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SESSION OP01

Opening session

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AUTHOR

Alice Kayongo

Session summary

Brilliant opening ceremony moderated by Alberto Pereira Jr. (Brazil), officiated by Beatriz Grinsztejn (IAS President, International Co-Chair), Draurio Barreira (Local Co-Chair), Claudia Cortes (Regional Co-Chair), Winnie Byanyima (UNAIDS), Dr. Tedros Adhanom (WHO), Alexus D'Marco (UCTRANS), Jabas Barbosa da Silva Jr (PAHO) and Dr. Alexandre Padilha, (MOH-Brazil). Entertainment by Jaloo (Brazil)

Session highlights

Alberto Pereira Jr. moderated the session, welcoming delegates and calling the global community to learn from Brazil about the courageous political choice made — rooted in science, public health and human rights; underscoring healthcare as a right and not a privilege. Dr. Beatriz Grinsztejn acknowledged that gaps in the HIV response are persistent in countries carrying the highest burden, but noted that by following new scientific advances, focusing on implementation, and centering access, the curve can be bent . Dr. Draurio Barreira highlighted treatment as meaningless if it fails to reach those who need it. Claudia Cortez and Alexus D'Marco urged delegates to rise above the noise of inequality, while activists demonstrated for a cure, noting that "cuts = deaths" and "Pharma greed costs lives". Winnie Byanyima indicated that every breakthrough was due to direct confrontation of inequality and called for refocus on rights, science and financing. Dr. Tedros called for domestic and international funding, defending community organisations, repealing criminalization laws, and refusing to see the response as finished business. Dr. Jabas Barbosa, emphasised — "innovation changes lives only when people access it." Concluding the ceremony, Dr. Alexandre Padilha echoed all speakers in affirming that "innovation without access is injustice."

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Critical assessment

As a convener of delegates from 170 countries, the International AIDS Conference collects scientific evidence, community experiences, provides a platform for asking questions hindering the end of AIDS and gives space for candid discussions on how to continue the response with zeal and commitment. Delegates including key speakers refuse to see the response as finished business but rather call for recommitment to end the epidemic. It's for this reason among others, that AIDS 2026 urges all stakeholders to rethink, rebuild and rise to keep on doing what was committed to make the end of AIDS a reality.

SESSION PL01

Rethink. Rebuild. Rise.

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AUTHOR

Marion Pardons

Session summary

The plenary session PL01 featured updates on broadly neutralizing antibodies (Michel Nussenzweig, Track A), delivering HIV services in a time of transition (Lloyd Mulenga), and the influence of culture, media and behaviour on the HIV pandemic (Wame Jallow Mosime). This session summary focuses on Track A (basic and translational science).

Session highlights

Broadly neutralizing antibodies (bNAbs) differ from conventional antiretroviral therapy by engaging the immune system through Fc receptor-mediated effector functions. bNAbs clinical trials in people living with HIV have shown that 20-30% of individuals display enhanced post-treatment control. The placebo-controlled RIO trial, evaluating the long-acting HIV-specific bNAbs 3BNC117-LS and 10-1074-LS, and the MCA1031 trial, assessing these bNAbs in combination with the IL-15 superagonist N-803, provided an opportunity to identify correlates of enhanced post-treatment control. Features associated with enhanced post-treatment control included pre-existing autologous antibodies, pre-existing stem-like $CD8^+$ T-cell responses with rapid expansion upon viral rebound, and a starting reservoir with lower viral diversity. In contrast, the size of the

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intact HIV reservoir did not correlate with enhanced post-treatment control. Finally, vaccination with immunogens was proposed as a complementary approach to bNAb therapy to enhance autologous antibody responses, thereby improving the efficacy of bNAb-based interventions.

Critical assessment

This session provided new insights into the correlates of post-treatment control in bNAb clinical trials, highlighting the importance of stem-like $CD8^+$ T-cell responses. However, the findings were derived from two trials conducted almost exclusively in cisgender men from high-income countries, underscoring the need for bNab trials in more diverse populations. Additional perspectives on bNAb clinical trials in early-treated women (FRESH cohort) and infants (Tetalo and Tetalo plus studies) were presented in Session SY19.

SESSION SY19

bNAbs for cure: Hope or hype?

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AUTHOR

Yanis Merad

Session summary

Panellists reviewed the clinical evidence on relevance of broadly neutralising antibodies (bNAbs) for HIV care and cure strategies. Discussions covered safety, trial design, specific considerations for use in paediatric population and low-income settings, immune mechanisms involved in post-interventional control, and future strategies.

Session highlights

Moderator Sarah Fidler summarised the evidence: bNAbs can maintain viral suppression for months, and in a small subset confer long-lasting post-interventional control, though strategies fall short of the HIV cure target product profile. Marina Caskey reported that some participants exhibited “partial control” with delayed and intermediate levels of viral rebound, pointing to emerging mechanisms including a T cell vaccinal effect and autologous neutralising antibodies. Thumbi Ndung’u presented the

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bNAbs-plus-vesatolimod trial in FRESH, a hyperacute-treated women's cohort: of 20 participants, 6 restarted ART after 44 weeks of ATI, and 4 became sustained post-treatment controllers; baseline sensitivity did not predict rebound. Mathias Lichterfeld showed paediatric data from Botswana: Tatelo (two bNAbs) left 44% undetectable at six months; the ongoing Tatelo+ (three bNAbs) is promising with 100% still undetectable at week 24. While safety considerations are major in this population, bNAbs would offer a more acceptable treatment option. Simon Collins argued RIO's control arm was essential to distinguish bNAb effect from natural post-treatment control; Ndung'u added control rates are less described outside the global North, warranting placebo arms. Steven Deeks cautioned that "bNAbs plus lenacapavir isn't cure, it's suppression", deeming interventions aiming for endogenous production of bNAb (e.g. gene therapy) as more transformative.

Critical assessment

The session made a credible case that bNAbs do something ART does not: RIO and FRESH both point to immune-mediated control persisting after antibody washout. However, effects remain confined to small subsets and should be treated as preliminary. Key limitations are incomplete strain coverage (most bNAbs are isolated from clade B), imperfect and costly bNAb sensitivity assays and implementation challenges. Additive benefit of adjunct immunomodulators is still unclear (e.g. TLR-7 agonists, N-803). Placebo-controlled trials remain essential at this point. A better understanding of immune mechanisms underlying the observed post-interventional control phenotypes is necessary.

SESSION SY05

Beyond pills: The future of long-acting and curative therapies

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AUTHOR

Yanis Merad

Session summary

This session discussed new treatment strategies that broaden the HIV, TB and HBV therapeutic range. Access to approved LA antiretrovirals remains a challenge for many

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populations. Long-acting TB drugs could simplify care, but development is still early. New HBV antivirals and gene therapies are promising for the HBV cure agenda.

Session highlights

Monica Gandhi (University of California San Francisco) highlighted the strong evidence supporting the benefits of LA-ART, and its ability to improve treatment adherence in viremic individuals. She summarized new treatment options. She observed that LA-ART is still unavailable to those who need it and called all to action. Marco Vitoria (World Health Organization) stressed that despite several challenges, long-acting TB treatment would allow sustained exposure to therapeutic levels of drugs, reduced risk of drug resistance and higher adherence. LA bedaquiline recently completed phase 1. Other TB drugs are in the pipeline. Thumbi Ndung'u (Africa Health Research Institute) stressed the specific challenges faced by PWH from LMIC and the need for alternatives to oral ART. He presented promising results from a clinical trial investigating two bNAbs and a TLR-7 agonist, conducted within the FRESH cohort of hyperacute-treated women. He also noted that vectored gene therapy is a promising bNAb delivery platform. Arthur Kim (Massachusetts General Hospital) explained that HBV cure is needed because of the high burden it imposes on more than 250M individuals. New antiviral strategies such as Pevifoscorvir (capsid assembly modulator) or Bepirovirsen (antisense nucleotide) and emerging gene therapy modalities offer promising avenues for the HBV cure agenda.

Critical assessment

This cross-disease session usefully highlighted that moving "beyond pills" is a shared translational challenge, not one specific to HIV. LA-ART is the most mature example, with real-world (Ward 86) data now outpacing RCT evidence, yet equitable access in LMIC lags years behind approval. TB and bNAb-based strategies remain earlier stage — LA bedaquiline has only completed phase I, and FRESH shows heterogeneous rebound phenotypes including some early rebounds in bNAb-sensitive individuals. HBV antivirals (bepirovirsen, pevifoscorvir) and gene-editing approaches are promising. The common message: implementation and access planning must accompany drug development, not follow it.

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SESSION OAA10

Cause or curse: Metabolism and HIV pathogenesis

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AUTHOR

Marion Pardons

Session summary

The oral abstract session OAA10 featured presentations on metabolomic profiles underlying persistent microbial dysbiosis, increased cardiometabolic risk, adverse pregnancy outcomes, and T cell dysfunction among people living with HIV (PLWH) receiving antiretroviral therapy (ART).

Session highlights

Leila Bertoni Giron (Northwestern University) showed that α1,2-fucose, a sugar essential for gut homeostasis, is reduced in gut biopsies from PLWH on ART. This reduction was linked to senescent epithelial cells expressing high levels of fucose-degrading enzymes and was associated with increased inflammation and reduced abundance of short-chain fatty acid-producing bacteria. Restoring α1,2-fucose reshaped the gut microbiota and improved intestinal barrier integrity. Han Siong Toh (Chi Mei Medical Center) compared plasma proteomic profiles between PLWH on ART and individuals receiving PrEP to identify molecular pathways associated with the increased cardiometabolic risk observed despite effective ART. The analysis identified a distinct cardiometabolic proteomic signature characterized by persistent innate immune activation and inflammation despite sustained virologic suppression. Clyde Mulenga (University of North Carolina, LLC Zambia) applied untargeted metabolomics to identify pathways associated with adverse pregnancy outcomes. The 24–28-week gestational window was the most informative, metabolomic profiles differed between women with and without HIV, and distinct adverse outcomes exhibited unique metabolomic signatures. Jean-Pierre Routy (McGill University) investigated acyl-CoA-binding protein (ACBP), an inhibitor of autophagy and oxidative phosphorylation. Elevated plasma ACBP levels in PLWH on ART impaired T-cell function by increasing lipid uptake, thereby promoting apoptosis and contributing to persistent immune dysfunction.

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Critical assessment

These studies identified potential biomarkers and therapeutic targets that may inform future strategies to restore gut homeostasis, limit cardiovascular risks, improve T-cell function, and enhance maternal–fetal health. Additional work is needed to clarify the mechanisms underlying metabolic dysfunction and to validate these findings in larger and more diverse cohorts. The rapporteur also notes that careful selection of appropriate comparison groups is essential for the interpretation of proteomic and metabolomic studies.

Beyond pills: The future of long-acting and curative therapies

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AUTHOR

Monica Gomes

Session summary

This symposium offers a reflection on the progress achieved in the control of HIV, TB and hepatitis B through the years. The presentations covered topics ranging from the history of ART to LA drugs, and novel approaches aimed at achieving functional cure for hepatites B and sustained HIV remission.

Session highlights

The session opened with Dr. Monica Gandhi from the University of California who provided an excellent overview of ART development, tracing its evolution through to 2021, when LA ART combinations became available. She highlighted the continued development of new ART formulations designed to meet the needs of specific populations, with simpler delivery options that expand treatment choices and enable personalization of care. Next, Dr. Marco Vitoria from the WHO presented an overview of research on LA therapies for the treatment and prevention of TB. He emphasized that one of the major challenges is achieving PK synchronization among the multiple agents required. In addition, he presented perspectives from both communities and providers, showing a strong preference for LA injectable options, particularly single-dose formulations. Following this presentation, Dr. Thumbi Ndung'u, from Africa Health Research Institute, presented data from LA bAbs with IL-7 in women where 20%

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achieved durable HIV control. Cases of rebounds despite therapeutic antibody levels and no detectable resistance require follow up. To conclude the session, Dr. Arthur Kim from Massachusetts General Hospital, discussed strategies aimed at achieving a cure for hepatitis B. He presented data from studies investigating promising strategies, including pevifoscorvir, gene therapy, and bepirovirsen.

Critical assessment

The four presentations in this symposium highlighted two important points: first, the need to ensure equitable access to newer treatment strategies; and second, the challenges of maintaining lifelong treatment, whether through daily medications or long-acting therapies. Improvements in treatment options that reduce stigma, improve adherence, decrease drug resistance, and facilitate drug delivery are important advances. However, these improvements do not replace the need for continued scientific efforts to develop finite treatment strategies that can achieve a functional cure for hepatitis B, significantly improve tuberculosis treatment outcomes, and provide the opportunity for sustained HIV remission.

Spotlight on the liver

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AUTHOR

Karine Lacombe

Session summary

Liver disease in people living with HIV is common, often silent, and needs proactive, individualized screening, not one-size-fits-all algorithms. The session highlighting liver -related issues in people living with HIV has emphasized that through four complementary coimmunications.

Session highlights

In the PROSPEC-HIV cohort (Perazzo et al., OAB0902), the AI-derived SAFE score, built from routine variables (age, BMI, diabetes, AST/ALT, globulin, platelets), stratified 8-year risk of advanced fibrosis (13.8% vs 3.1% cumulative incidence, high vs low score; adjusted HR 3.35), offering a low-cost triage tool where elastography is

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unavailable. A US urban clinic cohort of 1,168 PWH (Jimenez et al., OAB0903) found 49% lacked HBV immunity, with immunity declining with age. This is increasingly relevant as long-acting and dual-therapy regimens may omit tenofovir, removing its incidental HBV protection, supporting universal serostatus checks and catch-up vaccination. A 20-year Modena case-control series (Cervo et al., OAB0904) showed liver transplantation is viable in PLWH: 10-year survival was comparable to non-HIV recipients (59.6% vs 66.7%), rejection rates equalized after 2015, and CMV infection was the main residual risk. HCC recurrence was similar but later in onset; post-transplant MASLD affected roughly one in five recipients. Finally, a London cohort (Bascombe et al., OAB0905) found 14.6% of PLWH with steatotic liver disease had normal BMI yet equivalent stiffness and fibrosis scores, linked to prior lipodystrophy and tenofovir alafenamide, so BMI-based screening misses a significant subgroup.

Critical assessment

Liver risk stratification in HIV care should be routine, use accessible biomarker-based tools to evaluate fibrosis (not just BMI or imaging access), include HBV serostatus reassessment as ART regimens change, extend post-transplant metabolic vigilance, irrespective of resource setting and assess liver fibrosis not only in overweight people but also in people presenting with a lean body composition in order to prevent metabolic liver disease. Role of TAF in the fibrosis seen in the lean group is not clear at that stage, neither is the reason for the difference observed in the duration of HCC recurrence in people without HIV.

ARTistic strategies 1: From testing to treatment

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AUTHOR

María Inés Figueroa

Session summary

This session reviewed evidence on antiretroviral therapy efficacy and safety across diverse populations, highlighting real-world and clinical trial data on integrase inhibitor-based regimens, long-term pediatric outcomes, viral load monitoring strategies, new drug treatment switching in the presence of resistance mutations.

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Session highlights

Dr. Cheret presented findings from the French Dat'AIDS cohort (BicDol study), comparing dolutegravir- and bictegravir-based triple regimens in people with high and very high baseline viral loads, including acute HIV infection. Both regimens were highly effective, although dolutegravir achieved faster viral suppression during the first 24 weeks. Long-term data presented by Dr Natakunda also confirmed the efficacy and safety of bictegravir/emtricitabine/tenofovir alafenamide (B/F/TAF) in children and adolescents, with sustained viral suppression, favorable safety and metabolic outcomes, and no impact in growth over five years. Data from sub-Saharan Africa showed that point-of-care viral load monitoring improved viral suppression at six months, although this benefit was not sustained at 12 months. Dr. Diamond reported pooled analyses of studies P051, P052, and P054, showing that switching to doravirine/islatravir maintained viral suppression through week 96 despite baseline NNRTI resistance-associated mutations and/or M184I/V, with no association between these mutations and virological failure. Finally, Dr. Ghosn presented the VOGUE study, the first randomized head-to-head trial comparing two diferent integrase inhibitor-based strategies: dual therapy with dolutegravir/lamivudine versus triple therapy with bictegravir/TAF/emtricitabine in treatment-naïve people with HIV. Dolutegravir/lamivudine was non-inferior to triple therapy, including in individuals with high baseline viral loads and low CD4 counts.

Critical assessment

The studies reinforced the effectiveness and durability of contemporary antiretroviral regimens across real-world and clinical trial settings, including pediatric populations. Findings supported treatment simplification with novel agents and dual therapy, even in the presence of selected resistance mutations, and highlighted the value of point-of-care viral load monitoring. However, differences in study design, study populations, follow-up duration, and outcomes should be considered when interpreting the findings. Further evidence is needed on the long-term impact of integrase inhibitor-based strategies, particularly regarding inflammation, viral reservoirs, and clinical outcomes in acute HIV infection and individuals with high baseline viral loads.

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From research to real life: Translating evidence into pregnancy, breastfeeding and paediatrics care

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AUTHOR

Geoffroy Liegeon

Session summary

This session explored the intersection of maternal and paediatric health within HIV care continuum, with a specific focus on new evidence concerning maternal viral suppression and breastfeeding safety, immune and developmental outcomes among infants with perinatal HIV exposure, and the biology of HIV persistence and immune modulation in early life.

Session highlights

Dr. Guzzi (Argentina) highlighted near-achievement of U=U for pregnancy when viral suppression is maintained from preconception throughout gestation; however, U=U during breastfeeding remains uncertain. Recent real-world data show minimal HIV transmission risk (<1%) through breastfeeding with maternal suppression. Dr. Guzzi notably reported Argentina's first multicenter experience with no postnatal transmission among 15 breastfeeding mother-infant dyads. Dr. Tagarro (Spain) highlighted persistent research gaps for infants with perinatal HIV exposure. A complex interplay of maternal, infant, immune, and socioeconomic factors causes modest health decrements in these children, recently improved by better ART, healthier pregnancies, sanitation, and breastfeeding. Neurodevelopmental issues persist, requiring early diagnosis and intervention through improved nutrition and stimulation programs. Dr. Tiemessen (South Africa) detailed HIV persistence and immune modulation in early life. Infants born with HIV have smaller, faster-decaying reservoirs and lower intact virus detection versus adults. CD4/CD8 stem cell memory (SCM) T cells remain also reduced compared to infants with perinatal HIV exposure. CD8 SCM cells emerged as a pivotal for immune modulation in infants, with higher frequencies correlating with low viral load and immune activation. Thus, reprogramming dysfunctional CD8 T cells into stem-like cells represents a promising strategy to improve HIV control in infants.

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Critical assessment

The session highlighted critical research gaps in mother-to-child transmission, infants with perinatal HIV exposure outcomes, and early immune modulation, emphasizing the need for sustained research investment. Recent U=U findings during breastfeeding have shifted global consensus from prohibition to shared clinical decision-making, though many guidelines remain restrictive. Evidence must support risk reduction and person-centered care. For infants born with HIV, understanding immune mechanisms and their effects on viral reservoirs remain critical for advancing pediatric cure strategies. Ensuring infants with perinatal HIV exposure are not left behind should also be a major priority as we advance HIV research and care.

Ebola in context: Past outbreaks, present responses and emerging lessons

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AUTHOR

Keshab Deuba

Session summary

The session traced 50 years of Ebola and examined the 2026 Bundibugyo virus disease outbreak in the Democratic Republic of the Congo. It highlighted gaps in vaccines and therapeutics, operational challenges in conflict settings, and lessons from HIV for research, access, trust and preparedness.

Session highlights

Alexandra compared HIV and Ebola across stigma, governance, emergency research, therapeutics and equitable access, emphasizing that clinical research must be embedded in outbreak response despite high mortality and pressure for immediate access. Peter Piot traced Ebola from its 1976 discovery to the 2026 Bundibugyo outbreak, arguing that scientific capability has advanced faster than the capacity to act in conflict-affected settings. Placide Mbala reported 2,905 confirmed cases and 1,269 deaths across 47 health zones in five provinces of the Democratic Republic of the Congo by 22 July, a 43.7% case fatality ratio; 121 health workers were affected. Vincent Muturi-Kioi reviewed Bundibugyo-specific candidates, including ChAdOx1, mRNA and VSV platforms, and ring vaccination, cross-reactive and multivalent strategies informed

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by HIV vaccine research. Thomas Ellman described the Médecins Sans Frontières response, including decentralized PCR that reduced turnaround time to about four to five hours, while insecurity, delayed detection, weak contact follow-up, disrupted supply chains and reduced access to routine services complicated control. Community engagement, safe and dignified burials, rapid trials and post-trial access were emphasized.

Critical assessment

The session linked scientific advances with operational realities. Historical, epidemiological, vaccine-development and field-response perspectives showed that rapid diagnostics and candidate vaccines are insufficient without trust, access, security, surveillance and functioning health systems. However, several vaccine findings remain preclinical or based on early-phase studies, and outbreak estimates were still evolving. The session supports pre-positioned protocols, regionally available investigational stockpiles, decentralized diagnostics, community-engaged response and research embedded in emergencies. HIV experience offers useful lessons on stigma, governance, equitable access and sustained investment, but these lessons must be adapted to the acute transmission dynamics and high fatality of Ebola.

Demedicalizing PrEP

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AUTHOR

Olivia "Libby" Van Gerwen

Session summary

Despite PrEP's proven efficacy and expanding prevention options, its public health impact remains limited by inequitable access. This session convened experts from diverse fields to examine innovations, barriers, and strategies for demedicalizing PrEP, with the goal of improving equitable access and uptake among populations most in need.

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Session highlights

Moderators Ines Dourado (Brazil) and Rena Janamnuaysook (Thailand) opened the session by highlighting persistent gaps in PrEP access and uptake. They argued that the question is no longer whether PrEP works, but how to deliver it effectively and equitably to those who need it most, emphasizing the need for innovation in demedicalizing the PrEP cascade. Udom Likhitwonnawut (Thailand) introduced the benefits of expanding PrEP options, including greater sexual autonomy, sustained access, and enhanced privacy. Catherine Jeet Kiptinness (Kenya) described a successful pharmacist-led PrEP model that capitalized on pharmacists' trusted community role while incorporating physician support and enhanced training for pharmacy professionals. Tristan Schukraft (United States), founder of MISTR, demonstrated how telehealth has expanded access to PrEP and other sexual health services, including doxyPEP, by reducing barriers associated with traditional healthcare settings. Liao Magno (Brazil) concluded the session by highlighting the success of nurse-led PrEP programs in Brazil, which have increased PrEP prescribing nationwide. He emphasized that their long-term success depends on sustained investment in nurse training, resources, and institutional autonomy. The presenters all emphasized that lowering barriers, building trust, and honoring patient choice are keys to successfully delivering HIV prevention to the communities left behind by current service delivery models.

Critical assessment

The successes of PrEP demedicalization presented in this symposium underscore the importance of innovative service delivery in ending the HIV epidemic. While concerns about safety and quality remain, the presenters demonstrated that stakeholder-informed approaches can expand access while maintaining effective care. Diverse populations need diverse prevention options, both in medications and in how services are delivered. Rather than allowing perfection to impede progress, we should embrace evidence-based, nontraditional models that reduce barriers to care. Successful implementation depends on tailoring these approaches to local contexts and ensuring they are designed considering the needs and preferences of the communities they serve.

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Maximizing impact with integrated STI testing

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AUTHOR

Chunyan Li

Session summary

This session examined integrated service delivery models for HIV, STIs, cervical cancer prevention and viral hepatitis across Africa and Asia. Presentations showed that integrating testing into existing health services can improve case detection, treatment uptake, and care continuity, while highlighting persistent challenges (e.g., timely referral and availability of multiplex diagnostics).

Session highlights

The session showcased how integrated testing models can strengthen prevention and care across multiple infectious diseases. Murwira (Zimbabwe) and Owuor (Kenya) presented complementary cervical cancer prevention models that integrated screening into existing health services. In rural Zimbabwe, a nurse-led static-outreach-combined model embedded cervical cancer screening within routine HIV care for women living with HIV, achieving high treatment completion, particularly through same-day thermal ablation. In Kenya, an integrated HPV self-sampling and screen-and-treat approach among fisherfolk women demonstrated high acceptability of self-sampling and excellent uptake of same-day treatment, illustrating the feasibility of combining testing, VIA triage, and same-day treatment in underserved populations. Marsh (South Africa) highlighted the rapidly increasing burden of congenital syphilis in the country despite expanded antenatal screening, emphasizing gaps in repeat testing, availability of dual testing kits, partner testing, and surveillance. Jamil (Egypt) shared that integrating community-based HIV and hepatitis testing in Pakistan effectively identified cases and suggested that multiplex rapid diagnostic tests could further improve efficiency. Similarly, Jammeh (Gambia) presented the feasibility of a triple integration program of HIV, HBV and syphilis testing among pregnant women in Gambia, which facilitated identifying cases and linkage to ART for both women and their babies.

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Critical assessment

Despite addressing different diseases and populations, all five presentations demonstrated that integrated testing can improve efficiency and reduce missed opportunities for diagnosis and treatment by leveraging existing healthcare services. However, integration alone does not eliminate health system bottlenecks. Delays in referral for more advanced treatment, limited availability of dual or multiplex diagnostics and workforce capacity constraints remain important challenges. Future implementation research should evaluate the long-term cost-effectiveness, scalability, and sustainability of integrated models while identifying strategies that strengthen health system coordination across fields including HIV, STIs, viral hepatitis, women's health and other relevant fields.

From insecurity to inequity: Examining structural drivers of HIV outcomes

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AUTHOR

Keshab Deuba

Session summary

Across five studies from Uganda, Kenya, East Africa, Nigeria and Fiji, the session showed how violence, water and food insecurity, funding disruptions, service reconfiguration and unsafe injecting shape HIV outcomes. These findings underscore the need for structurally informed and resilient approaches to HIV prevention, treatment and surveillance.

Session highlights

Amanda P. Miller, presenting on behalf of Alex Daama, described a longitudinal cohort study among women aged 15 to 49 years in Uganda. Intimate partner violence (IPV) was associated with higher HIV incidence (adjusted incidence rate ratio 3.29), while each additional vulnerability among IPV, food insecurity and water insecurity increased incidence 2.39-fold; women experiencing all three had the highest risk. Jacquelyne Odak reported a case-control study of 356 people living with HIV (PLHIV) in Kisumu County, Kenya, where water insecurity was associated with poor treatment outcomes (adjusted odds ratio 5.0; 95% confidence interval 2.18–11.44). Hong-Ha Truong

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analysed routine data from 129 clinics in Kenya, Uganda and Tanzania. Services for established clients remained broadly stable during the first five weeks after the funding pause, but new enrolments and viral load testing declined. Ramatu Aliyu Magaji compared Nigerian national programme indicators between the first and second quarters of 2025, finding declines of 50.5% in prevention reach, 70.2% in HIV testing and 83.0% in PrEP initiation. Dashika Balak presented Fiji's first molecular surveillance involving people who inject drugs, identifying three large transmission clusters, supporting urgent needle and syringe programmes.

Critical assessment

Together, the studies demonstrate that HIV outcomes are shaped by intersecting social, economic, programme and transmission environments, not individual behaviour alone. Longitudinal, routine programme and molecular surveillance data strengthened the evidence and offered actionable signals for prevention and service planning. The findings support integrated screening for violence and household insecurity, safeguards for prevention services during funding transitions, resilient monitoring systems and urgent harm reduction. Longer follow-up and evaluation of causal pathways and programme responses are needed. The session also featured three AIDS 2026 Implementation Science Research Prize in HIV Prevention studies from Zambia, Ghana and Brazil.

Rethink. Rebuild. Rise.

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AUTHOR

Eliana Miura Zucchi

Session summary

Rethink. Rebuild. Rise in the context of declining global funding and geopolitical instability does require prioritising commitments to sustain HIV services. Such priorities should be negotiated in line with country capacities. Storytelling could be a bridge for promoting behaviour change by showing what is possible.

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Session highlights

As highlighted by Lloyd Mulenga, Zambia is responding to the funding cuts by implementing a minimum package for sustainable HIV service delivery while maintaining the supply of medications and essential services. In the current donor landscape, negotiations are becoming increasingly important, and co-financing may be one potential solution. In the context of funding cuts, prevention programmes are often the first to be reduced. However, cutting prevention would likely be one of the most costly decisions in the long term. Wame Jallow highlighted the importance of behaviour change through storytelling and media campaigns such as Shuga: "People do not change because we tell them what to do. People change if we show them what is possible." Their approach reimagines how lived experiences are portrayed, positioning health as part of a person's broader life story, and considers what might happen if conversations about HIV took place not only in clinics, but also in living rooms and other everyday spaces. Greater awareness can foster more positive attitudes and increase willingness to engage with a health system that is more person-centred and makes healthy behaviours possible. Young people can also recognise themselves in the stories being told.

Critical assessment

Changes in the funding landscape are reshaping how countries operate. Although many proposed solutions emphasise the importance of increasing domestic financing, this situation is ultimately a legacy of historical injustice, rooted in colonialism by high-income countries and the persistent global socioeconomic inequalities we continue to face. When developing behaviour change campaigns, it is important to avoid fear-based messaging. Instead, storytelling can be used to highlight what is possible: empowering people to make healthier and more informed decisions. Rethink, Rebuild, Rise is an opportunity for us to reflect: building an enabling environment for health and fostering the public trust in science.

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Moving away from stigma

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AUTHOR

Isaac Yen-Hao Chu

Session summary

Stigma continues to undermine the well-being of people affected by HIV worldwide. Structural stigma remains complex, intersecting across demographics and contexts, and requires person-centred and evidence-based responses. This symposium presented how structural stigma shapes HIV experiences and explored potential strategies for addressing stigma within health systems and beyond.

Session highlights

Gareth Thomas opened with a statement: “When the world becomes quiet, I decide to be loud.” Carmen Logie urged us to address stigma across government policies, sociocultural norms/attitudes, and institutional practices. Three case studies illustrated how structural stigma intersects across populations and contexts: LGBTQ+ communities, sex workers, and climate change. Angelo Costa presented Brazil’s 2025 Stigma Index report, which adopted the Greater and Meaningful Involvement of People Living with HIV (GIPA/MIPA) principles. People living with HIV found it difficult to disclose their HIV status, and that internalised stigma was associated with anxiety and poorer ART adherence. Muhammad Haider spotlighted stigma in conservative settings, where fear and the framing of HIV as a moral/religious issue persist. Every gatekeeper should be held accountable; protecting community-led funding and abolishing punitive laws. Carla Treloar highlighted Link and Phelan’s (2001) work on the five components required to produce stigma. At its core, stigma depends on power, underscoring the importance of intervention strategies that disrupt such dynamics. Treloar proposed that “quality should be the DNA of all health systems,” linking quality of care with stigma reduction. Other examples of potential actions: preventing psychosocial hazards and developing a community-steered online portal for collecting stigma complaints.

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Critical assessment

This symposium provided valuable insights into how stigma manifests across multiple levels. A common thread across the presentations and the Q&A discussion was that stigma is sustained by unequal power relations, fear, and deficit-based narratives that blame people for their health conditions. Addressing stigma requires sustained investment and a willingness to move beyond conventional approaches to tackle its root causes. At its core, stigma reduction is about challenging unequal power dynamics, with the goal of creating better living conditions and upholding the dignity and human rights. More research is needed to evaluate the real-world implementation of proposed stigma reduction strategies.

Loved by users, limited by systems: Qualitative insights into LAI-PrEP

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AUTHOR

Tomer Einav

Session summary

Long-acting injectable pre-exposure prophylaxis (LAI-PrEP) was the preferred option across the four qualitative studies presented. Although adverse effects, such as local injection-site reactions, were reported, they were generally considered acceptable when weighed against the perceived benefits.

Session highlights

This session presented some of the first qualitative evidence from four studies exploring the experiences of LAI-PrEP clinical trial participants across diverse populations and settings, including men who have sex with men in the United States, Brazil, South Africa, and Thailand; adolescent girls and young women in South Africa; and refugees living in refugee camp in Uganda. Participants consistently preferred LAI-PrEP, and generally over oral PrEP, because it was perceived to provide greater convenience, better fit with people's lifestyles and scheduling, reduced pill burden, less stigma associated with carrying pills that are sometimes mistaken for ART, and greater peace of mind. Post-injection reactions (e.g., injection-site pain) were generally considered minor when weighed against the benefits described. Successful implementation will

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require robust strategies to guarantee equitable access. As Nahumuza Zahara noted, "We want it, but will it reach us?" This highlights the importance of working closely with communities to improve access to LAI-PrEP. Beyond community-based services and addressing structural barriers, successful implementation will also require fostering trust, especially in the current context of persistent stigma, discrimination, and criminalisation, coupled with limited access and mobility. Expanding choice is key, while also creating an environment that enables people to make that choice.

Critical assessment

The studies highlighted were largely descriptive, focusing on the positive experiences and acceptability of LAI-PrEP use, particularly lenacapavir. Although LAI-PrEP is being promoted as a promising tool to help end the HIV epidemic, we believe there is a need for greater exploration of the limitations and implementation challenges of LAI-PrEP, including interpersonal, structural, and other relevant determinants. During Q&A, it was noted that transgender participants were reluctant to take part in the interview process in one of the studies. This may reflect the need for greater community engagement, which currently appears to be largely centred around pharmaceutical industries and academia.

Migration, mobility and fragmented access to HIV prevention and treatment

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AUTHOR

Sharlene Jarrett

Session summary

This session on migration, mobility, and fragmented HIV access featured presentations from Haoyi Wang (Netherlands), Margot Annequin's team (France), Julien Brisson (Canada), Kim Hiek Thy (Cambodia), and S. Tomar (Ukraine), tracing how borders, healthcare stratification, and conflict disrupt HIV prevention and treatment for migrants, sex workers, and displaced populations worldwide.

Session highlights

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Wang followed 3,007 young MSM across Cambodia, Laos, Malaysia, and Thailand, showing that travellers had higher rates of HIV, syphilis, and hepatitis, and calling for cross-border HIV prevention and harm-reduction strategies. Their vulnerability may also have been shaped by experiences of unsafe sex, sex work, tourism, and chemsex. Annequin's team engaged with 536 trans women living with HIV and found that migration, transactional sex, and early transition/visibility increased trans women's vulnerability to HIV, noting that prevention efforts that ignore social determinants (e.g., housing, safety) are inadequate. Brisson showed that, in Colombia, fragmented systems meant that insurance regimes determined who received ART. Men in the formal contributory tier moved quickly onto treatment and remained on it, while men in the subsidised tier faced paperwork delays and treatment gaps tied to employment status. Thy described Khmer-language TikTok outreach targeting migrant sex workers across the Thailand–Cambodia border, reflecting that, "when people feel stigmatized or discriminated, they fear coming to the public health facilities [and so] access to health becomes discontinuous." Their peer-led digital outreach helped maintain continuity of care. Tomar reported that displaced men in Ukraine lost nearly 90% of their social networks during the war. Displacement strips away protective ties.

Critical assessment

Across these five studies, severed ties, criminalisation, and fractured systems emerged as common issues for the continuity of HIV care for persons who move. This is an important issue considering ongoing conflicts that displace people and disrupt care and shifting political climates that negatively impact migrants. To protect health among migrants and people who move, it will be important to fund community organizations to support navigation, delink HIV care from immigration enforcement/migrant status, and design services that can promote continuity of access to care.

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Rethink. Rebuild. Rise.

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AUTHOR

Débora Castanheira Pires

Session summary

The plenary session explored the implementation challenges that will shape the next phase of the Global HIV response, from translating cure science into clinical research, to sustaining HIV programs during the transition to new financing models, to improving adoption of prevention and treatment through culturally grounded communication and community trust.

Session highlights

The session discussed implementation challenges that affect HIV research and services. Michel Nussenzweig discussed the current status of HIV cure research, highlighting bNAbs, ATI, and the importance of understanding viral reservoirs and early infection. While cure strategies are still experimental, he indicated that researchers have now found more meaningful endpoints. “We finally learned what to measure,” he said, a key step for future implementation. Speaking about the implementation implications of the global HIV financing transition, Lloyd Mulenga said that “ART continuity is non-negotiable” and warned that poor planning could undo decades of progress. He presented Zambia’s transition roadmap, including domestic financing, integrated service delivery, digital health, AI, community health workers and the Zambia Minimum Package as ways to sustain HIV programs, stressing the importance of “Deliver the right services to the right people.” Wame Jallow showed how culture and storytelling influence implementation of HIV prevention and treatment. Drawing on the Shuga Global program, she argued that “Information alone isn't enough” and that behavior change depends on trust, cultural relevance, and social conversations. By embedding HIV messages within authentic narratives, Shuga has successfully increased HIV testing, PrEP awareness, and reduced STI risk, illustrating how communication can function as an implementation strategy.

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Critical assessment

From an implementation science perspective, this session reinforced that generating scientific innovation is only the first step toward improving population health. The central challenge is translating effective interventions into sustainable, equitable, and acceptable practice. Together, the plenary highlighted three complementary levels of this challenge: anticipating implementation needs for future cure strategies, strengthening health systems through sustainable financing and service delivery, and fostering community trust to promote adoption. Collectively, they demonstrated that implementation success depends on aligning scientific advances with policy, health systems, and social context.

Translating science into sustainable action: Innovative partnerships that work

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AUTHOR

Xueling Xiao

Session summary

Translating science into sustainable HIV action is key to making innovations work. Speakers highlighted culturally relevant communication, access-by-design for diverse treatment and prevention products, virtual care that reduces barriers, and bidirectional pathways connecting guidance with frontline delivery. Equitable-access, trust, respect and community engagement emerged as essential for scaling up innovation.

Session highlights

Vinicius Borges shared his journey from a “regular physician” to a “wonder-doctor”. Using humorous, culturally relevant videos and partnerships with communities and healthcare providers, he translated scientific evidence into accessible communication, trust, and care. He concluded: “People protect themselves better when they feel respected than when they feel judged.” Max Lataillade emphasized that access must be designed into every product from the outset. He highlighted establishing a partnership ecosystem early in product development and integrating the delivery of multiple product choices, including oral, injectable and implantable options for HIV treatment, PrEP and PEP, to support equitable access and scale-up. Caley Shukalek highlighted that virtual

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care for PrEP, testing, and primary care can remove distance, cost, and stigma, generating estimated benefits. Sustainable access requires meeting people where they are, making care free at the point of use, measuring persistence, and partnering with trusted communities, universities, and governments while protecting data. Agnes Ronan shared that implementation of innovation breaks down when coverage remains inequitable, innovations fail to reach people, delivery systems are unprepared, and community structures lack support. She emphasized a bidirectional science-to-frontline pathway, translating guidance into local delivery while feeding frontline experience back into policies and guidelines.

Critical assessment

At every level of HIV action, from individual practice and working groups to private companies, universities, foundations and pharmaceutical manufacturers, effective partnerships are essential for translating science into practice. These partnerships should maintain a clear focus on equitable scale-up and involve relevant actors in product development, manufacturing, frontline delivery and affected communities. However, there is no one-size-fits-all partnership model. Time and careful consideration are needed to design sustainable partnerships that center on end users' needs and align those needs with each partner's complementary strengths and resources. Nevertheless, the session demonstrated that meaningful pathways towards sustainable action exist at every level.

Economics of impact: Costing studies across the cascade

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AUTHOR

Gloria Aidoo-Frimpong

Session summary

Economic analyses across HIV treatment, prevention, differentiated service delivery, maternal testing, and harm reduction showed that interventions with higher initial costs can generate substantial health, workforce, and long-term financial benefits. Across studies, affordability depended not only on price, but also on sustained effectiveness, delivery design, public ownership, and equitable access.

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Session highlights

Huei-Jiuan Wu used a decision-tree and Markov model from the Taiwan National Health Insurance perspective to evaluate long-acting cabotegravir plus rilpivirine for people with adherence-related suboptimal viral suppression. The intervention was cost-effective at US$15,406 per QALY gained and became cost-saving when averted HIV transmissions were included, although results depended on sustained viral suppression. Amy Huber modelled three six-month ART dispensing scenarios for approximately one million eligible clients in South Africa. Facility-based dispensing required earlier procurement outlays but reduced two-year programme costs, while community-based dispensing increased service-provider costs but generated greater workforce savings and more client-centred care. Samuel Cross used active pharmaceutical ingredient shipment data and cost-plus modelling to estimate that once-monthly oral alimatravir could be produced for approximately US$3 per person-year. He emphasized that impact will depend on efficacy, financing, adherence support, and voluntary licensing. Lyani Simon Sitti presented EasyFlow-L, a government-adopted, open-source platform implemented across seven Kenyan methadone-assisted therapy clinics, reducing setup costs by 84% and dispensing time by 90%. Alison Drake used country-specific Markov models to show that dual and triplex antenatal testing were cost-effective in Kenya and South Africa, with triplex testing producing the largest reductions in congenital syphilis and chronic HBV in infants.

Critical assessment

The session showed that economic value cannot be judged by product price alone. Prevention benefits, workforce capacity, client burden, delivery infrastructure, and long-term system resilience also shape value. The findings support wider consideration of long-acting ART, multi-month dispensing, multiplex antenatal testing, and locally owned digital platforms. However, most analyses relied on assumptions about sustained effectiveness, coverage, adherence, and implementation at scale. Modeled savings may not translate into immediate fiscal savings, particularly when staff time is redirected rather than payroll costs reduced. Equitable impact also remains constrained by licensing exclusions, donor dependency, fragmented procurement, and weak national delivery systems.

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Responsible AI in practice: Advancing HIV prevention and care

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AUTHOR

Abdulzeid Yen Anafo

Session summary

Framed by WHO guidance on AI ethics, four presentations asked whether AI tools for HIV prevention and care perform equitably for the populations the epidemic reaches. Talks included risk prediction, adherence forecasting, community trust and privacy, reference-standard effects on measured performance, and AI-assisted self-testing for partner notification.

Session highlights

Co-moderator Diego Villanueva Guzmán (McGill University Health Centre) opened the session by situating the discussion within WHO's 2021 guidance on AI ethics and governance, expanded to multimodal models in 2024, emphasizing equity, transparency, and accountability. Rukayat Abdullahi (Data.FI Nigeria) described models trained on 1,000 synthetic, clinically representative profiles to predict vertical HIV transmission. Random forest performed best, achieving 80% accuracy. SHAP identified viral load, CD4 count, and ART initiation timing as the strongest predictors, while simulated early intervention reduced estimated risk from 17.4% to 6.3%. Carlos Saldaña (Emory University) combined risk prediction with community consultation in Atlanta. Participants were generally receptive, noting that AI "used right, can save lives," but expressed concerns about re-identification and secondary data use, especially among African American respondents. Ana Cristina Garcia Ferreira (Einstein Hospital Israelita) evaluated an AI chest X-ray tool using 500 Brazilian radiographs. Among people living with HIV, it achieved an AUC of 0.77 against radiologist-assessed presumptive TB, but 0.65 against microbiological confirmation. Yi Lyu (China CDC) reported that Smart HIV self-testing achieved an 80.8% result-return rate, 12.1% positivity, and lower late diagnosis than routine testing (31% versus 40%). Co-moderator Sarah concluded with a lively discussion on accuracy, adoption, trust, and responsible implementation.

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Critical assessment

Three key takeaways from this session are that the accuracy of AI models can become very good at predicting from the data they were trained on, which can work well when applied to data In the field that is similar. There was a recognition that "good enough" depends on the use case and that an accuracy estimate means little on its own. Ferreira's tool scored an accuracy of 0.77 against a radiologist and 0.65 against laboratory confirmation demonstrating promise for future task-shifting/sharing. Panelists agreed that AI is "already in the hospital" and can be helping, but not replacing, staff.

SESSION SY06

No retreat, no surrender: The future of philanthropy in HIV

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AUTHOR

Sofía Várguez

Session summary

Krista LAUER, ITPC, and Tamar KAHN, Business Day, guided a lively discussion around how philanthropic funders working amid increased demand for scarcer funds. Philanthropic funders shared their approaches mainly in around how can “catalytic capital” help mobilize local public and private funds, as well to align diverse private partners.

Session highlights

Richard BORAIN, Children’s Investment Fund Foundation, emphasized that fund allocation should focus on building ecosystems that yield benefits to address both present and future needs. Catalytic capital can make the ecosystem thrive or survive, for example financing policy change. Laron NELSON, Yale School of Nursing, pointed out that even if human rights and human dignity are an end in themselves, presenting a business case centred on market value, returns on investment and potential savings can help attracting capital from financial partners, while avoiding extractivist capitalism. Yogan PILLAY, Gates Foundation, emphasized that forward-looking initiatives and current provision of services need to be rethought simultaneously to find mutually reinforcing solutions. For example, prioritizing the provision of services which empower

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people to help themselves, without absolving governments of their responsibility. Anne ASLETT shared that Elton John AIDS Foundation also moved towards a catalytic strategy, prioritizing innovations and services designed, developed, monitored and evaluated by key populations, sharing examples of anonymous service provision through local delivery platforms, to bring tests and treatment to underserved locations. Philippe DUNETON, Unitaid, emphasized that adjustments must be made to address the political needs and interests of the countries, highlighting that solutions must be tailored to local circumstances.

Critical assessment

In a scenario of continuous funding cuts, organizations working on the ground can diversify funding sources and strategize funding requests by appealing to private donors. Examples might include investment propositions wrote adapting vocabulary to show alignment, opportunities to show “savings” or “returns of investment” for private investors. At the same time, it is vital to identify strategies for improving accountability that do not depend on the goodwill of donors and the boards of philanthropic organizations. It should be underscored that finding new sources of funding should not forget the responsibility of governments, particularly to guarantee a human rights centered response.

SESSION OAF06

Two steps back, three steps forward: Communities in the lead

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AUTHOR

Sandra Ka Hon Chu

Session summary

Community-led approaches have strengthened rights-based responses to HIV in Brazil, Nigeria, Indonesia, and Lesotho, where activities to challenge patent barriers, increase rights awareness, monitor service quality, and document human rights violations have improved accountability, influenced policy, and reduced stigma and discrimination — ultimately enhancing access to HIV prevention and treatment.

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Session highlights

Speakers described community-led monitoring (CLM) and advocacy to uphold the human rights of people living with and affected by HIV. In Brazil, Carolinne Thays Scopel of the Brazilian Interdisciplinary AIDS Association described how years of community-led opposition has prevented patent monopolies which pose barriers to oral PrEP and enabled local, lower-cost generic production. Oluchi June Ifeanyi of The Initiative for Equal Rights described how awareness-raising activities targeting health care workers, mobilizing people living with and affected by HIV in advocacy, engaging employers on workplace anti-discrimination, and establishing a legal support channel have resulted in improved attitudes and the successful resolution of discrimination claims. Amanda Aulia Cindy of the Indonesia AIDS Coalition discussed a program involving paralegal support, rights education, digital service quality monitoring, and health care provider sensitization leading to improved service quality. As Amanda underscored, “Communities are not only implementing programs. They are strengthening health systems.” Finally, Ntebaleng Makhooa of Bacha Re Bacha Youth Forum in Lesotho described CLM conducted by AGYW across public health facilities documenting gaps in the availability, accessibility, and quality of services. Sharing CLM data with authorities has resulted in reductions in reported stigma, wait times, and commodity stock-outs.

Critical assessment

While the value of shifting communities from being recipients of HIV services to leaders who document, challenge, and positively reshape health systems is clear, as is the value of investing in such community-driven programs and advocacy, funding uncertainty plagues community-led programs. Speakers described activities that are scalable and transferable models of good practice for rights-based HIV responses, but sustainable funding remains a challenge — especially in an environment of significant cuts to HIV and broader public health funding.

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SESSION SY03

Community-led monitoring in conservative and restrictive environments: Strategies for influence and integration

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AUTHOR

Renatta Langlais-Freeman

Session summary

The session was led by Krista Lauer of ITPC Global (United States) & Alessandra Nilo of IPPF (Brazil). The discussion focused on how community-led monitoring (CLM) can continue to generate credible, community data that influences policy despite declining HIV funding and political influences that reshaped the global HIV response funding.

Session highlights

Community-led monitoring (CLM) has become increasingly important as HIV funding declines. José María Di Bello, Director of Fundación Grupo Efecto Positivo, argued that the funding crisis is very political and weakens communities' ability to influence decision-making. In response, his organization has introduced new data collection tools that reflect community experiences; however, warns that corporate interests still influence how data is collected and presented, describing this as a new form of colonialism. Moulay Tariq AIT SIDI EL ALAOUI from the MENA Community highlighted that CLM captures evidence often missed by traditional systems, including stigma, violence, and barriers to healthcare. In contexts where key populations are criminalized, CLM protects participants through anonymity while generating trusted evidence for policymakers and funders. Juliana Cesar of Gestos, Brazil, emphasized that lived experience is a vital form of evidence that must be recognized and protected. She stressed the importance of partnerships that strengthen advocacy and technical support, alongside investments in cybersecurity, security measures, and insurance to safeguard sensitive community data. The session concluded that CLM should be viewed not as a cost but as an investment in health democracy, ensuring that funding decisions are guided by credible, community-owned evidence and strengthening accountability in the HIV response.

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Critical assessment

The session was informative and highlighted the importance of community-led monitoring in the MENA region and Latin America. While these examples were valuable, it would have been useful to hear perspectives from the Caribbean, Africa, and North America, where communities are also affected by funding cuts and the loss of support for community-led initiatives. A key question is how communities can sustain meaningful monitoring, advocacy, and data collection with little or no funding and limited capacity. While some have managed to continue without financial support, how sustainable are these efforts without consistent national, regional, or international resources?

SESSION GVSE03

Pleasure principle: Sex work, content creation, and fostering wellness and sexual satisfaction

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AUTHOR

Aisia Castelo

Session summary

This session explored the role of adult content creators in health promotion. Panelists discussed modeling consent and communication in their work, navigating stigma, mental health and identity, and barriers to employment and health services. The discussion addressed both institutional responsibilities and community-led approaches to accessible health messaging.

Session highlights

This session, moderated by Mpact's Alex Garner, brought together adult content creators Rhyheim Shabazz, Markin Wolf, Justin Jett, and Gabriel Antonio to explore content creation as a tool for health promotion. Rhyheim Shabazz set the tone, emphasizing that creators have a responsibility to reflect "communication, vulnerability, consent, and a mutual respect toward one another" in their work. When creators model these values, the content itself becomes a form of health promotion. A message that

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sex can be pleasurable, valuable, and meaningful. It also looked into the unmet responsibilities of states and health systems. The panel discussed how intersectionality shapes how institutions treat them, especially creators who are people living with HIV and migrants. This is evident in stigma-driven exclusions, such as being denied work and facing barriers to accessing health services. In the face of this structural neglect, the panel's call to action is to come together to respond to the needs of their communities by leveraging content creation to deliver accessible, stigma-breaking health messaging. Panelists also reflected on the responsibility they owe themselves. Given the mental health demands of the industry, they highlighted the importance of safeguarding their identity and personhood, and of prioritizing pleasure outside of work.

Critical assessment

Adult content creation is political work, and creators should claim it as such. Stigma and exploitative conditions persist as a result of creators being treated as commodities of production houses rather than as workers and political actors. The session showed us that overcoming this means confronting the sexualization of Black bodies, and destigmatizing through the characters creators embody, performing vulnerability and sensuality in ways that break toxic masculinity. When labor conditions are rebuilt, and communities come before profit, creators' platforms become instruments of change.

SESSION GVSE17

Advanced HIV Disease: An ongoing Global Challenge

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AUTHOR

Kennedy Mwendwa

Session summary

The session focused on strengthening the global response to Advanced HIV Disease (AHD) through updated guidelines, improved diagnostics, evidence-based programming, community leadership, and innovative treatment approaches. Speakers highlighted persistent gaps in CD4 testing, cryptococcal meningitis management, and patient-centred care, while emphasising stronger collaboration between health systems, researchers, and communities.

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Session highlights

Nathan Ford from the World Health Organization (WHO) opened the session by calling for updated Advanced HIV Disease (AHD) guidelines. He said, “We need to move away from HIV programming but not totally leave behind AHD.” He highlighted the decline in CD4 testing in many countries and stressed the need to strengthen CD4 testing when people enter HIV care and during treatment. He also identified histoplasmosis as a serious but often overlooked disease affecting people with advanced HIV. Joe Jarvis discussed the need for stronger evidence to improve AHD programmes, with data on deaths caused by tuberculosis and other opportunistic infections remain limited. He highlighted better management of cryptococcal meningitis, recognised the Lancet Commission on AHD, and encouraged collaboration among researchers, clinicians, community advocates, and people with lived experience. Rae Wake shared the high prevalence of AHD among people receiving HIV care, including many young people. She also noted that one in eight hospitalised patients did not know their HIV status. Lia Edkin presented the AmbiOne study, showing a single-dose treatment for cryptococcal meningitis was easier to deliver. Bahati Haule highlighted the vital role of communities in promoting treatment literacy, early screening, peer support, and helping people return to care.

Critical assessment

The session reinforced that despite significant progress in HIV treatment, Advanced HIV Disease remains a major contributor to preventable illness and death. Presentations effectively combined clinical evidence, implementation research, and community perspectives, demonstrating the importance of integrated approaches. However, many recommendations depend on stronger laboratory systems, sustained financing, and equitable access to diagnostics and medicines, which remain limited in many low-resource settings. A key takeaway was that improving AHD outcomes requires renewed investment in CD4 testing, evidence-informed policies, simplified treatment regimens, and meaningful community leadership to ensure people are diagnosed early, retained in care, and supported throughout treatment.

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EECA and the Balkans

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AUTHOR

Juan Michael Porter II

Session summary

Four researchers illustrate the step-by-step process that their countries took to provide pre-exposure prophylaxis to specific populations. They did so by addressing privacy concerns, location, stigma, lack of education, bureaucracy, and migrant status. As Boja Cvetkovic noted while detailing the success of Serbia's PrEP program, "We make it very simple."

Session highlights

Medicine alone does not stop HIV. One must also consider stigma, migration, war, and other barriers to care. This session's analysis of PrEP delivery methods in four Balkan nations shows that more than money, PrEP access depends on political will. For instance, Alidhzon Soliev's mail-based PrEP delivery program asked, "What if PrEP could come to the person instead of asking the person to come to the PrEP?" In this instance, 249 participants in Republican HIV Prevention Center's program (Tajikistan) need only request PrEP, verify their seronegative status, receive a home delivery, and request refills. Diana Shevchenko of the Ministry of Health (Ukraine) noted that in the wake of Russia's 2022 invasion, her country eliminated all bureaucratic, knowledge-based, and financial hurdles to ensure anyone who wants PrEP can access it. For Bojan Cvetkovic of POTENT (Serbia), the PrEP solution is a one-stop-shop: Streamlined testing, same day renewal, and easy access through a online portal. Meanwhile, Mira Sauranbayeva's program (Kazakhstan) serves thousands of migrants, 70% of whom come from Russia looking for work. By working with a wide range of funders, Kazakhstan ensures that access to free HIV prevention never depends on migrant status. Imagine if the US believed the same

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Critical assessment

The HIV prevention programs listed in this session show that PrEP access is possible when health ministries are willing to get out of their way, clear existing hurdles, and focus on reducing social impediments. There is nothing particularly brilliant about the process that any of the listed PrEP delivery models offer except that they do the work. In Ukraine, this occurs even in the face of death and war. All other countries must ask themselves: Are we willing to get over ourselves and our political infighting if it means preventing future HIV transmissions?

SESSION SY02

Bioengineering our way to a cure: Reprogramming immunity through novel approaches for HIV remission

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AUTHOR

Aracelly Gaete Argel

Session summary

The session highlighted promising preclinical and early clinical evidence supporting diverse bioengineered immunotherapeutic approaches to target both the latent and active HIV reservoirs. Although these strategies are at different stages of development, they represent important advances toward overcoming key immunological barriers to an HIV cure.

Session highlights

Lucy Dorrell (Immunocore, UK) presented IMC-M113V, a bispecific T-cell receptor that redirects polyclonal T cells to recognize HIV-infected cells presenting the $Gag_{77–85}$ epitope on HLA-A*02:01, even at very low antigen densities. Preliminary STRIVE trial results showed reduced viral reservoirs and delayed viral rebound following analytical treatment interruption (ATI), with activity maintained against Gag variants. Davey Smith presented CMV/HIV-CAR T cells, a novel cellular therapy that leverages durable CMV-specific immune responses to enhance CAR-T cell persistence, addressing a major limitation of CAR-T–based HIV therapies. He presented proof-of-concept data

from the ongoing NCT06252402 trial, the first-in-human pilot study of this type of CMV/HIV-CAR T-cell therapy. Dimitra Peppa (UCL, UK) highlighted the promise of gene-modified NK cells for HIV reservoir targeting. She emphasized the need to identify the most effective NK cell subsets and showed that engineered NK cells can be produced as scalable off-the-shelf allogeneic therapies with high purity, preserved CD16 expression, and enhanced antibody-dependent cellular cytotoxicity (ADCC). Sharon Lewin (Doherty Institute, Australia) described a targeted HIV latency-reversal platform using lipid nanoparticles carrying Tat-encoding mRNA and a CRISPR-Cas9 transcriptional activation (CRISPRa) system. Antibody-coated nanoparticles enabled selective delivery to target cells and efficiently reactivated latent HIV in in vivo models.

Critical assessment

The promising results presented in this session demonstrate the potential of innovative bioengineered immunotherapeutic strategies to specifically target the HIV reservoir. A key question is whether combining complementary approaches, including latency-reversing agents, targeted cellular therapies, and broadly neutralizing antibodies will be necessary to achieve an HIV cure. Although most of these interventions remain at the preclinical or early clinical stage, they provide encouraging proof of concept. Further studies are needed to evaluate their long-term efficacy, safety, and durability before they can be translated into effective cure strategies.

SESSION OAA15

Cure and control

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AUTHOR

Yanis Merad

Session summary

The oral abstract session OAA15 covered outcomes of ATI in two clinical trials: (i) N803±bNAbs, (ii) early-treated individuals with favorable immunogenetic profile. Two cases of HSCT with homozygous CCR5Δ32 donors were presented. Finally, a presentation addressed the impact of antigen exposure on HIV reservoir maintenance.

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Session highlights

Rachel Scheck (Weill Cornell Medicine) presented ACTG A5386, a clinical trial of N-803 (IL-15 superagonist) ± bNAbs. 5 participants (14%) remained off ART at week 20. N-803 induced a transient decrease of the intact reservoir and boosted stem-like CD8 T cell responses. Asier Saez-Cirion (Institut Pasteur) presented RHIVIERA-01, an ATI trial in early-treated individuals with favorable immunogenetic background (HLA-B*35(53)+Bw4TTC2). 8 out of 16 individuals presented delayed viral rebound (> 10 weeks), correlated with an HIV suppressive NKG2A+ NK cell subset. Jared Stern (Fred Hutchinson Cancer Center) investigated antigen-specific CD4 T cells in longitudinal samples from PWH on ART. CMV-specific responses were stable over time, whereas HIV-specific responses decayed. Antigen-specific cells were enriched for HIV proviruses, which were more clonal. Carina Elsner (University Medicine Essen) presented a case of sustained HIV remission following HSCT from a homozygous CCR5Δ32 donor. The recipient had a mixed-tropism virus and past resolved HBV coinfection. Despite good HIV outcome, the patient had HBV reactivation post-HSCT. Wissam El Atrouni (University of Kansas Medical Center) presented another case of remission following homozygous CCR5Δ32 HSCT, with mixed clinical outcome (incomplete engrafment and multiple infections). Three blips were reported after ATI. Further reservoir assays (IPDA and outgrowth) were negative.

Critical assessment

While the trials presented in this session investigated innovative cure strategies, it is important to acknowledge that the rate of controllers remains moderate. Of note, women appeared to do better in the RHIVIERA trial that tentatively relied on innate immune responses. Regarding HSCT cure cases, the two presentations highlighted serious challenges and risk that might outcome the benefits of clearing HIV-1: severe fungal infections, relapse of HBV, etc, reminding us that type 1 cure comes at a cost.

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SESSION SY12

Immunization in an anti-vax world: Protecting people living with HIV

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AUTHOR

Monica Gomes

Session summary

This session discusses key vaccination challenges for PLWHA, including global disparities in access and uptake, as well as gaps in scientific knowledge needed to address HIV-related factors that may reduce vaccine effectiveness. It also highlights strategies to increase vaccine coverage and strengthen public policies that promote broad and equitable immunization.

Session highlights

Dr. Tereza Kasaeva, from WHO, opened the session emphasizing that immunization remains one of the most effective public health interventions. She also highlighted WHO´s role in translating innovations into evidence-based recommendations and ensuring that vaccines are affordability, accessible, sustainable, and available to all populations. Dr Ana Maria Geretti, from Royal Free London NHS Foundation Trust, followed presenting evidence that although ART has substantially improved immune responses, PLWHA remain at increased risk of vaccine-preventable diseases, including pneumococcal disease, zoster and other respiratory infections, compared with general population. Dr. Amanda Lara, from the Hospital das Clínicas, São Paulo, presented a minimum vaccine package for adults, regardless of CD4 count, including protection against tetanus and diphtheria, COVID-19, hepatitis B, pneumococcal disease, HPV, influenza, and meningococcal disease. Finally, Dr Kristen Marks addressed the challenges of hepatitis B prevention in an era in which aging with HIV increasingly requires simplified ART, many of them tenofovir-sparing. She presented data from studies comparing hepatitis B vaccines, demonstrating superior immunogenicity of newer adjunvanted vaccines and lower waning immunity over time.

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Critical assessment

Advances in HIV therapies should be accompanied by comparable advances in prevention, ensuring that vaccination, a fundamental component of the HIV care continuum, is equitably accessible to all who need it. Collaboration among HCP, policymakers, researches, public health agencies and communities is essential to improve vaccine uptake.

SESSION OAX11

AIDS 2026: Co-Chairs' Choice

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AUTHOR

Karine Lacombe

Session summary

The Cochairs' Choice session presented five late-breaking studies spanning HIV prevention and treatment: long-acting versus oral PrEP in mobile men, PEPFAR service disruptions across 46 countries, a two-antibody prevention trial in African women, injectable cabotegravir/rilpivirine in adolescents, and once-weekly oral islatravir/lenacapavir in suppressed adults.

Session highlights

Eugene Ruzagira (MRC/UVRI–LSHTM Uganda) presented the phase 3b Mobile Men trial (OAX1102LB), which randomised 400 men recruited at taxi ranks and fishing communities to CAB-LA or oral TDF/FTC with same-day initiation. Nine-month persistence was low overall (22%) but doubled with injectables (28% vs 16%; OR 2.54), and 56% preferred injectable PrEP. Elise Lankiewicz (amfAR) reported PEPFAR Pulse (OAX1103LB), a 166-partner survey across 46 countries launched after funding disruption following President’s Trump decision to halter HIV funding accross the world: 52% had a terminated award, 1,714 service sites closed, and local organisations were disproportionately hit. The loss of these implementers "threatens program sustainability and risks reversing HIV epidemic control." Sharana Mahomed (CAPRISA) presented CAPRISA 012C (OAX1104LB), the first two-bnAb prevention trial (n=1,023): 6-monthly subcutaneous CAP256V2LS plus VRC07-523LS was safe "but not effective in reducing

overall HIV incidence" (IRR 1.29), with unexpectedly high viral resistance. Mutsa Bwakura-Dangarembizi (University of Zimbabwe) showed LATA 96-week results (OAX1105LB): in 476 adolescents, 8-weekly CAB/RPV was superior to TLD (0.9% vs 6.4% rebound), and 94% found injections easier. Amy Colson (Community Resource Initiative) reported ISLEND-2 (OAX1106LB), where once-weekly oral islatravir/lenacapavir was non-inferior to daily standard of care at week 48 with no safety signal.

Critical assessment

Together, these data reinforce that simplification drives outcomes: long-acting options outperformed daily oral dosing in both prevention and adolescent treatment, and a weekly oral tablet may soon offer a third modality. Caveats matter. Mobile Men's overall persistence was poor, questioning real-world durability; CAPRISA 012C shows bnAb prevention depends on matching antibodies to circulating strains; LATA excluded prior treatment failure; ISLEND-2's CD4 decline, although not significant, needs longer follow-up. The PEPFAR Pulse survey (23% response rate) is the sobering counterpoint ; biomedical innovation cannot compensate for dismantled delivery platforms, particularly for key populations served by local implementers.

SESSION OAB20

Still running late: Advanced HIV disease

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AUTHOR

María Inés Figueroa

Session summary

The session examined the persistent burden of advanced HIV disease and late diagnosis across diverse settings and regions. Presentations covered implementation of WHO advanced HIV disease packages, epidemiology and outcomes of advanced disease, the impact of delayed diagnosis on mortality, and virological outcomes in individuals with dolutegravir resistance.

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Session highlights

The Malawi implementation study evaluated decentralization HDA screened among new and reinitiating clientes from 2024 under Ministry of Health leadership, showing that almost half of AHD cases occurred in people initiating or re-initiating ART, emphasizing the need to expand decentralized CD4 screening and access to opportunistic infection diagnostics. The Philippines has the fastest-growing HIV epidemic in the Asia-Pacific region. An analysis conducted between 2019 and 2024 showed that 48–56% of individuals entering HIV care presented with advanced HIV disease (AHD), particularly ART-naïve adults. AHD was strongly associated with tuberculosis and opportunistic infections, reinforcing the need for earlier HIV testing, rapid linkage to care, and timely initiation of dolutegravir-based ART. South African data showed that approximately one-quarter of people initiating ART had AHD, which was associated with substantially increased mortality and hospitalization, especially during the first six months after treatment initiation. In Cuba, although the proportion of late diagnoses and HIV-related mortality declined between 2019 and 2025, one-year mortality remained high, emphasizing the continuing impact of delayed diagnosis. Results from the Ndovu randomized trial showed high virological failure among individuals with major dolutegravir resistance mutations who continued standard-dose DTG, prompting early trial termination and supporting timely resistance testing and regimen optimization.

Critical assessment

The session emphasized that reducing HIV-related mortality requires not only broad ART access but also earlier diagnosis and effective management of AHD. Evidence from diverse settings supported expanding HIV testing, rapid linkage to care, decentralized implementation of WHO AHD packages, and improved access to CD4 and opportunistic infection diagnostics. It remains unclear which additional factors contribute to high first-year mortality after late diagnosis, even when treatment and prophylaxis are secured. The Ndovu trial also challenges reliance on standard-dose dolutegravir in the presence of major integrase resistance, emphasizing the need for resistance testing and timely regimen switching to preserve long-term effectiveness.

SESSION OAB14

ARTistic strategies 2: The long game

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AUTHOR

Ming Lee

Session summary

This session highlighted advances in long-acting and reduced-frequency HIV treatment strategies, alongside innovations in resistance testing. Presentations focused on the effectiveness, safety, and implementation considerations of injectable and once-weekly antiretroviral regimens, as well as approaches to monitoring drug resistance in diverse populations.

Session highlights

Dr Norcross reported low prevalence of rilpivirine (5.8%) and integrase (0.3%) resistance-associated mutations at baseline HIV proviral DNA testing in African adults in the IMPALA trial. Prevalence of both NNRTI and INSTI resistance increased when minority variants were included, highlighting the need for careful post-implementation monitoring of Cabotegravir/Rilpivirine use. Dr McMahon reported findings from a study where participants switched to twice-yearly lenacapavir, teropavimab, and zinlirvimab (LEN+TAB+ZAB) at week 0, or remained on their standard baseline regimens (SBR) for 52 weeks before switching. Durable viral suppression over 104 weeks was seen in 98% of LEN+TAB+ZAB participants and 100% of SBR participants (although one rebound case without w104 data was excluded) and no treatment-related SAE reported. Dr Mims presented a novel rapid and highly sensitive product-enhanced reverse transcriptase (PERT) assay capable of detecting low-level phenotypic resistance to HIV reverse transcriptase inhibitors. Two studies evaluated once-weekly oral regimens. Dr Leutkemeyer showed islatravir/ulonivirine maintained viral suppression in all participants with virological data through Week 24 comparable to B/F/TAF with acceptable safety and no drug-related SAEs. The phase 3 double-blinded ISLEND-1 trial presented by Dr

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Rockstroh showed once-weekly islatravir/lenacapavir single tablet was non-inferior to B/F/TAF at week 48 and well-tolerated in virologically suppressed participants.

Critical assessment

The session demonstrated substantial progress toward reducing treatment burden through long-acting injectable and once-weekly oral therapies to generate choice for people living with HIV. But questions remain for the drug companies to ensure equitable access for low- and middle-income countries. However, questions remain on the impact of pharmacokinetics data, drug resistance, and anti-drug antibodies emergence, management of low-frequency resistance mutations, efficacy in other diverse populations, and in treatment-naïve studies. The development of rapid, sensitive, PERT resistance testing may be particularly valuable in supporting safe deployment of some of these novel treatment strategies but more clinical validation is required.

SESSION PL02

The future of HIV prevention

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AUTHOR

Olivia "Libby" Van Gerwen

Session summary

This plenary session highlighted the current landscape of PrEP options as well as the future directions in expanding PrEP and vaccine development. The science is clear that prevention works, but limited access, particularly for trans and gender diverse communities, are blunting efforts at eliminating the epidemic.

Session highlights

Quarraisha Abdool Karim (South Africa) introduced Raphael Landovitz (US), who summarized the past, present, and future of HIV PrEP, concluding simply that “PrEP works.” Over the past 15 years, HIV prevention options have expanded from daily pills to injections and vaginal rings, all highly effective. The future pipeline is equally promising, with ultra-long-acting injectables, weekly oral lenacapavir, rectal douches, and microarray patches in development. Landovitz warned that broad funding cuts

threaten this progress and will cost countless lives. Sandhya Vasan (US) discussed the future of HIV vaccine development. While PrEP remains highly effective, inconsistent use and limited access leave gaps in prevention. Vaccines could reach people who face barriers to PrEP or do not perceive themselves to be at risk. She highlighted challenges posed by HIV's genetic diversity and immune evasion, while emphasizing advances in antigen design, vaccine platforms, and delivery methods. Amanita Calderon-Cifuentes (Germany) concluded that gender-affirming care is essential to effective HIV prevention. Trans and gender-diverse communities remain disproportionately affected by HIV, and lack of access to affirming care is associated with poorer HIV outcomes and disrupted prevention. All speakers underscored that scientific innovation must be paired with community-led advocacy to achieve equitable HIV prevention for all.

Critical assessment

This session was a call to action in how we view the global response to HIV through prevention. All speakers made it clear that the promise of PrEP is not being realized due to political forces that impede access and equity. Funding cuts and a lack of prioritization for the needs of key populations such as trans and gender diverse people threaten the impact of 15 years of innovative, paradigm shifting science. In what role prevention plays in eliminating the HIV epidemic, the question is no longer a scientific one, but rather a moral and political one.

SESSION OAC13

Closing the gaps in prevention of perinatal transmission: Leave no one behind

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AUTHOR

Chunyan Li

Session summary

This session examined strategies to eliminate mother-to-child vertical HIV transmission, including national surveillance, community-based and decentralized service delivery, and long-acting PrEP. The studies highlighted progress toward elimination while emphasizing persistent inequities, missed opportunities for timely diagnosis and

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treatment, and the need for continued monitoring of long-acting PrEP safety during pregnancy.

Session highlights

Krummenauer (Brazil) presented a national cohort study (2015-2025) showing substantial improvements in postpartum viral suppression among pregnant women living with HIV over the past decade (59%-77%), while highlighting persistent inequities by region, race, age and education despite Brazil's achievement of eliminating vertical HIV transmission. Nabitaka (Uganda) reported national audit data (2021-2025) identifying major gaps in the prevention cascade, including late maternal HIV diagnosis (43.3% mothers were first diagnosed during breastfeeding), inadequate viral load monitoring, unknown partner HIV status (71%), and missed opportunities for infant prophylaxis and treatment initiation. Two implementation studies demonstrated the benefits of expanding service delivery beyond conventional health facilities. Ajuka-Patrick (Nigeria) showed that integrating prevention services into existing community delivery settings, including traditional birth attendants and faith-based facilities, achieved high antenatal HIV testing coverage. Biswas (India) described a nationwide decentralization strategy that expanded HIV testing from district hospitals to primary and community-level services, increasing antenatal testing coverage from 34% (2016-2017) to 92% (2023-2024) and reducing vertical transmission. Finally, Saidi (Malawi) presented interim findings from the PrIMO cohort comparing pregnancy outcomes among women using injectable cabotegravir (CAB-LA) or oral PrEP. Although adverse pregnancy outcomes were numerically more frequent among CAB-LA users, no statistically significant difference was observed.

Critical assessment

Collectively, these studies illustrate encouraging progress toward eliminating vertical HIV transmission through expanded testing, diversified and decentralized service models, and improved treatment access. However, they also underscore persistent inequities across populations and settings, particularly regarding timely maternal HIV diagnosis, ART initiation, and infant prophylaxis. The session highlighted that achieving elimination requires not only broad coverage but also equitable access and retention in care for both women and their partners. Continued surveillance and implementation

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research, together with robust pregnancy safety data for emerging PrEP products during pregnancy, will be essential to ensure that no one is left behind.

SESSION OAC19

PrEP in motion

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AUTHOR

Geoffroy Liegeon

Session summary

Under the theme "PrEP in Motion", this session explored critical aspects of global PrEP development, including patterns and trajectories of oral PrEP use over time, challenges in initiation and retention with long-acting agents, and how innovative delivery models in pharmacies and community-based organizations impact HIV prevention across communities.

Session highlights

Dr. Ornelas Peireira (Brazil) analyzed PrEP engagement in Brazil's national PrEP program, revealing heterogeneous patterns. Cycling engagement (returning to PrEP after disengagement) was particularly prevalent among trans individuals, indigenous populations, and younger users, challenging the notion of permanent disengagement in these groups. In Kenya, Dr. Ngure presented results from a cluster-randomized trial with 75 pharmacies, demonstrating that direct pharmacy-based PEP delivery significantly increased PEP initiation rates compared to clinic referrals, even when clients had to pay for the service. In Zambia, Dr. Zubia reported that female sex workers and adolescent girls and young women had a median persistence of 7.4 months after initiating long-acting injectable cabotegravir, with discontinuation concentrated among PrEP-naive individuals, rural residents, and those in facility-based delivery models. In France, Dr. Pipitone presented the PrEP à Porter program, a community-based initiative that achieved remarkable retention rates at 96 weeks for transgender women. However, challenges persisted for PrEP-naive participants, non-French speakers, and transgender women with low adherence, who required targeted support to prevent disengagement. In the U.S, Dr. Ziegler reported that in the first six months availability,

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lenacapavir accounted for about 1% of all PrEP use, with adoption disparities closely mirroring longstanding inequities in race/ethnicity, sex, and age.

Critical assessment

As PrEP options diversify, understanding user engagement trajectories becomes essential for designing dynamic, user-centered HIV prevention models that ensure long-term persistence. The early rollout of long-acting injectable PrEP has exposed persistent challenges in both initiation and retention and highlight that formulation innovation must be paired with delivery model transformation to drive meaningful impact. Without such evolution, we risk perpetuating the same access disparities that have constrained oral PrEP's effectiveness. To fully realize PrEP's potential, delivery models must prioritize equity, flexibility, and community integration, leveraging existing platforms like pharmacies or community-based organizations to reach underserved populations and sustain engagement.

SESSION OAX11

AIDS 2026: Co-Chairs' Choice

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AUTHOR

Keshab Deuba

Session summary

Five studies examined how differentiated prevention and treatment options and major funding disruptions are reshaping the HIV response. Findings supported longer-acting and less frequent regimens for selected populations, while showing that the availability of new biomedical products alone cannot overcome persistence challenges, viral resistance or weakened service-delivery systems.

Session highlights

Eugene Ruzagira presented Mobile Men Trial, a phase 3b randomised trial of 400 men in Uganda and South Africa. Nine-month persistence was low but higher with injectable cabotegravir than oral PrEP (28% versus 16%; OR 2.54, 95% CI 1.43 to 5.43), and 58% chose injectable PrEP at month 9. Elise Lankiewicz reported an electronic survey of 166

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PEPFAR implementing partners across 46 countries, documenting widespread award terminations, 1,714 site closures and disproportionate losses among local organizations and services for key populations. Sharana Mahomed presented CAPRISA 012C, a placebo-controlled trial in 1,023 African women. Six-monthly CAP256V2LS plus VRC07-523LS was safe but did not reduce overall HIV incidence (IRR 1.29, 95% CI 0.69 to 2.43). Mutsa Bwakura Dangarembizi reported that every-8-weeks cabotegravir/rilpivirine was superior to daily TLD among 476 adolescents, with viral rebound in 0.9% versus 6.4%. Amy Colson showed that once-weekly islatravir/lenacapavir maintained 95% virological suppression and was noninferior to daily therapy at week 48, with no emergent resistance. The session concluded with the IAS President's Award recognizing Jean William "Bill" Pape, Founder and Executive Director of GHESKIO, Haiti.

Critical assessment

The findings support more flexible prevention and treatment choices, but important limitations remain. Mobile Men persistence was low, and product preference was assessed only among participants attending the month 9 visit. The PEPFAR survey reached 23% of eligible implementing partners, creating potential for non-response bias. CAPRISA 012C showed no overall prevention efficacy, while sensitivity-based estimates were imprecise and based on few infections. LATA enrolled already virologically suppressed adolescents and had no prior treatment failure, and ISLEND-2 evaluated similarly selected adults through only 48 weeks. Longer follow-up, resistance monitoring, affordability analyses and implementation strategies are needed alongside protection of community-based services.

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SESSION SY15

Strong spirits, healthy futures: Focus on the HIV response among Indigenous people

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AUTHOR

Isaac Yen-Hao Chu

Session summary

Indigenous peoples face disproportionate challenges in the HIV/STI epidemics, shaped by inequalities, cultural insensitivity, and limited political will. Drawing on experiences and reflections from the Pacific and the Brazilian Amazon, this symposium called for co-producing HIV responses with Indigenous peoples through a decolonised lens and strengthening Indigenous data sovereignty.

Session highlights

Jason Mitchell underlined how Fiji is far behind the UNAIDS 95-95-95 targets for 2030 (40-22-3), with persistent inequalities among Indigenous peoples. He highlighted how rapid socio-cultural changes may contribute to the alarming HIV outbreak in Fiji, which is now also disproportionately affecting people who inject drugs, who have long been criminalised and experienced structural stigma. The much-needed needle and syringe exchange programmes also do not currently exist in Fiji. He urged the importance of supporting Fiji, and perhaps, other nations facing similar situations, through interdisciplinary collaborations among funders, academic researchers, and Indigenous communities worldwide. Naomy Fontinelli Arevalo de Carvalho from Brazil described multilingual approaches to HIV testing and prevention services built with teachers, students, leaders, and Indigenous LGBT representatives living in the Tabatinga municipality of the Brazilian Amazon. Prioritising the context-specific needs of the Ticuna people, rather than top-down approaches, is crucial. Randy Jackson advocated Indigenous data sovereignty as a key determinant of health and human rights, urging us all to support Indigenous peoples' right to govern their own data and foster trust in health systems.

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Critical assessment

This symposium offered valuable insights into how to respond to the HIV epidemics faced by Indigenous peoples globally. Colonial histories, criminalisation (including of drug use), and data governance shape who services reach and who they leave behind. Biomedical responses alone are inadequate: HIV responses should be led by Indigenous peoples. HIV services, including testing, prevention, and harm reduction, should be built with Indigenous peoples rather than for them. Indigenous data governance and sovereignty should be recognised as determinants of health. Further research is warranted to understand how these commitments can be implemented in real-world settings.

SESSION SY11

The future is fluid: Implications for the HIV response of the increasing diversity in sexuality and gender

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AUTHOR

Sharlene Jarrett

Session summary

This session examined how growing diversity in sexual orientation and gender identity challenges the fixed notion of categorisation in HIV surveillance, research, and health promotion strategies. Speakers addressed capturing fluid identities, adapting long-running surveys, applying person-centred principles to trials, and redesigning strategies to reflect the full dimensions of people's lives.

Session highlights

Tonia Poteat (Duke University, USA) proposed that current surveillance guidelines, (often limited to three gender categories), are insufficient, stressing that identities represent cultures and communities, and when research fails to capture these, “we make the communities invisible”. Project RECOGNIZE found that 4% of adults and 13–14% of adolescents changed their sexual orientation over time, challenging assumptions of static SOGI, and some studies reassess them every 2–3 years. Timothy

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Broady (UNSW Sydney, Australia) described redesigning the 30-year GBQ+ Community Survey to include trans, non-binary, and bi+ participants, making items gender-neutral and expanding beyond anal sex and male partners. This change revealed key differences in HIV prevention coverage and risk profiles among previously invisible groups. Inés Arístegui (Fundación Huésped, Argentina) argued for the importance of integrating person-centred principles into clinical trials, noting that we must strike a balance between respecting identities and creating the standardisation required for clinical trials. Transgender people's participation in trials is important, and safe spaces are needed. Closing the session, Thissadee Sawangying (HON, Thailand) highlighted that "people do not live in programmes, people live one life." They described programmes evolving from biomedical, to rights-based, to intersectional, and now toward whole-life, integrated systems that respond to people's lived realities.

Critical assessment

This session provided a critique of the rigidity of SOGI data collection and how it fails to reflect fluid realities. While standardisation helps produce robust surveillance data and clinical trials, Poteat noted, "identities also represent cultures and communities [and] when research does not capture these fully, we make the communities invisible." This epistemic injustice has implications beyond HIV: when research omits diverse SOGI measures, it strips populations of their right to be recognised in the databases that underpin policy, resource allocation, and legal recognition. Recognising SOGI fluidity and creating safe environments where people can share their identities safely are key.

SESSION OAD18

Chemsex everywhere: Interventions across contexts

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AUTHOR

Tomer Einav

Session summary

Community-led, on-site interventions and the involvement of community organisations and policymakers improved health outcomes among people engaging in chemsex. These interventions simultaneously addressed substance use literacy, sexual and

mental health, and social and legal challenges across five different countries. However, financing constraints continue to threaten these efforts.

Session highlights

People engaging in chemsex face intersecting health and structural challenges: harmful substance use, poor mental health, a high HIV/STI burden, and barriers to accessing care. Stigma, discrimination, criminalisation, and social exclusion further limit access to services. Across regions, successful harm reduction programmes relied on peer-led delivery, government support, holistic services (extending beyond substance use to mental and sexual health, as well as social support), and sustainable financing. Mihitha Basnayake presented community-led harm reduction programmes in Sri Lanka and Malaysia, demonstrating that this approach is feasible even in highly criminalised settings. Eduardo Almeida presented a project that increased access to HIV prevention and safer-use tools for people engaging in chemsex in São Paulo, while strengthening the capacity of healthcare professionals and informing public policy. Akarin Hiransuthikul presented findings showing that transgender women who use substances in Bangkok accepted interventions addressing mental health, sexual health, and harm reduction. David Nel presented a community-led, on-site chemsex programme in South African townships that improved ART retention, mental health outcomes, and access to peer-supported HIV and harm reduction services. However, funding cuts impacted the delivery of these interventions, highlighting the fragility of short-term programmes and the threat that financial instability poses to long-term gains.

Critical assessment

Despite the demonstrated impact of chemsex programmes, the long-term sustainability of the programmes remains uncertain, particularly in the context of ongoing funding cuts. Increasingly conservative political environments may also limit the implementation of policy recommendations. Future programmes should better address the specific needs of vulnerable populations, including sex workers, through person-centred, tailored interventions and the meaningful involvement of community-led organisations. Further intervention efforts might need greater differentiation according to participants' patterns of substance use, individual goals, and types of substances used. The

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relatively short duration of the programmes highlights the need for longer follow-up to evaluate their long-term impact.

SESSION OAD21

When stigmas intersect: Advancing HIV stigma research and practice

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AUTHOR

Eliana Miura Zucchi

Session summary

The session examined the broad dimensions of HIV and structural stigma faced by different populations, alongside the psychosocial mechanisms mediating their effects. Presenters highlighted the importance of peer-led and community-based approaches to reducing stigma and strengthening HIV prevention, education, and community engagement, all to address health inequities.

Session highlights

Among transgender women in India, Venkatesan Chakrapani highlighted how multiple stigmas (trans identity, HIV, and sex work) were associated with mental health challenges (increased anxiety, depression, alcohol use, and low social support), which may increase the likelihood of condomless anal sex. Krishen Samuel highlighted that heterosexism and racism were identified as plausible drivers of HIV stigma among medical students in the Southern USA. Addressing stigma requires action through medical education, integrating not only HIV knowledge but also efforts to address heterosexism and racism, with attention to the “hidden curriculum” (i.e., implicit, unintended transmission of cultural norms/beliefs). Sabrina Cluesman from Brazil highlighted declines in PrEP- and sex work-related stigma, alongside an increased sense of trans pride over one-year following a peer-led HIV prevention intervention for trans women and travestis. Ahmed Adam presented a stigma reduction intervention in Kenya, such as intergroup contact, among healthcare workers that reduced stigma towards key populations by making engagement a more humanising experience. Sharlene Jarrett highlighted that internalised stigma affected 38% of participants in the Jamaica Stigma Index, characterised by guilt and shame that drove isolation and

avoidance of services. The burden disproportionately affected cisgender women, bisexual people, and those not participating in support groups.

Critical assessment

Reducing HIV stigma requires moving beyond individual-level approaches towards structural and intersectional strategies embedded in professional education, health systems, and community interventions. This includes addressing multiple forms of stigma, while recognising that psychosocial pathways and intervention effects may vary across populations, and that meaningful change requires sustained interventions over time. Efforts should place greater emphasis on internalised stigma, public acceptance of people living with HIV, and community-led, identity-affirming approaches that strengthen resilience, improve engagement in care, and enhance the long-term impact of HIV responses.

SESSION SY16

Rethinking systems and synergies in the current global climate

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AUTHOR

Xueling Xiao

Session summary

In the current global climate, this symposium moderated by Leandro Cahn demonstrated that sustaining HIV responses requires adaptive, resilient, and community-driven health systems. Experiences from different settings showed that meaningful community engagement, innovation, and cross-sector partnerships are critical to maintaining equitable, person-centred services during both ongoing and emerging crises.

Session highlights

Vanessa Rouzier provided an overview of building effective service delivery networks. She emphasized that resilient, equitable and person-centred services require strong community engagement. Drawing on evidence and experience, she highlighted that interventions are most successful when communities actively participate in their design

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and implementation. Tetiana Deshko presented strategies to sustain HIV services amid escalating attacks on Ukraine's health and civil infrastructure. These included digital technologies, risk-network HIV testing, mobile services, humanitarian support and long-acting treatments. She also addressed that prioritising mental health is essential for maintaining service initiation, continuity and patient outcomes during crises. Daniel Driffin outlined three pillars for building effective community networks: listening to communities and ensuring community ownership; using technology to strengthen rather than replace community; and implementing and evaluating all HIV actions as an integrated continuum. He emphasized that communities should be engaged as co-designers throughout the process. Rena Janamnnuaysook shared Thailand's evolution of key population-led health services, showing how community-generated evidence informed policy change and mobilized resources. Community experiences supported advancing gender-affirming care, with US$4 million secured. She emphasized the importance of communities as innovators and government–community partnerships.

Critical assessment

Amid a rapidly changing global landscape, including funding constraints and emerging crises, strengthening resilient HIV delivery systems is increasingly critical. The experiences shared demonstrate that the HIV response has generated valuable lessons, community assets, and partnership networks that should be leveraged to sustain services. These established models and networks also provide important evidence for dialogue with governments and funders, highlighting that community-driven approaches can support not only HIV responses but also broader health challenges. Future efforts should further explore the processes and theoretical mechanisms through which community networks gain government recognition, support, and integration into sustainable health systems.

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SESSION SS01

After the emergency: Rebuilding sustainable access to HIV treatment and prevention

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AUTHOR

Abdulzeid Yen Anafo

Session summary

The panel primarily examined how HIV programmes can be sustained after the withdrawal of United States funding. Discussion covered domestic financing and integration into primary health care, the defunding of community systems and prevention, philanthropic transition planning, and the political rather than technical nature of global health financing.

Session highlights

Mathume Joseph Phaahla reported that South Africa's domestic financing had placed antiretrovirals on its national budget, so treatment supply held; prevention, community response and frontline services absorbed the loss. Integration into primary health care under National Health Insurance and absorption of community health workers now anchor the response. Olayide Akanni described the Nigerian civil society space shrinking as funding narrowed to service delivery alone, cutting peer support and advocacy. Prevention is rationed by who pays: a young person may be told test kits are reserved for pregnant women. She called for civil society at decision-making tables rather than consulted afterwards, and for transition roadmaps. Yogan Pillay said "innovations by themselves don't change anything", and that lack of access is an injustice. The Gates Foundation funds catalytically, relying on the Global Fund and PEPFAR to scale, a channel now disrupted; before its 2045 closure, it aims to make itself dispensable. Javier Padilla argued that financing sustainability is political, not technical, and that the donor–recipient framework no longer fits a world where middle-income countries still cannot access licensed products.

Critical assessment

The panel’s most revealing admission was that treatment supplies were largely held, while prevention, community systems, and advocacy absorbed the disruption, areas

where losses are least visible and measured. Akanni's example of test kits reserved for pregnant women illustrated rationing based on funder eligibility rather than need. Pillay's goal of making the foundation dispensable contrasted with his acknowledgement that the channels needed to scale innovation are now disrupted. When asked to identify the greatest obstacle, none named financing. Instead, Padilla highlighted a deeper governance challenge: moving communities from spaces where decisions are communicated to spaces where they are actually made.

SESSION OAE16

HIV service delivery in conflict, humanitarian and development settings

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AUTHOR

Débora Castanheira Pires

Session summary

The session examined implementation strategies to preserve HIV service delivery in conflict, forced migration, and humanitarian crises. Across diverse settings, the presentations highlighted the resilience of health systems, community leadership, and adaptive service models that ensured continuity of HIV prevention and care in the face of major structural disruptions.

Session highlights

Liudmyla Legkostup presented Ukraine's model of HIV care, demonstrating how preparation (institutionalizing community partnerships, national coordination, and integrated information systems) before the war enabled the HIV program to sustain key elements of the care cascade despite the conflict. She emphasized that: "Resilience is not created during crises. It is built beforehand." Juan Cañizares presented a community-led model designed with Venezuelan migrants. Because many migrants had irregular legal status and could not formally access the Colombian health system, community organizations combined HIV testing and ART with legal support for migration regularization, enabling linkage to public HIV services. The presentation showed that addressing structural barriers was essential to reaching this population: "No one should lose access to HIV care because of their migration status." Aung Than Oo showed how

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community-led differentiated service delivery, supported by digital tools, sustained HIV treatment during overlapping crises in Myanmar through flexible, adaptive implementation approaches. Kalu highlighted that retention of peer educators should be considered a primary implementation outcome, demonstrating through a CFIR-informed analysis that sustaining the peer workforce depends on predictable compensation, role protection, safety, psychosocial support, and shared decision-making, which are fundamental to maintaining trust and program continuity.

Critical assessment

Presenters provided key insights into how to develop and sustain resilient HIV programmes. Pathways to sustainability included institutionalization, community leadership, adaptive service delivery, and strategies addressing structural determinants. The session illustrated how implementation strategies such as integrating legal support with HIV care, using community- and mobile-led service delivery, and strengthening peer workforces can promote adaptation and sustainment while ensuring continuity, trust, and equitable access during crises. Together, they reinforced that implementation strategies should be designed in a way that is sustainable even in times of crises.

SESSION SY17

When data is not enough: Rewiring the HIV response for a new era

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AUTHOR

Kenechukwu Esom

Session summary

The session examined how the HIV response can move from evidence to impact amid funding cuts, political polarisation, misinformation and shifting power. Speakers considered community-led communication, political advocacy, sustainable research models, new technologies and cross-sector partnerships capable of overcoming stalled implementation and achieving scale.

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Session highlights

Chaired by Anna Grimsrud, “When Data Is Not Enough” examined why evidence still fails to produce equitable HIV outcomes. Jerop Limo of AYARHEP-Kenya argued that data without the stories and lived realities behind it cannot be fully trusted, understood or acted upon. Community-led monitoring should be treated as data, not anecdote. For young people, she identified podcasts, pop culture and social media influencers as important channels, stressing that “evidence changes minds; trust changes behaviour.” Mark Harrington traced how elections, constitutional reform, activism and treatment-access campaigns converted evidence into policy in Brazil, South Africa, the United States and elsewhere, including through the creation of the Global Fund. He argued that contestation over science and truth is not new, and that activists, scientists and communities must continue to speak truth to power. LaRon Nelson distinguished invention from innovation. Research should move beyond proving efficacy to building sustainable delivery models that are community-led, human-centred and market-informed. Caitlin Burton described programmes in Kenya and Nigeria using managed stock and on-demand drone delivery to bring HIV testing, PrEP and treatment closer to communities. She reframed missed refills as a delivery problem, arguing that patients too often bear the cost of health-system failures.

Critical assessment

The session showed that evidence does not automatically produce action: trust, political mobilisation, financing and delivery systems determine whether proven HIV interventions reach communities. An audience member raised a critical point about data sovereignty and power. Mark Harrington noted that donor control of national HIV data systems is unacceptable and argued that countries should own their health data. Key takeaway: data alone cannot transform the HIV response; communities and countries must shape, own and use data so that evidence leads to trusted, equitable action.

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SESSION OAF17

Law, power and access: Overcoming barriers to HIV services

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AUTHOR

Sandra Ka Hon Chu

Session summary

This session underscored how an equitable HIV response requires confronting structural conditions that determine whether people can meaningfully access care. Presenters highlighted how criminalization, stigma, anti-gender movements, and global health financing transitions shape HIV access and emphasized the need for rights-based reform including decriminalization, community leadership, and sustained investment.

Session highlights

Criminalization as a key impediment to HIV services was discussed by Marvin Sadinoel Quintanilla Cantizano of LANPUD, Bongani Runya of Adult Glam Divas (Zimbabwe), and Guy Martial Mendo Ze of CAMNAFAW. Marvin presented mixed-methods research across ten Latin American countries finding that drug criminalization, stigma, policing, and detention disrupted HIV treatment. Marvin noted that “the law says access, but the system creates fear” and called for decriminalization, harm reduction services, ART continuity during detention, and accountability mechanisms. In Cameroon, Global Fund implementation has illustrated how criminalization, stigma, and restrictive reproductive health laws have hampered HIV service uptake. Bongani and Best Chitsanupong Nithiwana of GATE described successful community-led interventions. In Zimbabwe, sex worker-led initiatives involving WhatsApp safety alerts, peer support, rights education, and “warm referrals” to HIV, GBV, and legal services improved safety and access to services in high-stigma mining areas. Best described trans organizations’ responses to anti-gender movements through funding, documentation, and capacity-building and how sustained advocacy strengthened movement resilience. Finally, Jirair Ratevosian of the Duke Global Health Institute presented a qualitative review of 28 U.S. global health MOUs which identified risks in the rapid pivot toward

country ownership, including risks to financing, community systems, and HIV service continuity.

Critical assessment

Four decades into the epidemic, it is undeniable that an enabling legal environment rooted in strong community infrastructure is essential to the HIV response. But achieving this requires sustained funding for community-led advocacy at a time of rapid withdrawal of global health funding. As the review of U.S. global health MOUs identified, “accelerated transitions” to domestic country ownership has excluded civil society as formal negotiating partners while governments already facing debt distress are expected to increase their contributions. Communities have shown “resilience across hostile frontlines” but this funding reality risks unraveling significant progress and may result in irreversible structural damage.

SESSION OAF12

Beyond government and industry: Overcoming intellectual property barriers

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AUTHOR

Sofía Várguez

Session summary

Moderated by Anastasia HOMENIUK, 100% Life, and Matthew ROSE, Truevolution, the session focused on community and civil society strategies to contest inadequate and unfair application of intellectual property barriers. Presenters highlighted the need for technical capacity and knowledge exchange funding, and for strengthening national and international civil society networks.

Session highlights

Vusile BUTLER, Wits RHI, explained early simultaneous coordination of interventions ensures timely uptake following regulatory approval of generic LEN. Technical assistance accelerated clarity and planning on timelines, volumes and pricing, allowing for introduction readiness. This experience, successful in Zambia, is being replicated in other countries. Sergiy Kondratyuk highlighted that developing global-level patent

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opposition templates for national adaptation has proven helpful in preparing national and regional of patent oppositions (POs), which are highly technical and burdensome. Harold SILVA CARVAJAL, IFARMA, presented Colombia's compulsory licence context and challenges, notably the legal claims brought by pharmaceutical companies. Legal support and capacity building was key in enabling public spending efficiency and treatment coverage expansion. Anahit HARUTYUNYAN, Positive People Armenian Network, highlighted legal provisions should allow generic manufacturers to prepare in advance to ensure readiness after patent expiration, and faster administrative compulsory licensing system. Communities and Civil society should be empowered to monitor patent implementation. Khadija RICHARDS, African Alliance, analysed licensing, donor procurement, and shipment data for lenacapavir in high-burden African nations, highlighting discrepancies between pharmaceutical companies' announcements and execution. This discrepancy cannot be explained by logistical factors, but rather by a lack of forward planning, which has ethical implications.

Critical assessment

There is a pressing need to ethically balance intellectual property interests with the fulfillment of the human right to health. Communities and civil society could inform future action. However, lack of funding, shrinking space and logistical challenges are worrisome, particularly due to the technical difficulties posed by intellectual property processes and the strength of pharmaceutical companies in legal proceedings. Governments and regulatory authorities should have the political will to strengthen local generic manufacturers and to challenge patents, but to do so, the work of both international and local community and civil society organizations is crucial.

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SESSION SY10

Leadership at the tipping point: Protecting the gains and advancing progress in a new era of the HIV response

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AUTHOR

Susan Cole

Session summary

In this symposium, panelists discussed strategies to protect the gains of the global HIV response and advance progress during a period of significant political, financial and global change, highlighting community leadership, pragmatism and sustainable responses.

Session highlights

“Not looking back in nostalgia, but looking forward with purpose and determination.” Moderator Nomonde Ngema emphasised the importance of this, in the face of the unprecedented change in the funding and political landscape in the HIV response. Mariângela Simao discussed the successful health system in Brazil and highlighted how global priorities, such as conflict situations and the climate crisis were overshadowing the HIV response - suggesting engaging young people would help raise awareness and action. Angeli Achrekar discussed priorities, including community leadership especially from young people, and the need for a shift in power so we can move from commitment to implementation. Landry Tsague emphasised the importance of African leadership in the next phase of the HIV response, including local manufacturing ending dependency on imported medication and technology . His pillars for successful change included innovative domestic financing that brings more equity, pandemic preparedness and HIV integrated in primary care. Peter Piot stressed the need for pragmatism in tackling the new global realities, taking pride in our progress but looking beyond 2030 – we are entering a new phase with many opportunities but mustn’t be naïve. Michael Warren referenced optimism, creativity and how we can’t go back or stand still.

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Critical assessment

This session was a powerful reminder that despite the progress in the HIV response, we stand at a moment of profound change and global challenge, including unprecedented funding cuts, attacks on the most vulnerable and a rollback in rights. However, as Peter Piot affirmed “we need to look into the future and not be nostalgic about the past”. We should be comfortable with the discomfort of change, innovate, take risks and although pragmatism is necessary, we shouldn’t compromise on human rights and fundamental principles that have shaped the HIV response. Community leadership, across all aspects of the response, is key.

SESSION SY14

Beyond resilience: Building resistance against stigma and discrimination for key populations in healthcare settings

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AUTHOR

Aisia Castelo

Session summary

This session explored the difference between resilience and resistance in the HIV response. Speakers presented the healthcare barriers facing key populations: sex workers, people who use drugs, and migrants, and proposed community-led models addressing stigma, discrimination, and structural exclusion.

Session highlights

The session was moderated by Richard Parker and featured three speakers, each presenting the barriers that key populations face in accessing healthcare. First, Dulce Ferraz (France) presented barriers in healthcare for sex workers in Latin America and the Caribbean, drawing on findings from the PISTAS study. The study found low PrEP uptake among cis women sex workers in Brazil, which she attributed to structural barriers, specifically stigma and discrimination. Second, Johnathan Gobeil (Australia) addressed healthcare barriers among people who use drugs. Through community consultations, they found that fear and the harms caused by stigma and discrimination

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are central to these barriers, leading to mistreatment and invalidation, followed by internalized stigma and disempowerment. He concluded with a quote from Paul Dessaur: "When services say we're 'difficult to reach,' what they really mean is that their service is difficult for some people to access." Last, Annick Borquez (USA) examined healthcare barriers for migrant populations, one being policy barriers: she presented that in 2024, only 114 of 194 countries had even partial national policies ensuring migrants' access to HIV services. Other barriers include unfamiliar health systems, language, HIV stigma, internalized homophobia and transphobia, and structural factors such as economic deprivation and food insecurity.

Critical assessment

The barriers presented highlighted the need to move from resilience to resistance, and to that end, the speakers outlined successful interventions. Core to this is what Johnathan Gobeil echoed, "trust must be rebuilt to build resistance", against what Richard Parker calls the "third epidemic" of stigma and discrimination. These include healthcare service-based interventions, supportive HIV testing and linkage to care, mobile clinics and point-of-care units, cultural competency through provider training and stigma awareness and reduction, translators, placing key populations in the health workforce, and building peer networks, all in service of confronting structural barriers and disrupting existing systems of power.

SESSION SY18

Safeguarding space and services for key populations in the face of shrinking resources

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AUTHOR

Kennedy Mwendwa

Session summary

The symposium examined the impact of shrinking financial resources on key population (KP) programmes and organisations. Speakers discussed the importance of sustaining community-led services, protecting safe spaces, and strengthening partnerships to ensure continued access to HIV prevention, treatment, and human rights services despite declining donor funding.

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Session highlights

The session explored the effects of declining donor funding on key population (KP)-led organizations and HIV services, highlighting the urgent need for sustainable approaches. Alegra Wolter from The Kirby Institute, UNSW Australia and Perkumpulan Suara Kita, Indonesia, discussed the critical role of KP-led organizations in delivering HIV prevention, treatment, psychosocial support, and human rights services. She explained that funding reductions are forcing many community organizations to reduce programmes, staff, and outreach activities, limiting access to essential services for vulnerable populations. Speakers emphasised that KP organisations provide trusted, community-led services that government health systems often cannot reach effectively. The discussion also reflected on experiences from countries such as Kenya, where funding cuts have affected peer education, outreach, community mobilisation, and advocacy activities. Participants stressed that shrinking resources threaten years of progress in HIV prevention and treatment among key populations. The symposium highlighted the importance of diversifying funding sources, strengthening partnerships with governments and donors, and investing in locally led solutions. Speakers agreed that protecting safe community spaces and ensuring meaningful involvement of key populations in decision-making are essential to maintaining effective HIV responses during periods of financial uncertainty.

Critical assessment

The symposium highlighted the serious consequences of shrinking donor funding on community-led HIV programmes. It reinforced that key population organisations remain essential for reaching marginalised communities with trusted, stigma-free services. While the discussion clearly outlined the challenges, fewer practical examples were provided on sustainable financing models beyond donor support. A key takeaway was that governments, donors, and communities must work together to strengthen local ownership and diversify funding. Protecting safe spaces, maintaining peer-led services, and ensuring meaningful involvement of key populations in funding and policy decisions are critical for sustaining HIV gains despite financial constraints.

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SESSION SY13

What's next! Young leaders shaping the future of the HIV response

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AUTHOR

Renatta Langlais-Freeman

Session summary

The session featured a panel of vibrant youth activists, each sharing a unique perspective on a new direction for the HIV response. The discussion was moderated by Karl Schmid of Plus Life Media and KABC Television, Los Angeles, United States.

Session highlights

In this session, the speakers included Nomonde NGEMA from HER Voice Fund (South Africa) Horacio BARREDA from Jóvenes Positivos LAC (Argentina), Shamin Jr MOHAMED from LetsStopAIDS (Canada), Silvia OKOTH, Bar hostess Empowerment and support program (Kenya) and Levi Barak SINGH from SRHR AFRICA TRUST (South Africa). Discussions explored the critical role of mental health in influencing healthcare engagement and the ignorance of decision makers and their tendency to view communities as statistics rather than individuals. There were deliberations on the different ways that young people could reinvent the HIV response, including emphasis on more engagement with private philanthropic organizations and the de-medicalization of PrEP that could improve access for young people. The session concluded with reflections on the future of the HIV response. Panellist agreed that limited ways of thinking should be left behind in favor of more inclusive and innovative approaches. Priorities for the future included integrating HIV services with broader healthcare as people age and decriminalizing key populations, particularly sex workers, to reduce stigma and improve access to care. Envisioned 2036 headlines included successful integration of HIV services, breakthroughs in person-centred care, ten years without new HIV transmissions, and the global elimination of mother-to-child HIV transmission.

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Critical assessment

Whilst the discussion on young people leading the response was very informative and rich, there was little information about paving the way for the next generation of young people. More emphasis could be placed on how this generation could prepare for the next generation of youth, as in the next 10 - 20 years they will become the mentors to the new generation of young advocates.

SESSION WS11

From publication to practice: Translating research for media and the public

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AUTHOR

Juan Michael Porter II

Session summary

Six panelists including journalists, researchers, and professors spoke about the information and translation gap between researchers, members of the public, and journalists.

Session highlights

In a wide ranging analysis on communicating scientific findings to various communities and dispelling misinformation, Greg Millet (amFAR) noted that scientists can help by speaking to specific audience members with an eye on what matters to them. Wame Jallow (Shuga Global) furthered this perspective with insights on how media outlets engage with science and storytelling, while Sara Jerving (Devex) broke down the editorial process for sharing reporting accurately and in a compelling manner. After providing a primer on using people-centred language (and avoiding pejorative descriptors), Juan Michael Porter II (Positive Women's Network-USA) handed the mic to Matthew Fox (Boston University) who shared practical guidelines for researchers on communicating with general audiences, other researchers, policy makers, and journalists. The workshop transitioned into a Q&A that addressed navigating errors in language and overcoming disinformation. Key themes included: Listen to and learn from the community; be willing to fail and apologize; and as moderator Trey Watkins (Gates Foundation) noted, speak simply so that even a seven year old can understand what

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you are sharing. During the closing exercise, participants applied what they learned on marketing a new health monitoring app for people with HIV.

Critical assessment

This is the first workshop that the IAS has provided on navigating translational research and people centred language from researchers to community members, journalists, policy-makers, and other scientists. As Olivia Ford (The Well Project) noted during the Q&A, shifting how science is communicated is hardly new. By taking a hands-on approach to resolving the problem and stopping stigma, it appears that the IAS is challenging other conferences to do something beyond provide lip service. In this case, the IAS is meeting people where they are but isn't leaving them there. But when will delegates who repeatedly stigmatize face consequences?

SESSION GVFS29

ANYONE: If it happened to you, what kind of world would you want to wake up to?

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AUTHOR

Renatta Langlais-Freeman

Session summary

The screening session was introduced by Blandie Elive, an advocate for social issues in Antigua and Barbuda who uses film to share challenges faced by community members. The film showcased stories of community members highlighting lived experiences and how stigma and lack of knowledge enable the spread of HIV/AIDS.

Session highlights

Using film to share the lived experiences of community members is an effective way to help viewers understand the realities of living with HIV. The film reinforced the message that a person's HIV status cannot be determined by appearance and emphasized the importance of protection, regular testing, and viral suppression. The film presented three scenarios that demonstrated how stigma and misinformation can increase the risk of HIV transmission. In the first case, a woman contracted HIV from her bisexual partner, who concealed his sexual identity because of self-stigma. In the second, a

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teenage girl gave in to peer pressure and had unprotected sex with a boy who believed that looking healthy meant he was “safe”. In the final scenario, a couple planned to stop using protection, but the man received a positive HIV diagnosis despite previously testing negative after a past relationship. This illustrated the importance of understanding the HIV window period and continuing regular testing. The film concluded by emphasizing the value of emotional support after an HIV diagnosis, reinforcing that education, open communication, and prevention strategies are essential for reducing stigma and preventing HIV transmission.

Critical assessment

Showcasing community challenges through film is essential for communicating key messages. The short film could be expanded to represent diverse experiences of community members across the Caribbean. There should also be an adoption of a more inclusive approach by highlighting the realities and lived experiences of other marginalized groups throughout the region.

SESSION GVWS12

Engaging Islamic faith leaders to reduce HIV stigma and improve SRHR access for trans and key populations

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AUTHOR

Aisia Castelo

Session summary

This workshop presented a community-led model from Pakistan engaging Islamic faith leaders, trans advocates and health providers to reduce HIV stigma and improve access to testing, treatment and SRHR services. Discussion covered how Islamic ethics of compassion, justice and protection of life can support rights-based HIV responses.

Session highlights

This interactive workshop, moderated by Nayyab Ali, Saro Imran, and Joshua Dilawar of Transgender Rights Pakistan, was structured as an open conversation exploring the why, the impact, and the how of engaging faith leaders. To frame the session,

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participants were asked about their perspectives on the role of faith leaders in the HIV response. Many shared that being historically devalued by faith institutions had demotivated them from engaging, alongside fear rooted in prejudice, demoralization and stigma surrounding sex. Transgender Rights Pakistan responded with their Faith-Engaged, Community-Led Model (2022–2025), arguing that faith leaders are among the biggest influence holders, with 2 billion Muslims and 56 Muslim-majority states, they shape society, policy and health systems. Nayyab Ali emphasized that they are not "changemakers" but rather "influencers," and trans communities "need to show them how not to harm us." The model demonstrated increased testing uptake when services were framed within Islamic ethics rather than moral judgement; collaboration with mosques and civil society strengthened referral networks and reduced discrimination; and contextualizing SRHR language within religiously resonant clauses mitigated resistance around sex work and gender diversity, a model applicable across Commonwealth Muslim-majority countries.

Critical assessment

In engaging with faith leaders, Joshua Dilawar made it clear that the goal is not acceptance but understanding of trans communities. The fear of engaging faith leaders is real and valid, but the workshop, which highlighted both the harms faith leaders have caused and the ways they can be moved to prevent them, has shown us that engagement, done strategically and safely, can save lives. It is no accident that this model comes from Pakistan, the first major Muslim-majority nation to pass legal protections for transgender people.

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SESSION GVSE01

Beyond prompts: Community mapping of how machine learning and AI are shaping the HIV response

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AUTHOR

Kennedy Mwendwa

Session summary

The session explored how artificial intelligence (AI) and machine learning are shaping the HIV response, highlighting current applications, ethical concerns, and opportunities for community engagement. Participants emphasised the need for inclusive AI development, stronger privacy protections, community participation, and collaboration between developers, researchers, governments, and affected communities.

Session highlights

The session, *Beyond Prompts: explored how artificial intelligence (AI) is being used in HIV programming and how communities can help shape its future. Participants mapped current AI use, identified gaps, and discussed way to make AI more inclusive and community-driven. The discussion explained how AI/ machine learning models work, where they obtain data, and who develops them. Participants shared that peer educators use tools such as ChatGPT, Gemini, and Grok to access HIV information, while researchers use AI for literature reviews, data synthesis, and presentation preparation. Roger Pebody from AIDSMAP demonstrated how AI is used to generate headlines and summaries of publications, making research easier to access. Idris discussed AI in abstract writing, noting that although the International AIDS Society discourages AI-generated abstracts, AI can support better abstract structure when guided by researchers' own ideas. Ethics and human rights were key themes. Lorenzo raised concerns about privacy, surveillance, bias, and exclusion, warning that poorly trained AI systems can disadvantage marginalised communities. Justin highlighted the misuse of data from the Global South and called for stronger community involvement. Participants recommended developing an AI roadmap, strengthening feedback between

users and developers, and ensuring communities remain central to AI development and HIV programming.

Critical assessment

The session highlighted both the opportunities and risks of using AI in HIV programming. It demonstrated that AI can improve access to information, support research, and strengthen programme planning when used responsibly. However, concerns about privacy, surveillance, bias, exclusion, and poor-quality data remain significant, particularly for marginalised communities living in restrictive legal environments. A key limitation is the limited involvement of AI developers in discussions with community users. The main takeaway was that AI should complement, not replace, human expertise. Future HIV programming should prioritise community leadership, ethical safeguards, transparency, and collaboration to ensure AI benefits everyone fairly.

SESSION GVSE04

Beyond Tokenism: Embedding Communities in HIV Research in Latin America

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AUTHOR

Juan Michael Porter II

Session summary

In an all Portuguese and Spanish language presentation, Luciana Kamel shared how activism developed Latin America’s HIV response while Nadir Fernanda Cardozo provided a case study on community engagement in research studies by applying the principles of “meaning involvement." The Q&A discussion highlighted respecting participants as co-investigators of solutions.

Session highlights

While giving an overview of the history of Latin America's HIV infrastructure, Luciana Kamel noted that the slogan "Nothing for us without us" extends beyond HIV to inform why the community must lead any movement that affects it. She noted that having a documented agreement does not guarantee community participation even though it is community participation that brings funding, fuels science, and improves science. Nadir

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Fernanda Cardozo described her role as a peer researcher on a study of smoking among sex workers: 100 cisgender women and 100 transgender women. Throughout her presentation she explained that peer researchers are not merely recruiters. They must must carry the same power as other lead investigators and participating institutions on a study's design. This extends to presenting findings at conferences. In the post-discussion, Kamel noted that community knowledge is not inferior, saying, "When you need to research, you need the community." But she warned against treating community integration as "merely a checklist exercise." In her closing remarks, Cardozo explained, "Participation in research is about finding solutions. We are not guinea pigs to be taken advantage of." Rather, incorporating the needs of the community "is the answer on HIV."

Critical assessment

Years ago, the words of Luciana Kamel and Nadir Fernanda Cardozo might have been seen as extreme. But in recent years, the essentiality of proper community inclusion on decision making has come into vogue. The question is: Why do so many governing bodies continue to resist following community leadership even though ample research shows superior outcomes? Particularly when said governing bodies exist solely because of the community? As Cardozo stated, study participants are not guinea pigs; they are authors of solutions. But to Kamel's point, do researchers believe this?

SESSION OAA27

Advances in HIV immunology

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AUTHOR

Aracelly Gaete Argel

Session summary

The session highlighted cutting-edge advances in HIV immunology, emphasizing the roles of innate and adaptive immune responses and viral immune evasion mechanisms. The presentations showcased innovative approaches to enhance immune recognition and antiviral responses, providing valuable insights for the development of both HIV prevention strategies and cure-focused interventions.

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Session highlights

The session opened with Aljawharah Alrubayyi (Saudi Arabia), who identified a distinct subset of adaptive NK cells in an acute HIV acquisition cohort from the International AIDS Vaccine Initiative (IAVI). These highly functional cells exhibited enhanced antiviral activity and were proposed to contribute to long-term viral control. Étienne Bélanger (Canada) described a novel immune evasion mechanism in which Nef- and Vpu-mediated CD4 downregulation prevents HIV Env from adopting its open conformation, masking epitopes required for antibody-dependent cellular phagocytosis (ADCP). Treatment with CD4-mimetic compounds restored Env exposure and enhanced ADCP by autologous monocytes using primary $CD4^+$ T cells from people with HIV, highlighting a promising therapeutic strategy. Sinmanus Vimonpatranon (Thailand) demonstrated that HIV Env-specific B-cell populations differ substantially between gut compartments and peripheral blood in SHIV-infected macaques, underscoring the importance of tissue-specific immunity for HIV vaccine development. Violet Korutaro (Uganda) reported that elevated breast milk IgG levels, potentially reflecting local viral replication, were associated with increased postnatal HIV transmission despite ART. Finally, Yanis Merad (USA) showed that post-treatment viral control following analytical treatment interruption was associated with higher baseline frequencies of a highly functional subset of educated NK cells, further highlighting the importance of innate immunity in durable HIV control.

Critical assessment

Understanding the complex interplay between HIV and both innate and adaptive immunity remains central to developing prevention and cure strategies. This session highlighted the importance of specialized NK cell subsets in viral control while emphasizing that both innate and adaptive immune responses must be considered. It also underscored the need to better understand immune determinants of postnatal HIV transmission to inform evidence-based public health policies in settings where breastfeeding remains essential. Moving forward, integrating advances in broadly neutralizing antibodies, latency-reversing agents, viral immune evasion, and cellular immunology will be critical to designing strategies for HIV prevention and reservoir elimination.

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SESSION OAA30

Gen V: Next generation of HIV vaccines

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AUTHOR

Jared Stern

Session summary

The session highlighted the incredible breadth of innovative and targeted vaccine-design platforms being examined to induce robust and effective immune responses to protect against HIV. Researchers honed in on B-cell maturation pathways, neutralising antibody responses, and other innate and adaptive immune cells which combine to elicit protection from HIV acquisition.

Session highlights

Marta Tarquis Medina (Wistar Institute) demonstrated how sequential vaccination can induce just a few germline mutations to guide antibody maturation away from non-neutralising Env base-targeting antibodies towards V3 glycan-binding antibodies. Genoveffa Franchini (NIH) showed pre-clinical data that vaccination of V1-deleted Env epitopes in rhesus macaques protects from HIV challenge through fortifying mucosa and improving killing/clearance of infected cells. Troy Martin (HIV Vaccine Trials Network) highlighted that a phase 1 trial of eOD-GT8 DNA electroporation elicits strong epitope-specific antibody binding and B-cell receptor sequences which waned after the first vaccination. Enrique Álvarez Coruña (Spanish National Research Counci) discussed the need for vaccines to elicit bNAbs against 2-3 vulnerable sites on HIV Env and showed that multiple bNAb classes can bind a signature-guided designed immunogen which, when vaccinated in mice, elicits IgG against the immunogen itself as well as Clade A and B envelope trimers. Wilton Williams (Duke Human Vaccine Institute) presented an mRNA lipid nanoparticle platform for trimeric Env expression in vivo that elicited neutralising antibody responses in all rhesus macaques and conferred protection to SHIV challenge in 33% of animals. Panel discussion highlighted the need for assays to examine effector function and importance of animal models to recapitulate human studies.

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Critical assessment

In learning from previous vaccine studies, the field has adapted and iterated upon vaccination strategies to elicit better immune responses for greater protective efficacy. Novel delivery technologies and targeted germline maturation towards bNAb responses offer an exciting evolution of vaccines which need pre-clinical and clinical assessment of protection to HIV acquisition in humans. There is a growing consensus that a vaccine needs breadth of antibody coverage across HIV's global diversity, and may require wholistic communication between the innate and adaptive immune arms in circulation and within mucosal tissues associated with HIV exposure. Community desires translatability of platforms for therapeutic vaccination.

SESSION PL03

Breaking down silos

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AUTHOR

Karine Lacombe

Session summary

This "Breaking Down Silos" plenary explored integration across the HIV response: clinical integration of HIV/TB/NCD care (Pujari), rights-based legal frameworks (Owomugisha Bazare), and equity-focused approaches to leaving no one behind (Luz), highlighting structural, legal, and programmatic levers to strengthen person-centred HIV systems.

Session highlights

Sanjay Pujari's plenary on "Clinical strategies for HIV, TB and NCD integration" argued that traditional vertical HIV and TB programmes are increasingly misaligned with multimorbidity in people living with HIV, calling for integrated platforms that combine prevention, screening, diagnosis, treatment and long-term monitoring of communicable and non-communicable conditions. He highlighted the need for shared protocols, multidisciplinary teams, and interoperable data systems to manage polypharmacy, drug interactions and lifelong care, particularly in low- and middle-income countries facing simultaneous HIV/TB and NCD burdens. Immaculate Owomugisha Bazare's talk,

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"Justice, rights and HIV: Building resilient legal frameworks," positioned legal systems, gender equality and accountability as central to HIV resilience, stressing that punitive laws, discrimination and weak enforcement deepen vulnerability and constrain access to services, especially for women and key populations. She underscored legal empowerment, protection from gender-based violence and community-based justice as integral components of HIV programmes. Paula Luz's plenary, "Inequities in the HIV response: Leaving no one behind," examined how structural disadvantage, stigma, poverty, racism, territorial exclusion and health-system barriers produce persistent disparities in HIV outcomes. She advocated equity-oriented strategies, better disaggregated data and accountability mechanisms to ensure that scientific advances reach populations historically excluded from standard models of care.

Critical assessment

Together, these plenaries effectively link clinical integration, legal frameworks and equity as mutually reinforcing pillars of a modern HIV response, offering a strong conceptual bridge between health systems, law and social justice. Limitations include limited operational detail on implementation and financing pathways, and the absence of specific quantitative impact data. Nonetheless, the session's key takeaways are clear: HIV responses that remain siloed (clinically, legally or structurally) will underperform; integrated, rights-based and equity-focused approaches are essential for sustainable gains and for genuinely leaving no one behind.

SESSION SY21

Ageing with HIV across the life course

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AUTHOR

Ming Lee

Session summary

The theme of this session was ageing in HIV throughout the life course, exploring the effect of ageing on immune markers, metabolic, cardiovascular, neurocognition systems, as well as mental health and social impact. These have implications on quality of life across children right through to older people living with HIV.

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Session highlights

Firstly, Dr Pinto discussed the challenges of people with perinatal HIV (PHIV) facing chronic disease, and the crucial and often vulnerable period transitioning to adult care. Women with PHIV experience higher rates of intimate partner violence and poorer postpartum outcomes. Mental health burden remains high, but there are effective models of integrated care with economic and social interventions. Dr Negredo discussed how HIV care is now shifting from infectious disease management to integrated cardiometabolic care for many people. Specifically, she addressed HIV-specific factors. Interventions are now available to break the inflammatory loop, such as statins for primary CVD prevention, GLP-1 receptor agonists, and lifestyle modifications. Next, Dr Cysique discussed how HIV-related mild neurocognitive deficits remain common despite widespread viral suppression, due to more prevalent systemic illnesses with ageing and chronic inflammation. She discussed validated neurocognitive screening and proactive healthcare interventions to address modifiable factors for cognitive decline. Finally, Dr Venter talked about how to address the ever expanding age-related disease management checklist for people with HIV. This is in spite of the lack of resources faced by many HIV services. These challenges highlight the need to rethink on delivery models to adapt to the ageing population.

Critical assessment

The session provided a timely and comprehensive overview of ageing with HIV, highlighting the shift from not just focused on viral suppression, to healthy ageing and breaking the inflammatory loop associated with HIV. Each speaker introduced interventions to improve outcomes in healthy ageing across all stages of the life course including peer support, and the key challenge is implementing these measures effectively in an integrated clinical model. To ensure equity of care towards healthy ageing, we need to understand and address the different challenges associated with different genders, or stages of the life course, faced by people living with HIV.

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SESSION OAB23

Ageing with HIV: Live long, live strong

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AUTHOR

Monica Gomes

Session summary

This session explored challenges of aging ith HIV, focusing on cognitive and mental health, physical function and cardiovascular risk and long term outcome related to virologic suppresion. This presentations highlight the need for comprehensive care that extend beyond HIV therapy and viral load supression.

Session highlights

Dr. Priscila Moraes presented data showing that low cognitive performance was prevalent in a brazilian cohort. This was associated to older age, lower CD4 nadir, non-white race/skin color and longer exposure to EFV. Dr Andre dos Santos presented that muscle quantity reflects absolute muscle capacity and is associated with strengh, whereas muscle quality, particularly thigh fat infiltration, is linked to overall physical performance. Dr Tyler Hamby presented a longitudinal investigation analysis demonstrating that depressive symptom severity generally decline over time following HIV diagnosis. Detectable VL, widowhood, unemployment, large household sizes, lower CD4, female sex and not being on ART for at least 24 weeks were significantly associated with greater depression symptom severity. Dr Madeleine Durano presented results evaluating a potential new CVD risk assessment tool, the pericoronary fat attenuation index (PFAI), demonstrating that HIV per se was not associated with highr PFAI values, but traditional CVD risk factors, being current smoking and stimulant use were associated with higher PFAI. Statins were protective. Last presentation by Dr Ruolan Wang presented a retrospective proviral HIV-1 DNA analysis from children aged 2 to < 15y/o, showing that although a proportion presented archived M184I/V or other RAMs, VL suppression was similar across groups.

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Critical assessment

It is very important understand factor associated with healthy aging and quality of life among PLWH that extend beyond viral supression or choice of ART. Interactions between different factors, including socioal determinants of health, need to be better understood to enable real improvements to each individual´s need.

SESSION SY24

How to address the rising STI epidemic

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AUTHOR

Olivia "Libby" Van Gerwen

Session summary

HIV and STI epidemics are deeply interconnected, making integrated prevention and care essential to ending HIV and improving sexual health for everyone, including people living with HIV. This session highlighted advances in doxy-PEP, 4CMenB vaccination against gonorrhea, advances in STI diagnostics, and strategies to respond to the resurgence of mpox.

Session highlights

Moderators Figueroa (Argentina) and Gravett (United States) opened the session by introducing Cartagena (Peru), who discussed the transition of doxyPEP from clinical trials to real-world implementation. Population-level studies demonstrate large, sustained reductions in syphilis and chlamydia following doxyPEP rollout, confirming effectiveness beyond clinical trials. Gonorrhea, however, remains the weak link, underscoring the need for targeted implementation alongside continued evidence generation as demand for doxyPEP continues to grow. Delany-Moretlwe (South Africa) examined rising gonorrhea rates and the potential role of the 4CMenB vaccine. Although the vaccine was hypothesized to reduce gonorrhea, three clinical trials have not demonstrated a protective effect. Additional studies are underway, but the need for an effective gonorrhea vaccine remains urgent. Van Der Pol (United States) reviewed the evolving landscape of STI diagnostics, highlighting the strengths and limitations of point-of-care and laboratory-based testing across diverse care settings. With several

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promising diagnostic technologies emerging, successful implementation will require approaches tailored to local needs rather than a one-size-fits-all model. Da Silva (Brazil) concluded the session with an update on the resurgence of Mpox, emphasizing persistent challenges in treatment and prevention, including the limited efficacy of tecovirimat, low uptake of Mpox vaccination, and the continued need for stronger public health responses.

Critical assessment

Advances such as doxyPEP, expanded diagnostic options, and vaccine development demonstrate the power of prevention, while also highlighting the need for continued innovation where gaps remain, particularly for gonorrhea and Mpox. Additionally, innovation without access is injustice. Scientific advances will only improve health if they are implemented through equitable, evidence-based, context-specific strategies rather than one-size-fits-all approaches. Integrating HIV and STI prevention, diagnostics, and vaccination into comprehensive sexual healthcare will maximize public health impact, reduce disease burden, and ensure these innovations benefit communities worldwide.

SESSION OAC22

Digital innovation in HIV: From clicks to care

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AUTHOR

Chunyan Li

Session summary

This session highlighted how thoughtfully designed digital interventions can facilitate HIV testing, earlier diagnosis, and retention in care. Across studies from the US, Mexico, Thailand, and Peru, a consistent message emerged: digital health works best when it responds to user priorities and should be implemented with strong ethical safeguards.

Session highlights

Piñeirua (Mexico) described Vínculo Seguro that offered free HIV self-test kits through social-media channels. It delivered 2,601 self-test kits; 34.9% were first-time testers.

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Among the newly diagnosed, 61% had CD4 counts above 350, suggesting an important opportunity for earlier diagnosis compared with national patterns. Kritsanavarin (Thailand) presented results from the Stand By You platform, which provided HIV self-testing and referral to care for at-risk individuals through online chats. In 2022-2025, 20,453 tested and reported results online; 58% of participants aged 15–24 were first-time testers. Notably, TikTok accounted for two-thirds of participant reach. Menacho Alvirio (Peru) reported on a two-arm RCT results that assessed WelTel Peru, a nurse-led two-way messaging intervention for MSM living with HIV. Participants in the intervention arm had significantly higher retention in care (94% versus 85%). Slightly different to the above, Sheira (US) presented formative research on the acceptability of location-enabled devices to support retention among people who inject drugs (PWID) in the BLISS cohort in California. Of the 269 surveyed participants, 74% were completely willing or open to carrying a GPS device to facilitate care retention. She also underscored that communities should be involved early in designing such interventions to ensure ethical practices.

Critical assessment

Overall, the session illustrated the considerable promise of digital health in resource-limited settings. Digital approaches can reach first-time testers, facilitate earlier diagnosis, and improve retention and quality of life. Yet technology alone is not enough. Effective programs must be co-created with communities. They should be delivered through trusted and familiar channels. Privacy, consent, and protection from surveillance or other harms should remain central, especially when working with marginalized populations. The goal is not merely to add new digital tools, but to use them in ways that make HIV services more accessible, equitable, and responsive to people's real lives.

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SESSION OAC28

Moving to long-acting PrEP

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AUTHOR

Keshab Deuba

Session summary

Five studies showed that long-acting PrEP can provide highly effective, acceptable and flexible HIV prevention across diverse populations. Findings also highlighted implementation challenges, including maintaining timely dosing, resolving discordant HIV test results, monitoring rare breakthrough infections and developing multipurpose products that address both HIV prevention and contraception.

Session highlights

Noah Kiwanuka reported 52-week open-label extension results from PURPOSE 1: 95% of eligible participants chose twice-yearly lenacapavir, with no HIV acquisitions during open-label follow-up and 96% injection adherence. Jana Jacobs presented ImPrEP CAB Brasil, where 14 of 1,220 participants had discordant serological results but RNA and DNA assays found no evidence of HIV. Kyle Kleinbeck described a randomized phase 1b trial of two 90-day dapivirine-levonorgestrel vaginal rings in 40 women. Both met safety and dapivirine pharmacokinetic expectations, while Ring-106 provided more consistent hormonal suppression and less bleeding. Laura Armas-Kolostroubis reported no HIV acquisitions among 315 cisgender and transgender women receiving cabotegravir over a median 13 months, although 44% had at least one late maintenance injection. Marcelo Losso presented PURPOSE 2 open-label data: one acquisition occurred among participants continuing lenacapavir and none among those switching from oral PrEP, with combined incidence of 0.07 per 100 person-years.

Critical assessment

Together, the studies strengthen evidence for twice-yearly lenacapavir and injectable cabotegravir, while advancing a women-controlled multipurpose ring. Future implementation must address missed injections, equitable access, affordability and

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service capacity so that biological efficacy translates into sustained population-level impact.

SESSION PL03

Breaking down silos

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AUTHOR

Sharlene Jarrett

Session summary

This plenary examined clinical integration, resilient legal frameworks, and equity-driven implementation to break down silos in the HIV response. Sanjay Pujari presented integration strategies for HIV, TB, and NCDs. Immaculate Bazare addressed legal frameworks confronting criminalisation. Paula Luz analysed persistent inequities in prevention and treatment access and evidence-based solutions.

Session highlights

Sanjay Pujari (India) argued that clinical interdependence makes integration necessary, presenting the 5Cs—case finding, co-management, compatibility, continuity, counselling—to move beyond co-location towards clinical coherence. He emphasised care and clinical stability, noting that “modern HIV care is multi-morbidity care, one cause but multiple conditions converging.” Immaculate Bazare (Uganda) linked legal environments to outcomes through her personal testimony of family loss due to poverty, stigma, and vertical transmission, condemning HIV criminalisation as governance through fear and urging the meaningful involvement of people living with HIV (PLHIV) in legal planning. She described how ministerial guidance protecting service access collapsed once tested, since guidance carries no legal force and only parliamentary law does. She argued that resilient frameworks must be written into law itself to have impact: “when laws and legal systems fail, justice is lost.” Paula Luz (Brazil) reviewed evidence that inequity is structural, not incidental: PrEP reaches the wealthy and educated, not those actually acquiring HIV, and Black women with less education face nearly five times the AIDS mortality risk of white, wealthier women. Funding cuts compound this by restricting PrEP access and erasing key populations from reporting.

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Solutions include choice-based PrEP, decriminalisation, and cash transfers, which reduced AIDS mortality by 39%.

Critical assessment

Luz noted that the “HIV response is unequal by design, not by accident.” These talks highlight that although strong clinical and structural evidence exists, medicine, law, nor epidemiology can close these gaps alone. An effective response means funding behavioural and rights research as rigorously as biomedical trials. Social and behavioural scientists are essential, translating stigma, criminalisation, and poverty into measurable drivers policymakers can act on, and designing person-centred delivery models that clinical protocols alone cannot achieve. A key takeaway was captured by Bazare: “human rights need to go hand in hand with scientific breakthrough; science alone won't end AIDS.”

SESSION SY20

Bringing back sexual pleasure

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AUTHOR

Tomer Einav

Session summary

Addressing sexual pleasure strengthens HIV prevention, as pleasure and protection are mutually reinforcing. Integrating pleasure into person-centred, non-judgmental care can improve prevention uptake, engagement in care, and quality of life for people affected by and living with HIV; particularly for key populations whose sexuality and pleasure are frequently stigmatised.

Session highlights

The anus is a sexual organ, and sexual pleasure is a human right. Healthcare professionals who recognise sexual pleasure as a legitimate part of sexual health, and address it in a non-judgmental way, can support health outcomes for people living with and affected by HIV. This includes delivering person-centred approaches, offering different prevention and care modalities, through PrEP, doxy-PEP, condoms,

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vaccination, harm reduction, testing, U=U, and support after diagnosis. Vinicius Borges emphasised that, "because sex does not happen in hospitals", sexual health education should extend beyond; into community settings where people meet and have sex. Open discussions about pleasure in these settings can build trust, support adherence, and empower people to make informed choices. Sexual pleasure is shaped by social and political inequalities, with stigma, discrimination, and criminalisation disproportionately devaluing the pleasure of women, men who have sex with men, transgender people, sex workers, people who use drugs, and other marginalised groups. The Well Project celebrated sexuality, centred the needs and bodily autonomy of women living with HIV, and called for provider training that supports non-judgmental discussions about pleasure and relationships. It emphasised women-led leadership, rights-based policies, moving beyond risk-focused framing, and recognising that wellbeing extends beyond viral suppression.

Critical assessment

The session highlighted sexual pleasure as a neglected component of HIV prevention and care. Future efforts could focus on developing strategies to engage conservative and restrictive environments, including training healthcare providers who may be less comfortable discussing sexuality. Several important topics received limited attention, including racism, colonialism, right-wing politics, social media, and women-specific issues such as female genital mutilation, all of which may shape the discourse around sexual pleasure. More discussion is also needed on people who suppress their own sexuality because of stigma or discrimination, and on how to implement pleasure-inclusive approaches across diverse healthcare and community settings.

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SESSION SY33

Breaking the inequality cycle driving Ebola, AIDS, COVID and beyond

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AUTHOR

Eliana Miura Zucchi

Session summary

The session examined how inequality disproportionately shapes pandemics among the poorest populations. Presenters highlighted economic inequality within countries, government commitment to addressing the social determinants of health, and the need to prioritise equity, technology transfer, and meaningful community and civil society participation.

Session highlights

Joseph Stiglitz highlighted that rising within-country inequality is a major barrier to addressing pandemics because it undermines trust and social cohesion. Drawing on COVID-19 evidence, countries with lower economic inequality—not those considered best prepared—responded most effectively. Matthew Kavanagh argued that “pandemics collide”: in the Democratic Republic of the Congo, areas most affected by Ebola are also those most affected by HIV. Effective responses require governments to address the social determinants of health through social protection, girls’ education, and multisectoral governance with civil society and communities. Equity and social protection must also be central to innovation. Using the dengue vaccine as an example, Nísia Trindade highlighted technology transfer through Global South partnerships as a strategy to strengthen local and regional pandemic response capacities. Javier Padilla Bernaldez argued that translating equity into policy requires advancing three dimensions of justice: redistribution to delink labour from survival, recognition through universal public health and universal health coverage, and representation through meaningful civil society participation. Richard Lusimbo emphasized that sustainable funding for civil society participation is essential to pandemic preparedness. He highlighted the role of community organisations in documenting interactions with health services and experiences of discrimination that would otherwise remain invisible.

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Critical assessment

The session challenged conventional notions of pandemic preparedness by showing economic inequality as the strongest predictor of countries' COVID-19 responses. Pandemic preparedness should be framed not simply as health system capacity or availability of medicines and technologies, but as equitable access to medical innovation, action on the social determinants of health, the protection of rights, and meaningful community participation. Building regional and Global South coalitions to expand the production of cutting-edge medical technologies, advance technology transfer and equitable licensing, and break the "inequality pandemic cycle" emerged as a central priority.

SESSION OAD24

Innovations with underserved populations: Health equity in action

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AUTHOR

Isaac Yen-Hao Chu

Session summary

The need for equitable and accessible HIV/STI services among marginalised populations remains unmet in many settings worldwide. Drawing on experiences from Kazakhstan, Peruvian Amazon, and riverine Nigeria, this session presented three innovations for underserved populations: HIV prevention programmes mitigating intersecting stigma, culturally sensitive mobile HIV/STI testing, and drone-enabled medication delivery.

Session highlights

Tara McCrimmon's study identified stigma patterns among adult women who exchange sex and use drugs in Kazakhstan. Focusing on stigma against sex work and substance use through the lens of anticipated, internalised, and enacted stigma, this study found that the group experiencing "High Stigma" were more likely to report positive attitudes towards PrEP despite having less access to healthcare services. Interventions addressing intersecting experiences of marginalisation are key to mitigating intersectional stigma in the challenging legal environment for sex workers in similar

Central Asian contexts. Carlos Benites presented intercultural mobile brigades bringing HIV screening to Awajún, Mestizo, and Wampis communities in the Peruvian Amazon. By incorporating Indigenous health technicians into each brigade and collaborating with stakeholders (including local community authorities), this innovation reached 28,956 people in 324 communities, half of whom were under 30 years old. Patrick Ashinze demonstrated a drone-based project delivering antiretroviral medications, HIV test kits, and nutritional support by air to children and adolescents living with HIV in hard-to-reach riverine Nigeria. With an approximate 14% increase in self-reported adherence to antiretrovirals, this drone-based delivery project has been scaled up to support medication delivery to adults living with HIV, with a commitment to humanised and community-centred innovation scale-up.

Critical assessment

This session exhibited contextual insights into equity-centred implementation of innovations for underserved populations. While these populations could still be left behind in the last mile to End AIDS by 2030, innovations listed have the potential to reduce inequity in access to person-centred and culturally-sensitive care among PLWHIV. Innovations may only be useful and beneficial when service users and communities have power in shaping and optimising them. Findings should be read with appropriate caution due to their limited scale and timeframe. Further research is warranted to understand whether these models can sustain user engagement without heightening disparities among marginalised populations.

SESSION OAD33

Reimagining HIV prevention for youth: Integrating creativity and community action

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AUTHOR

Sharlene Jarrett

Session summary

This session showcased innovative, youth-focused HIV prevention strategies that integrate creativity and community action to address high infection rates. Presenters described a mobile health app, a scoping-review on young women who sell sex, a

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soccer programme, an arts-based stigma intervention, and a cognitive-dissonance intervention, targeting knowledge, stigma, and prevention behaviour.

Session highlights

Abimbola Phillips (Nigeria) tested a mobile health app for adolescent girls and young women, using structural equation modelling. App quality predicted social comfort and technology acceptance, which predicted HIV knowledge and health agency regardless of a girl's age or education, an equity signal for digital tools. Prudence Tatiana (Cameroon) reviewed thirty studies on young women who sell sex. The review revealed that peer-led outreach, integrated youth-friendly services, and community empowerment are critical for improving service engagement. Edmond Soko (Zambia) described Grassroot Soccer's SKILLZ programme, in which forty-five trained youth coaches reached over thirty-one thousand rural adolescents, linking thousands to testing and PrEP. Traditional leader engagement helped to counter stigma, especially for girls. Joshua Mendelsohn (Uganda) evaluated an arts-based curriculum reviving storytelling traditions disrupted by decades of conflict. The intervention improved HIV knowledge, though courtesy stigma rose slightly, a pattern he attributed to greater awareness rather than genuine harm. Chimere Nwagbo (Nigeria) shared compelling results from a peer-led cognitive dissonance intervention in a Nigerian IDP camp, which significantly increased consistent condom use and PrEP readiness, with behavioural changes validated by a 41% reduction in chlamydia incidence. He concluded that “when young women change what they believe, they change what they do.”

Critical assessment

This session demonstrated that effective HIV prevention for youth requires moving beyond conventional methods to embrace tailored, community-driven, theory-informed, and creative solutions. The studies also underscore the necessity of addressing the specific social and structural contexts of young people. The findings have significant implications, particularly for youth in high-burden regions, and demonstrate scalable models that empower them as active agents in their own health, thereby reimagining prevention as a participatory and culturally relevant process.

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SESSION SY23

AI for all: Building trust, equity and smarter HIV solutions

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AUTHOR

Abdulzeid Yen Anafo

Session summary

Four presentations examined AI across the HIV services, chatbots and image-based diagnosis, AI companions delivering self-care at scale, ethics and bias, and the financing of scale-up. Trust ran through all four as the precondition for uptake, and human oversight emerged as the dominant cost.

Session highlights

Maaya opened: AI will not change "nothing about us without us" but will test it, and trust is not a footnote to sustainability. Eric showed that generic chatbots underperform: a 2024 evaluation against CDC guidance found ChatGPT good on routine screening and HPV vaccination but silent on extragenital testing and PrEP; across three multimodal models, top-1 diagnostic accuracy on clinical images peaked near 40%, and none identified mpox from 18 images. A locally trained tool outperformed generic ones. Sarah reported Audere's AI companions across four programmes. Among over 10,000 adolescent girls and young women, those with more than one session were five times likelier to test for HIV and 2.5 times likelier to start PrEP; linkage rose between 43% and 93%. Suicidal risk and violence surfaced around the fourth topic, not the first; people tell the hardest things only once they are ready. Adding a local algorithm to OpenAI's API cut self-harm false negatives from about 1% to under 0.1%. Primrose argued trust is not only the user's: clinicians must trust decision-support accuracy, and health systems must trust tools will be sustained. Magni reported human-in-the-loop oversight accounts for 50–75% of an HIV chatbot's total cost of ownership in South Africa.

Critical assessment

A key finding across presentations was that context-specific tools outperform general-purpose tools, and that the gap is a safety issue rather than a matter of refinement. Chow's presented models misread a clinical abbreviation and identified

none of eighteen mpox images; Morris's locally trained algorithm cut self-harm false negatives tenfold over an off-the-shelf moderation layer. Yet general-purpose chatbots are what most people actually reach for, unprompted and unsupervised. The take-away is that these tools are evaluated on what they get right, when the useful question is what they miss.

SESSION OAE26

Practice and pathways: Integrated testing and screening as entry points to HIV care

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AUTHOR

Xueling Xiao

Session summary

This session demonstrated how integrated testing and screening can create entry points to HIV prevention and care. Community partnerships, festivals, STI self-testing, primary-care integration and sex worker-led online distribution expanded reach beyond conventional services. Speakers emphasized accessible, non-judgmental delivery, linkage to care, community leadership, regulation and high-quality data for scale-up.

Session highlights

Rayner Kay Jin Tan demonstrated how community, industry, healthcare, and academic partnerships worked despite limited support. Through the Greenhouse and Action for AIDS, the decentralized model encouraged HCV testing among people at risk, spurring regulatory innovation. A. Toni Young described challenges implementing HIV testing and navigation at Healing Appalachia. Despite financial constraints and testing only 141 people, the festival-based approach identified two reactive HIV test results. She addressed the importance of reaching people experiencing vulnerability who may not recognize their HIV risk. Elizabeth Zahabu showed community-led STI self-testing offered adolescent girls and young women an accessible, non-judgmental entry point to HIV testing and PrEP counselling. She recommended integrating STI and HIV services, expanding youth-friendly PrEP, reducing costs and scaling community-led approaches. S.V.d.C. Uamba Tualufo shared that integrating HIV testing, ART initiation and cervical cancer screening into primary care identified 8,568 people newly diagnosed with HIV.

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She stressed that integration is the path to better care, while quality data enable monitoring. Arnon Thepbinkarn showed how a sex worker-led online model scaled HIV self-testing nationwide through anonymous requests, free postal delivery and peer follow-up. The approach reached beyond clinic walls; integration into national coverage and stronger result reporting and linkage are priorities.

Critical assessment

Across diverse settings, the presentations demonstrated promising practices and pathways for using integrated testing and screening as entry points to HIV care, reflecting the resilience and innovation of communities affected by HIV. We need sensitivity and empathy to recognize challenges, overlooked needs and feasible points of integration. Lessons from HIV action can strengthen responses to other health conditions; equally, existing services for hepatitis C, STIs, cervical cancer and primary care can provide entry points for HIV action. As these models are context-specific, careful adaptation, community engagement, sustainable financing, linkage systems and reliable data remain essential for scale-up.

SESSION OAE29

Status-neutral practice: Interventions for young people

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AUTHOR

Gloria Aidoo-Frimpong

Session summary

Youth-focused HIV interventions across Brazil, Malawi, Thailand, and South Africa showed the importance of prevention choice, peer navigation, digital engagement, U=U communication, and integrated psychosocial support. Effective programmes treated young people as whole persons and connected accessible, youth-designed messages with confidential, responsive pathways to prevention, testing, treatment, and care.

Session highlights

Ines Dourado presented the multicentre PrEP15-19 Choices Study, a prospective implementation study among 647 sexually and gender-diverse adolescents in Brazil.

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Participants chose oral PrEP or long-acting injectable cabotegravir and could switch modalities. CAB-LA showed high adherence and persistence, was generally well tolerated, and had numerically lower HIV incidence, although confidence intervals overlapped. Mental-health concerns reinforced the need for screening and integrated psychosocial support. In Malawi, Gilbertha Chisamba Baila described a quality-improvement initiative using four trained youth champions to provide tailored counselling, escort clients between service points, and reduce waiting times. PrEP initiations increased from 48 in early 2025 to 193 in the fourth quarter, with especially marked growth in injectable PrEP uptake. Natthaporn Manojai reported that a peer-led digital campaign in Thailand reached 58,748 young people, identified 590 HIV diagnoses and 1,636 syphilis cases, and linked 93% of those diagnosed with HIV to treatment. She emphasized interactive content, influencers, confidentiality, and services addressing young people beyond HIV alone. Finally, Tembeka Sineke presented a randomized trial of the Undetectable & You app in Cape Town. Testimonial videos with nurse explanations substantially improved sustained U=U knowledge and attitudes, but did not significantly change six-month medication coverage or retention.

Critical assessment

The session showed that youth engagement is most effective when interventions combine biomedical options with trusted relationships, mental-health support, confidentiality, and direct pathways into care. Choice-based PrEP, youth champions, peer-led digital outreach, and narrative U=U communication all demonstrated promise, but effects varied by outcome. Knowledge, attitudes, reach, and service uptake improved more consistently than retention or longer-term clinical outcomes. Several findings also depended on specialized settings, self-selection, quality-improvement designs, or exclusion of participants with serious mental-health histories. Future implementation should evaluate sustainability, scalability, equity, and whether youth-designed interventions remain effective in routine, less-resourced settings.

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SESSION OAE31

Prevention in practice: Real-world advances in HIV prevention delivery

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AUTHOR

Débora Castanheira Pires

Session summary

The session considered ways to scale up HIV prevention through innovative delivery models, long-acting PrEP, and community-led approaches. The presentations across settings showed how implementation strategies can improve adoption, re-engagement, equitable access and continuity of HIV prevention services.

Session highlights

Lloyd Mulenga presented Zambia's phased rollout of lenacapavir PrEP, emphasizing the importance of a clear implementation roadmap informed by previous CAB-LA experience. Early programme data showed substantial uptake among women and many PrEP-naïve users, suggesting that careful planning can accelerate equitable expansion of HIV prevention. Mandzisi Mkhontfo described early lenacapavir uptake in Eswatini, demonstrating that the new modality attracted current and former PrEP users switching methods and PrEP-naïve individuals, highlighting its potential to re-engage previous users while expanding prevention coverage. Mac Russelle Cabuso showed that improving access requires more than making services available. Following community consultations, the team co-designed peer-led alternative access points that emphasized trust, choice, convenience, and flexibility, demonstrating how community-led implementation can reach populations often missed by conventional services. The presenter argued that peer-led approaches should be institutionalized. Adriano Queiroz da Silva presented automated dispensing machines as an innovative differentiated service delivery model that expanded access to oral PrEP and PEP while supporting continuity for ongoing users through convenient, low-barrier dispensing. Vamsi Vasireddy concluded the session by showing how maintaining HIV services within the Armed Forces of the Philippines required integrating HIV care into broader health

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system planning, emphasizing continuity and sustainability as core implementation objectives.

Critical assessment

The presenters showed that scaling up HIV prevention requires more than just introducing new technologies. Successful implementation was achieved through a blend of innovative prevention tools and implementation strategies tailored to local contexts, including phased rollout, differentiated delivery models, co-design with communities, peer leadership and novel access points. Taken together, the session reiterated that the key to implementation success is in the way interventions are delivered, adapted and embedded into health systems to improve acceptance, re-engagement, equity and sustainability in the long run.

SESSION PL03

Breaking down silos

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AUTHOR

Kenechukwu Esom

Session summary

The session examined how clinical fragmentation, punitive laws and socioeconomic inequality shape HIV outcomes. Speakers addressed person-centred integration of HIV, TB and NCD care; the public-health effects of criminalisation; and how differentiated services, social protection and equitable resource allocation can strengthen the response.

Session highlights

Chaired by Carmen Pérez Casas, the session examined how legal, policy and institutional silos obstruct equitable HIV outcomes. Sanjay Pujari argued that HIV, tuberculosis and non-communicable diseases are clinically interdependent, making integration a necessity rather than an administrative convenience. Drawing on two clinical trials he showed that integrated models preserved viral suppression and retention and reduced costs, although control of hypertension and diabetes remained

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modest. His policy implication was that integration requires standardised clinical protocols, trained staff, decision support and accountability for outcomes. Immaculate Bazare argued that laws and policies are themselves public-health interventions. Using Ugandan cases, she showed how HIV criminalisation and laws targeting same-sex relations, sex work and drug use drive people away from services. She called for law reform grounded in science, enforceable protections against discrimination, judicial education, prosecutorial guidance and meaningful participation by affected communities. Her demand was to “measure justice like we measure viral suppression.” Paula Luz examined how treatment and prevention gaps are produced by stigma, criminalisation, donor contraction and socioeconomic inequality. She discussed differentiated service delivery, prevention choice, integrated mental-health support, equity-based allocation and Brazil’s Bolsa Família programme, arguing that universal healthcare alone cannot overcome structural barriers to sustained engagement in care.

Critical assessment

The session’s principal value was its treatment of HIV outcomes as products of legal, institutional and distributive choices, not biomedical evidence alone. Pujari showed that integration can preserve HIV outcomes but will not automatically improve NCD control. Bazare demonstrated that technical guidance cannot neutralise discriminatory statutes, while Luz linked service gaps to poverty, stigma, criminalisation and funding contraction. The central takeaway is that breaking silos requires enforceable rights, accountable institutions and resource allocation based on need, not simply the co-location of services. The session ended with the award of the Elizabeth Taylor Human Rights Award to Ms MaryAnne Torres.

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SESSION OAF32

Criminalized, but still we rise

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AUTHOR

Sandra Ka Hon Chu

Session summary

“Criminalized, but still we rise” examined how HIV criminalization laws and laws punishing same-sex intimacy fuel stigma, reduce healthcare engagement, and exacerbate inequities. Presenters highlighted how laws are embedded within wider punitive institutions and contexts and called for community-led law reform and media engagement rooted in human rights and science.

Session highlights

On the issue of HIV criminalization, Brooke Maria Hollingshead of Positive Women discussed an anonymous survey in New Zealand where participants living with HIV detailed anxiety about disclosure, fear of legal consequences, and anticipated rejection or stigma. One participant lamented, “How can an illness be a crime?” Kevin Sassaman of the University of California described how enforcing U.S. federal and state HIV criminalization laws resulted in HIV-related stigma among sexual minority men living with HIV. Despite science-driven HIV criminalization reform in many settings, Edwin Bernard of HIV Justice Network described uneven progress and the need to supply communities with tools to work with scientists, lawyers, and judges to translate evidence into better laws. The session also examined broader structural influences on HIV outcomes. Cheikh Bamba Dieye Gueye from CNLS presented a rapid assessment in Senegal documenting how recent arrests of MSM for alleged “unnatural acts” and intentional HIV transmission resulted in fear of harassment and arrest, depression, and anxiety — disrupting access to HIV services. Joseph Messinga Nkonga of Fierté Afrique Francophone described a program in Côte d'Ivoire and Cameroon to mentor and train journalists on HIV science and human rights that facilitated rights-based reporting and reduced stigma and misinformation.

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Critical assessment

HIV criminalization laws and laws prohibiting same-sex intimacy persist, backed by a coordinated backlash against human rights, gender equality, and science. While recent reforms demonstrate the feasibility of change, there has been a renewed increase in reported cases of HIV criminalization and a growing number of states adopting laws punishing key populations. As one speaker observed, “Science may advance, but justice does not.” In a context of emboldened anti-rights movements and defunding of HIV programs and advocacy, civil society must adapt and work in solidarity based on valuable lessons learned in community-led advocacy and funders must support this critical work.

SESSION OAF25

People in crisis: Conflict, migration and sustaining HIV care

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AUTHOR

Alice Kayongo

Session summary

This session examined HIV care continuity during crisis. Pyi Hein (Myanmar) presented community feedback mechanism protecting rights of people who inject drugs. Serhii Riabokon (Ukraine) presented service adaptation challenges. Amira Adam (Sudan) presented declining service delivery, Andrea Boccardi Vidarte presented Peru’s migrant health law and Ramona Godbole contested funder assertions.

Session highlights

Pyi presented a community feedback mechanism implemented in Myanmar to protect rights of people who inject drugs in conflict-affected areas. The rights-based, peer-led model uses a MyRights application to document rights violations —resolving 75% of 256 documented cases. Andrea, who presented on the 32154-law for undocumented migrants with HIV and TB in Peru reported improved access to services among this population. Findings from both countries conclude that policy reform advances health equity and public health even during conflict. Serhii and Amira both emphasised HIV service delivery being severely hit by conflict. In Sudan, HIV testing among males

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declined by 78% and 71% for females while HIV positivity increased from 3.2% to 8.7% and new ART initiation dropped by 66%. However, despite disruption of HIV services in Ukraine, implementation of initiatives like regulatory flexibility, simplified regimens, and system-level preparedness maintain HIV service delivery. Away from conflict, in her presentation on shifts in PEPFAR supported pediatric treatment, Ramona noted: although documented declines in the number of children living with HIV on treatment have been characterized by the U.S. Department of State as consistent with historical trends, their analysis indicates otherwise — that there is a global contraction in CLHIV receiving PEPFER-supported treatment.

Critical assessment

Maintaining HIV service delivery is importantly for epidemic control and improvement in the quality of life of PLHIV. While conflict has disrupted HIV service delivery, threatening retention in HIV care and escalation of incidence rates, actors have innovated initiatives to sustain service delivery. However, the continuity of these initiatives is contingent on multi-sectoral collaboration between civil society, researchers, donors, scientists, PLHIV and governments. Critically, the response' effectiveness is undermined by insufficient transparency. With inaccurate representation of the effects of conflict on the HIV response, we risk mistargeting the key issues that would undermine gains made.

SESSION SY22

The transformative power of harm reduction

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AUTHOR

Kennedy Mwendwa

Session summary

The session explored harm reduction in challenging political and funding environments, highlighting community leadership, human rights, and evidence based advocacy. Speakers demonstrated how community-led programmes improve HIV outcomes, influence policy, and strengthen health systems while addressing stigma, discrimination, gender inequalities, and shrinking resources affecting people who use drugs.

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Session highlights

The symposium Harm Reduction in Difficult Contexts was moderated by Jessica Whitebread (AWID) and Anton Basenko (Alliance for Public Health). Alexei Lakhov-EuroNPUD, discussed why the global "war on drugs" has failed, noting that cocaine production reached a record 4,100 tonnes in 2024. He highlighted that 331 million people use drugs worldwide, 14 million inject drugs, and 1.3 million people die from viral hepatitis. He also stressed that women who use drugs face a double burden of stigma and discrimination. A representative from the Latin American Network of People Who Use Drugs (LAMPAD described how people who use drugs continue to be excluded from HIV governance and funding. Community-led research conducted across ten countries documented discrimination, forced rehabilitation before HIV treatment, and denial of healthcare. LAMPAD has expanded to 17 countries with Global Fund support and is using community research, human rights advocacy, and strategic litigation to influence policy reform. Case studies from Moldova, Zimbabwe, and Kenya showed how integrated harm reduction services, peer leadership, and community advocacy improve health outcomes and shape national policies. The session concluded by emphasising gender-responsive, community-led harm reduction, stronger partnerships, and greater trust between communities and healthcare providers to improve HIV and hepatitis services.

Critical assessment

The session demonstrated that harm reduction is more than a health intervention; it is a human rights approach that promotes dignity, inclusion, and community leadership. Strong evidence from community-led research and real-life case studies illustrated how peer-led services improve HIV outcomes and influence policy. However, shrinking donor funding, punitive drug laws, stigma, and weak legal protections continue to limit access to services. Discussions also highlighted the need for gender-responsive approaches and stronger collaboration between communities, governments, and health systems. The key takeaway was that sustainable HIV responses require long-term investment in community-led harm reduction and rights-based policies.

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SESSION SY25

From community to innovation to scale

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AUTHOR

Juan Michael Porter II

Session summary

Leading researchers, policy makers, and advocates speak about the process of bringing new innovations to clinics with a focus on the essentiality community buy-in and attention from the beginning of the process.

Session highlights

Former IAS President Sharon Lewin opened by championing: Community inclusion in new research from the start, meaningful involvement, listing participants as peer authors, and paying them for their work. Krista Dong followed with a look at how long it can take for trials to conclude and cautioning that poor communication with participants breeds assumptions as well as misinformation. Dorlim Moiana Uetela shared that even the most effective innovation will have minimal impact if the implementing system does not perform effectively and consistently. Grace Kumwenda shared that community members may not understand all of the science but they are brilliant at figuring out what they need. Kumwenda also shared a story detailing what happens when community members receive tools without instruction that makes sense to them: They will use the tool in a manner that makes sense to them, not as the developer intended. Artur Kalichman concluded the presentation with a policy focus that seemed to embrace advocacy: He stated that data in Brazil showed that peer navigated interventions were the most effective in helping historically marginalized populations. As one Q&A participant reflected, this session felt like advice to young researchers on successfully working with innovation and community.

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Critical assessment

Panelist repeatedly exhorted researchers to involve community members from the start of their work and to listen to them. One panelist noted that an intervention is useless if it goes unused because it was considered unacceptable at the clinic. This note forces researchers, innovators, and clinicians to ask themselves, "Why do we expect people to accept what we're giving them without first asking them what they want." Perhaps the future of HIV science lives in asking people who are living with and affected by HIV, "What do you need?" and working with them to create it.

SESSION SS02

Racism as a driver of HIV: From lived experience to structural change

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AUTHOR

Juan Michael Porter II

Session summary

A Black doctor from the US, an Indigenous professor from Guatemala, and a Black, bisexual, nonbinary person living with HIV speak to the realities of overcoming dire health outcomes and containing HIV in a world that has HIV baked into it.

Session highlights

This session's speakers detailed the insidiousness of medical racism with data and reflections on obscuring history. Thiago Cruz noted that on nearly every measurable benchmark in Brazil, Black people experience worse health outcomes than their white counterparts. Despite this, they said the myth of equality in Brazil continues to dominate the country's narrative. Oni Blackstock shared a similar health story of the U.S. by comparing Ryan White and Robert Rayford. Both died from complications of AIDS in their teens, but Rayford's story has been obscured. Rayford was Black and is the earliest known case of HIV in the U.S. As Blackstock concluded, Black people have been affected by HIV since the beginning of the epidemic in the U.S. Like Rayford, this story has also been hidden. Beyond data and history, Roberto Orellana reminded attendees that we are all living in a colonized world that ignores Indigenous knowledge and that healing a community requires more than a pill. As he noted, "HIV is just a virus

that is part of nature and we're never going to end it. So why not cure racism?" If more white delegates attended such sessions, we might do so at the IAS.

Critical assessment

This session operated as an introduction to racism. The need to engage with medical and systemic racism is high. In a shocking turn of events, the IAS was forced to release a statement from President-elect Kenneth Ngure about a map that mislabeled African countries during an AIDS 2026 session. If this can happen at the IAS (even unintentionally), what other racist moments are going unaddressed? And do the people promulgating these incidents realize it? Perhaps the next conference should ask Blackstock to deliver a solo lecture at the opening ceremony.

SESSION GVWS05

Rethinking and rebuilding peer-led support across regions via shared learning

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AUTHOR

Susan Cole

Session summary

This workshop explored how peer-led support strengthens HIV care across diverse settings. Speakers demonstrated how peer support improves engagement, wellbeing and quality of life, while highlighting the need for sustainable funding, workforce recognition and integration into routine HIV care.

Session highlights

Moderated by Garry Brough (United Kingdom), the workshop brought together Charity Mkona (Malawi), Emilia Frontini (Argentina) and Danvic Rosadino (Philippines) to examine how peer-led support can be embedded within HIV services. Garry Brough outlined the UK's progression from voluntary community initiatives to nationally recognised peer support programmes underpinned by evidence-based standards, accredited training and workforce recognition. Charity Mkona demonstrated how peer workers use lived experience to provide emotional, practical and social support, strengthening person-centred care and improving engagement with HIV services. Emilia

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Frontini reflected on community-based peer support in Argentina, showing how integrated services, including peer groups, psychological support and information services, have reduced stigma, strengthened community connections and improved access to care. Danvic Rosadino presented a community-led approach from the Philippines, combining peer support, co-designed messaging, social media campaigns and partnerships with community influencers to increase HIV testing and engagement, particularly among young people. Across all presentations, speakers agreed peer support is an evidence-based intervention that complements clinical care by reducing isolation and stigma, improving treatment engagement and enhancing quality of life. A shared conclusion emerged that the question is no longer whether peer support works, but how to make it a routine component of high-quality HIV care.

Critical assessment

This workshop demonstrated peer support is an evidence-based intervention strengthening both health outcomes and person-centred care. Across diverse settings, speakers consistently showed that lived experience improves engagement, reduces stigma and complements clinical services. The session reinforced that peer support should be recognised as an essential component of HIV care rather than an optional addition. However, achieving this requires sustained investment, formal recognition of peer workers and integration within health systems. At a time of funding uncertainty, the workshop highlighted funding cuts risk undermining one of the HIV response's most effective community-led interventions at precisely the time it is needed most.

SESSION GVSE08

This is how we triumph: Sex worker perspectives on mitigating burnout in high-stress grassroots HIV support environments

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AUTHOR

Juan Michael Porter II

Session summary

Three U.S. based Black women sex workers speak about the cost of stigma that sex workers face, particularly in the face of emerging political threats.

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Session highlights

Sex work has never been easy, but Gigi Thomas, Erika Smith, and N'Jaila Rhee reveal that under the Trump administration there is an sharp increase in fear, threats of incarceration, and policing. As Smith shared, "Every time we turn around, something is being taken away from us." Rhee noted that this includes speaking up and asking for help because the current U.S. government has threatened to label organizations that support trans people as terrorist based. She also noted that some sex workers have stopped accepting safer sex kits for fear they will be prosecuted with soliciting if they are detained and have condoms in their possession. Thomas shared that doing the work has become harder with the loss of funding but noted that she fills in the gap by collaborating with others. Where the session felt strongest was in sharing the definition of "courtesy stigma": Stigma based on association. Here, the panelist came to life by detailing the consequences they and their loved ones had faced because of their decision to engage in sex work and harm reduction. Their words remind me of how under-appreciated sex workers are as healers and as frontline workers of the HIV response.

Critical assessment

This session felt limited by its focus on sex work in the U.S. The three speakers shared many commonalities, and though each had an important story to tell, it felt as if they were holding back for fear of repetition. One wonders how their conversation might have evolved if sex workers working in other countries had been present to offer greater variation

SESSION GVSE19

United in action: Caribbean communities leading the HIV response

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AUTHOR

Renatta Langlais-Freeman

Session summary

The session opened with a dramatized story by Guyana Merundoi Incorporated, an IPPF Americas & the Caribbean member association, using behaviour change

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storytelling to promote HIV awareness. The subsequent panel highlighted how innovative programming has strengthened community-led HIV responses through creative, community-centred approaches despite the challenges they face.

Session highlights

The panel featured Angelie Chotalal (Family Planning Association of Trinidad and Tobago), Timolyn Barclay (Merundoi Incorporated, Guyana), Randie Joseph (Antigua Planned Parenthood Association), Ezekiel James (St. Vincent Planned Parenthood Association), and Matthew David (St. Lucia Planned Parenthood Association). Panellists discussed the challenges of providing inclusive community-based HIV testing, noting that stand-alone HIV clinics can contribute to stigma and limit access. They also highlighted constraints such as reliance on volunteer staff, limited funding, inadequate time to engage key populations, and transportation barriers that restrict outreach to rural communities. Some countries have conducted community assessments to better tailor interventions; however, there are barriers in advancing sexual and reproductive health initiatives, including the integration of comprehensive sexuality education into school curricula. To strengthen interventions across the Caribbean, the International Planned Parenthood Federation (IPPF) has emphasized the importance of engaging men in planning processes, enhancing regional collaboration to leverage support, and sharing best practices among member associations. The discussion concluded with key messages on the importance of effective communication to educate communities, community-centred, integrated service delivery, and the recognition that yesterday's strategies may not always work for today's development.

Critical assessment

For Caribbean member states that rely on external funding to support HIV response programming, budget reductions can have devastating consequences. The panellist reiterated that limited financial resources significantly constrain progress. However, in an environment where funding restrictions are increasingly common, greater emphasis should be placed on developing sustainable strategies to ensure the continuation of programmes after external funding has been exhausted. This is an important consideration that all HIV response programmes should incorporate into future planning:

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how will HIV response programme activities be sustained once funding comes to an end?

All reports are taken from the IAS website.