Room: 203,
Organizer: Lancet Global Health Commission on AI and HIV

Wednesday, 29 July

- *The future of HIV service delivery is...simplification, self-care, integration, and AI in practice*, 12:00-13:00, Room: 201
- *Unfinished business: Ending preventable deaths from advanced HIV disease in a changing HIV response*, 18:00-19:30, Room: 103

Selected oral abstract presentations

Tuesday, 28 July

- **Costing the implementation of 6MMD utilizing 6- and 12-month scripting in South Africa**, Huber et al, presented at: *Economics of impact: Costing studies across the cascade*
- **Early impact of funding withdrawal on HIV care and treatment programs in East Africa**, Truong et al, presented at: *From insecurity to inequity: Examining structural drivers of HIV outcomes*

Wednesday, 29 July

- **Advanced HIV disease and subsequent mortality and hospitalization among people living with HIV in South Africa**, Mbeje et al, presented at: *Still running late: Advanced HIV disease*
- **Assessing implementation and expansion of advanced HIV disease in Malawi**, Phiri et al, presented at: *Still running late: Advanced HIV disease*

Friday, 31 July

- **Tuberculosis amidst the high tide of antiretroviral therapy interruptions: a retrospective cohort study in South Africa**, Moolla et al, presented at: *It is still TB: The unfinished battle*



Poster exhibition

Tuesday, 28 July

- Tenofovir diphosphate thresholds accurately predict concurrent viraemia in people living with HIV taking tenofovir disoproxil fumarate, lamivudine and dolutegravir, Dorward et al
- **Home-based counseling and ART initiation increase viral suppression among men out of care in Malawi: randomized trial, Dovel et al**
- Sustaining zero interruptions in treatment among people living with HIV in Bayelsa State, Nigeria: a retrospective cohort study, Golbador et al
- **Early viral load monitoring and enrollment into multi-month dispensing models following South Africa's 2023 revision of HIV treatment guidelines, Kachingwe et al**
- Providers prefer frequent contact over flexibility to reduce risk of early disengagement from HIV care in South Africa, Kachingwe et al
- Costs of an adaptive HIV treatment strategy and differentiated service delivery for persons living with HIV in South Africa: results from the SMART ART study, Klein et al
- Feasibility and preliminary effectiveness of a multicomponent intervention for blood pressure screening among people living with HIV at community pharmacies in Kampala, Uganda: a hybrid type 1 mixed-methods study, Musimbaggo et al
- Diagnostic accuracy of a point-of-care urine tenofovir test, and associations between measures of tenofovir and treatment outcomes in a community antiretroviral therapy delivery programme, Naidu et al
- **Community-led differentiated HIV care in crisis-affected rural Bamenda: a mixed-methods implementation study, Wacha et al**

Poster exhibition (continued)

Wednesday, 29 July

- Dolutegravir markedly improves 6- and 12-month viral suppression in children ≤ 5 Years, South Africa, Anderson et al
- HIV service delivery during 2025 donor funding disruptions: analysis of routinely collected national programme data, Chirwa et al
- A qualitative assessment of program adaptations response in PEPFAR-supported countries during the limited life-saving waiver period, Choongo et al
- **Client-provider interactions, cyclical interruptions in treatment, and the role of positive relationship building in treatment adherence and retention among men living with HIV in Malawi: a qualitative study**, Edwards et al
- Effect of donor funding disruptions on HIV data capture in four South African districts, Huber et al
- **Predictors and self-reported causes of treatment interruption among clients on antiretroviral therapy in Malawi: a nested case-control study**, Lemani et al
- Rethinking entry and access to care: AI-enabled self-care as HIV service infrastructure, Rech et al
- Association between alcohol use and engagement in HIV care across 11 Eastern and Southern African countries, Reed et al
- **Health communication between clients with advanced HIV disease and their healthcare providers in Zambia**, Sivile et al
- "The services were scrapped..." Explorations of 2025 funding cuts and impacts on HIV prevention services for pregnant and postpartum women in southwestern Uganda, Smith et al
- Assessing Mozambique's HIV financing ecosystem amid declining donor support: lessons from a national task force, Uetela et al
- **Integrating pre-exposure prophylaxis into postnatal care: service delivery, risk perception, and uptake among breastfeeding women in South Africa**, Wessels et al

Poster exhibition (continued)

Thursday, 30 July

- AHD health facility prioritization: a multi-factor analysis from Malawi, Balakasi et al
- Engagement in care and viral load outcomes in the first 6 months after ART initiation: evidence from 18 South African clinics, Benade et al
- The effect of an unplanned funding shock on a donor-supported HIV testing workforce: evidence from Malawi's national program, Chirwa et al
- Effects of global HIV funding shifts on donor-supported staffing and HIV service delivery in South African primary healthcare facilities, Kachingwe et al
- Co-developing mobility-responsive interventions to reduce interruption in HIV treatment in Malawi, Lungu et al
- Differentiated service delivery for ART in rural South Africa: healthcare workers' and people living with HIV perspectives on implementation and impact, Ntinga et al
- Trends in the quality of HIV service delivery following the suspension of PEPFAR support in Mozambique, Paulo et al
- **Addressing the postnatal "last mile" of vertical HIV transmission through integrated postnatal care in South Africa**, Wessels et al

E-Poster

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

IAS Selected sessions and workshops

Monday, 27 July

- WHO clinical, service delivery and surveillance updates: new recommendations for HIV and sexually transmitted infections, Satellite organized by WHO

Tuesday, 28 July

- Rethink. Rebuild. Rise., Plenary Session
 - **Delivering HIV services in a time of transition**, Lloyd Mulenga, Ministry of Health, Zambia

Wednesday, 29 July

- When data is not enough: Rewiring the HIV response for a new era, Symposium.
- HIV service delivery in conflict, humanitarian and development settings, Oral abstract session.
- Still running late: Advanced HIV disease, Oral abstract session.
- Rethinking systems and synergies in the current global climate, Symposium

Thursday, 30 July

- From community to innovation to scale, Symposium.

Friday, 31 July

- Practice and partnerships: Community roles in driving HIV service delivery, Oral abstract session
- It is still TB: The unfinished battle, Oral abstract session

Global DSD Research Collaborative dinner

- Sunday, 26 July 2026 (pre-conferences day)
- Restaurant: Corrientes 348 Barra da Tijuca
- Transport from the conference center to the restaurant will be arranged.

If you would like to attend, please let us know by email or in the chat and we will send you a form.



4. Next steps/Any AOB

**TILL
NEXT
TIME...**