



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

A summary of person-centred care (PCC) science at IAS 2025



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1. Systemic considerations

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Symposium - Identifying and intervening on social structural determinants of health

Highlights from the [Rapporteur's summary](#):

The presenters led an engaging session on addressing social and structural determinants of health, particularly in the context of HIV. Emphasizing an intersectional lens, all three speakers argued that structural forces, such as poverty, stigma, migration, and climate change, deeply influence HIV transmission dynamics, vulnerability, and treatment outcomes.

- ❖ The first Speaker presented a multilevel intervention framework involving both government and civil society. She called for integrated models that respond to all barriers. "We must include all forms of stigma in our models," she stated, stressing the importance of community engagement and site-level monitoring.
- ❖ Speaker two introduced a conceptual shift in viewing the HIV epidemic as a complex adaptive system. He urged the need to re-draw causal pathways that account for power imbalances, inequality, and structural violence. His call to action focused on redefining goals beyond biomedical targets, to include broader societal transformation and systemic equity.
- ❖ The Final speaker highlighted the growing threat of climate change, linking it to mental health deterioration and disrupted access to HIV services. He emphasized that environmental stressors increase vulnerability and undermine system resilience. Building resilient, accountable health systems that address both social and climate-related determinants is crucial.

Presentations:

- **Introduction**, Monica THORMANN, Salvador Bienvenido Gautier Hospital, Dominican Republic & Asha ULUSOW, Women's College Hospital, Canada
- **Modelling social and structural determinants of health: Estimating impact, directing intervention and getting to 2030 goals**, Sharmistha MISHRA, St. Michael's Hospital, Canada
- **Poverty, migration and stigma: Impacts and interventions**, Xavier BIGGS, Jamaica AIDS Support for Life, Jamaica
- **Climate change events: How they impact HIV vulnerabilities**, Renzo GUINTO, National University of Singapore, Singapore

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A roadmap to scale up person-centred care in the HIV response: Recommendations from a global consensus process

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Introduction

World Health Organization global normative guidance recommends person-centred care (PCC) approaches to reduce HIV-related mortality and morbidity, and to improve health-related quality of life (HrQoL). However, consensus on the priority PCC elements and guidance on how different stakeholders can realize PCC principles at the health systems, service delivery and individual client-healthcare worker (HCW) levels are lacking. We conducted a global consensus-building process to define core PCC elements and develop recommendations for implementation at scale.

Methods

We used a multi-phase process to build consensus and prioritize recommendations consisting of a literature review, five stakeholder consultations (34-43 participants each) between July 2022 and July 2023 and a three-round Delphi survey from March to July 2024 (49 participants). We sought diverse actors (including clients, HCWs, policy makers and researchers) from all world regions. Initial statements were drafted during the final consultation meeting and adjustments to statements and recommendations were made during the Delphi survey.

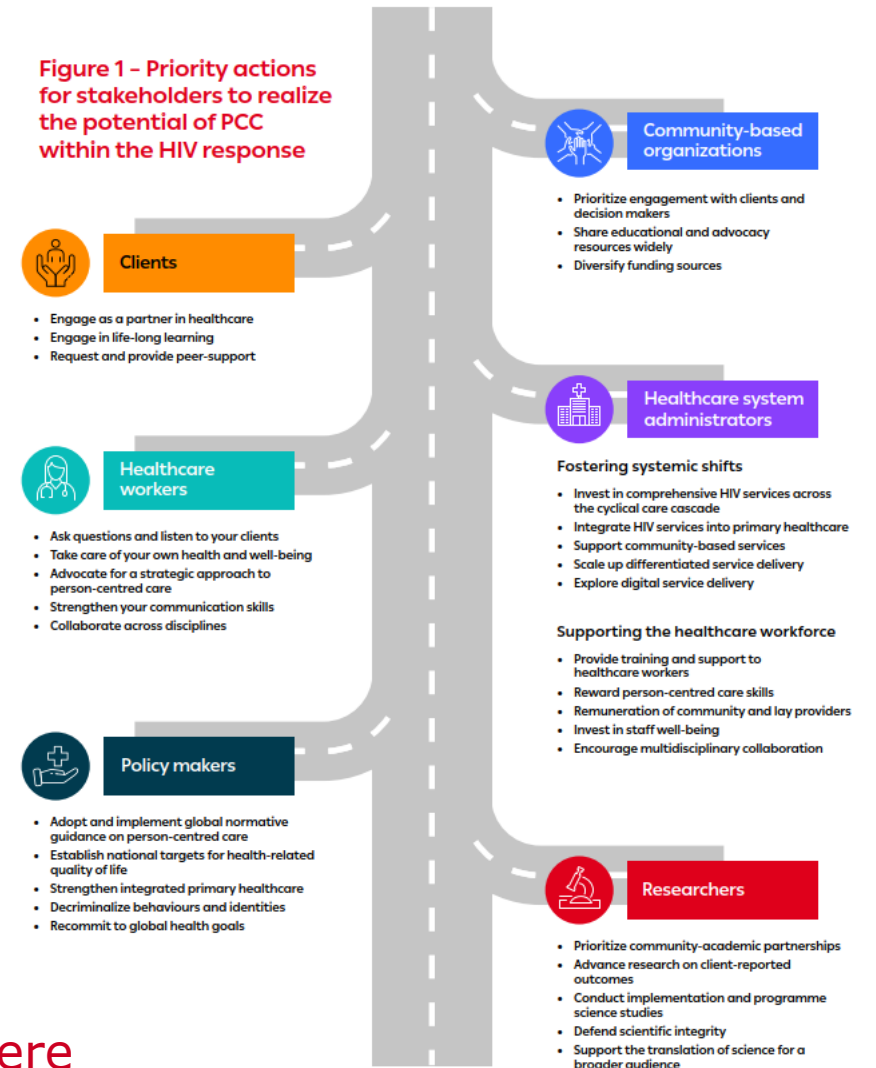
Results

Operationalizing PCC includes a commitment to the use of destigmatizing, person-first language. Other core elements include: HCW responsibility to create safe, inclusive and stigma-free spaces; prioritizing community leadership, including in care provision by trained and compensated peers and community HCWs; power sharing within client-HCW relationships, reinforced by HCW training and client literacy; use of appropriate digital technology to increase engagement; and cross-disciplinary collaboration to address different health issues in an integrated manner. Recommendations include: policy makers setting national targets for self-reported HrQoL; strengthening integrated PHC; researchers prioritizing community-academic partnerships; and HCWs routinely assessing client-reported outcomes.

Conclusion

Our findings outline a roadmap with roles and actions for different stakeholders to realize the full potential of PCC, outlined and visualized in Figure 1.

Figure 1 - Priority actions for stakeholders to realize the potential of PCC within the HIV response





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2. Testing

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Identifying factors influencing HIV testing behavior among High-Risk elderly men: a mixed-methods study incorporating structural equation modeling and thematic framework analysis

- **Objective:** To identify key factors influencing HIV testing behavior among high-risk elderly men in China and explore underlying mechanisms and sociocultural contexts to inform targeted interventions.
- **Methods:** *Quantitative:* 300 participants responded to face-to-face surveys developed using a 30-item scale based on the Information-Motivation-Behavioral Skills model and Self-Determination Theory plus *Qualitative:* 30 semi-structured in-depth interviews.
- **Conclusion:** Interventions should focus on enhancing self-efficacy, optimizing age-friendly self-testing tools, adopting non-fear-based messaging strategies, and integrating HIV screening into chronic disease check-ups to break cultural biases.

Self-efficacy: High self-efficacy was reinforced by "peer success stories," while low self-efficacy shaped by stigma associated testing with "moral corruption".

Behavioral skills: Operational barriers, such as complicated self-testing procedures, small font sizes and privacy concerns, hindered testing.

HIV information: Overemphasis on fatality messaging triggered psychological defense mechanisms. Additionally, information dissemination channels were misaligned with older adults' media consumption habits. Rural communities widely perceived HIV as a "young disease," further dampening testing motivation.

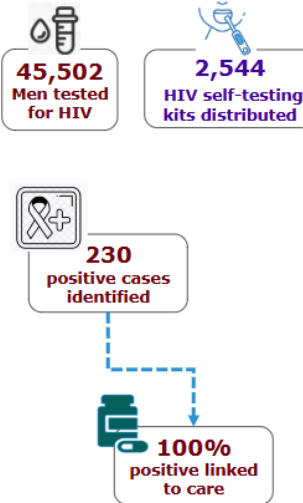
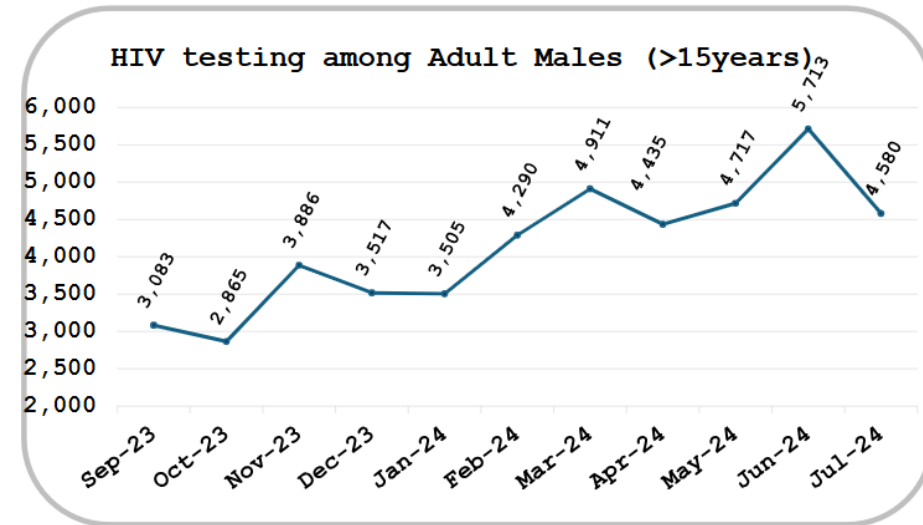


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Breaking Barriers: Empowering Male Champions to boost HIV testing among men in a pastoral community in northeastern Uganda

- **Background:** Karamoja region faces significant barriers to HIV diagnosis among men due to cultural norms, stigma, poor health-seeking behavior, and limited access to healthcare facilities.
- **Methods:** Male Champions conducted outreach activities in informal settings such as markets and religious gatherings, promoted HIV testing, distributed HIV self-testing kits, and referred those with reactive results for confirmatory testing at health facilities.
- **Lessons learned:** Increased in HIV testing rates among men of 34% and a reduction in myths and misconceptions about HIV testing.

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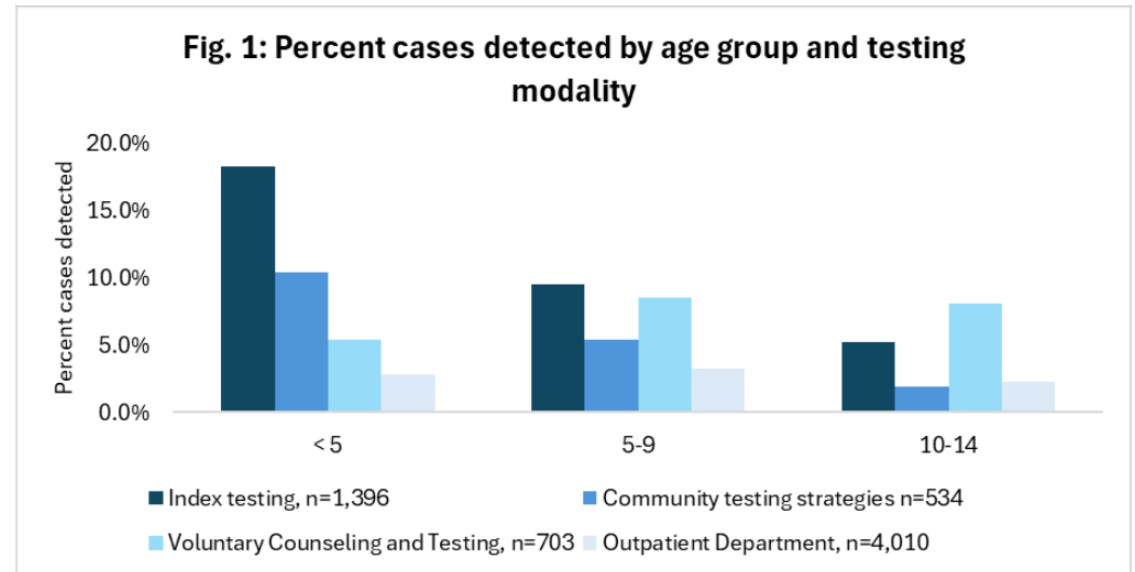
Conclusions: Community engagement is crucial for ensuring sustainability in initiatives, as it fosters local ownership and participation. Adapting training materials to fit local contexts enhances effectiveness, making interventions more relevant and impactful.



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Bridging pediatric HIV testing gaps in Ghana: a case for client-centered approaches

- **Background:** Despite the implementation of a variety of testing modalities, UNAIDS estimates that 1,200 children under the age of 15 living with HIV remain unidentified in three regions of Ghana (western, western North, and Ahafo).
- **Method:** Microsoft Excel was used to analyze routine de-identified PEPFAR programme data collected between 2021 and 2022 in the three regions.
- **Results:** Index testing accounted for 21% of all tests and yielded the highest positivity rate (12%). Outpatient testing was the most widely used modality, comprising 60.4% of all tests. Although it produced the lowest yield (2.7%), it still accounted for more than one-third of all detected cases. Among children aged 10 to 14 years, voluntary counseling and testing produced the highest yield. Community-based testing strategies proved to be crucial for identifying cases among children under five years of age.



Conclusions: Each modality proved important among distinct regions and groups to detect pediatric HIV cases. Implementing a mix of high-yield and high-volume interventions targeting specific sub populations is crucial for pediatric case finding.



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3. Prevention

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The future of person-centred HIV prevention: Latest evidence from the African continent

Strategic priorities for HIV prevention on the African continent in the current landscape

Funding for HIV prevention must be driven by domestic African funding

It is time to embrace all prevention options to ensure real choice

We must end structural barriers to prevention, including violence against women

HIV prevention in the African continent must focus on priority and key populations

Investment in treatment for prevention for all people living with HIV must remain a priority

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Person-centred HIV prevention for youth in rural South Africa: Implementation findings from Thetha Nami ngithethe nawe and Long-Acting PrEP Implementation Study (LAPIS) trials of peer-navigator mobilisation into mobile sexual health services

Objective: Test the population impact of implementing community-based models of person-centred care.

Methods: RCT offering home-based STI self-sampling and PrEP with support of peer-navigators aged 18–30.

Results:

- 52% of those mobilized by peers into mobile sexual health services needed HIV treatment or PrEP compared to 16% of all young people.
- PrEP uptake was five times higher among high-vulnerability than low-vulnerability adolescents and young people.
- 32% of people (60% of young men) living with HIV were newly diagnosed and started on ART.

- One-third of people reached had curable STIs.
- 67% women were first-time contraception users.
- PrEP uptake increased from 60% to 90% with addition of choice of long-acting PrEP.

Conclusions:

1. Peer-led person-centred care via mobile outreach provides health, social care and HIV prevention to highly vulnerable adolescents and young people.
2. Integration with decentralized sexual health creates demand for HIV treatment, biomedical prevention (PrEP) and contraception.
3. Community based product choice that includes long-acting PrEP and PEP is safe, feasible and improves uptake and retention.



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"You get the injection and it's done": qualitative findings from the first real-world implementation of long-acting cabotegravir for HIV prevention among adolescent girls and young women in Zambia

Scaling Comprehensive Access to Long-acting for Equitable and Effective Use of PrEP (SCALE-UP) Study

Setting: 2 DREAMS centers in Southern Province, Zambia; Community-based model delivering multi-layered interventions to reduce the risk of HIV acquisition.

Methods: Semi-structured interviews, group discussions and thematic analysis of transcripts.

Conclusions: Introducing CAB-LA into a trusted HIV prevention program facilitated uptake and adherence to CAB-LA among participants, who appreciate CAB-LA's long-acting, discreet features and few side effects. Lessons learnt from the SCALE-UP will inform the roll-out and implementation of other long-acting PrEP injectable formulations in Zambia.

Key themes facilitating CAB-LA uptake and continuation:

- (1) Participants described concerns with partner's infidelity or limited power in sexual decision-making
- (2) Trusted providers counter community misinformation
- (3) Discretion, selective disclosure and PrEP stigma
- (4) Freedom
- (5) Significant programmatic and social support enabled uptake



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PrEP provision in bars vs. primary care: a cluster RCT among 780 female bar workers in Dar es Salaam, Tanzania

Objective: Test whether bar-based PrEP provision of oral PrEP boost PrEP uptake and adherence among female bar workers compared to clinic-based initiation.

Methods: 112 bars were cluster-randomized to receive PrEP promotion, eligibility screening, initiation, and monthly refills in the bars vs. PrEP promotion in the bars but all other PrEP functions in primary care clinics, the current standard-of-care in Tanzania. All female bar workers who initiated PrEP were further individually randomized to receive vs. not receive adherence support through a PrEP champion.

Results: When offered PrEP, initiation was 75% in the bar-based vs. 27% in the primary care-based arm. Adherence, loss to follow-up, and drop-out were not significantly different between the trial arms over the follow-up period of six months.

Female bar workers who took up PrEP were a highly vulnerable population

Among the 176 female bar workers receiving PrEP:

- 43% ever had sex with client
- 9% born in Dar es Salaam
- 20% comfortable financial household situation
- 45% heard about PrEP
- Average age: 25 years, Range: 23-30 years

Conclusion: Bar-based PrEP provision for female sex workers significantly boosted PrEP uptake and did not reduce adherence. Location targeting of PrEP is a promising strategy to scale up PrEP initiation for vulnerable populations.



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Enhancing PrEP Uptake Through Stigma Reduction: Results from the PrEPUp! Quality Improvement Collaborative in Malawi

- **Objective:** To assess PrEP-related stigma among providers and clients and identify drivers of low uptake to inform targeted quality improvement (QI) interventions.
- **Methods:** In total, 797 clients in nine public facilities completed an 11-item standardized tool which assessed domains including privacy, respect, clinic environment, fear of HIV labeling, and PrEP decision-making.
- **Results:** Most clients reported comfort discussing PrEP with providers (91%) and no discrimination from providers or staff (91%). However, 89% were counselled to be monogamous, 22% had to initiate PrEP discussions themselves, and 17% feared stigma associated with PrEP use.
- **Conclusions:** Findings reveal persistent stigma and inconsistent PrEP service delivery in Blantyre.

Recommendations:

1. Client empowerment through education on client and provider rights
2. Integration of PrEP with non-ART services
3. Facility based orientations on stigma free services for providers
4. Health literacy sessions on PrEP misconceptions
5. Feedback and engagement to report incidents via exit interviews / suggestion boxes
6. Stigma reduction should consistently be included in QI processes

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Preference for twice-yearly injections vs daily oral pills for HIV PrEP in cisgender men, transgender women, transgender men, and gender nonbinary people enrolled in PURPOSE 2

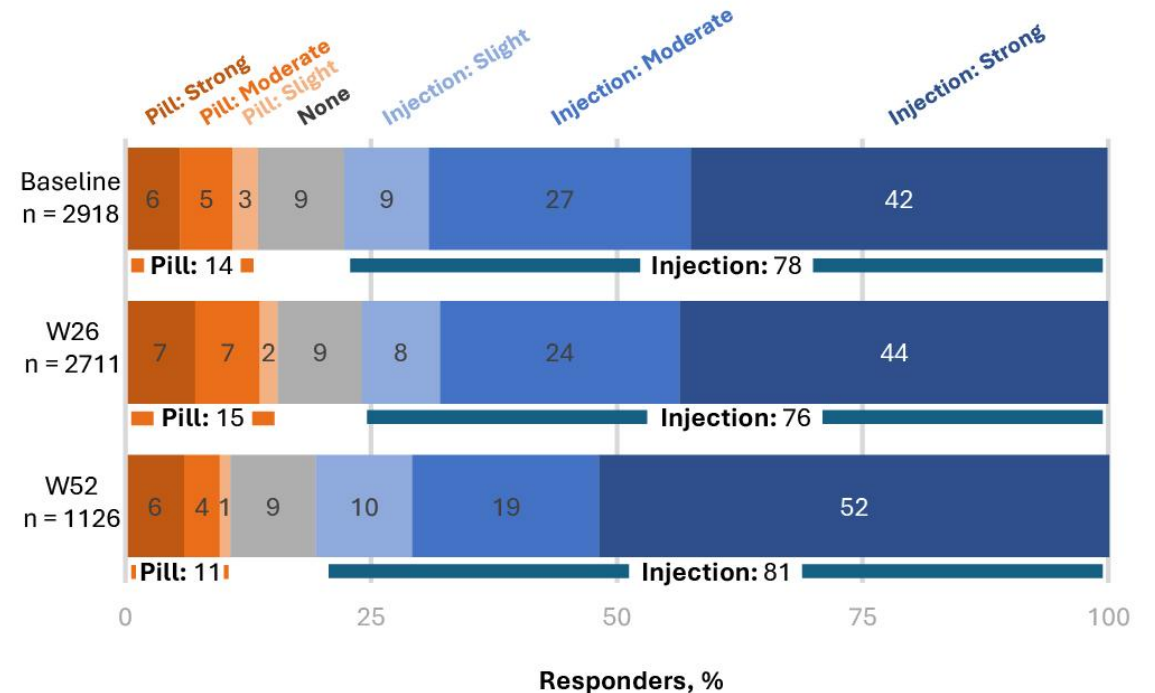
Background: Daily oral PrEP is efficacious for HIV prevention; however, consistent adherence, a predictor of effectiveness, can be challenging.

Methods: Participants were randomized 2:1 in a blinded fashion to receive sub-cutaneous lenacapavir every 26 weeks or oral F/TDF daily, plus an alternative injection/tablet placebo. During injection visits, participants completed an electronic questionnaire about PrEP administration preference (twice-yearly injections or daily pills) and how administration type impacts HIV risk perception and PrEP adherence.

Conclusions: Most participants preferred and felt more protected from HIV with twice-yearly injectable PrEP, although results highlighted the importance of choice. These data indicate twice-yearly lenacapavir could increase the uptake of, adherence to, and persistence with PrEP among men and gender-diverse people.

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Figure. PrEP administration preferences (daily oral pills vs twice-yearly injections) among all participants in the PURPOSE 2 trial



Participants who reported a preference for pills or injections were asked their level of preference (slight, moderate, or strong). Percentages may not sum to 100%, or align, due to rounding. PrEP, pre-exposure prophylaxis; W, week.



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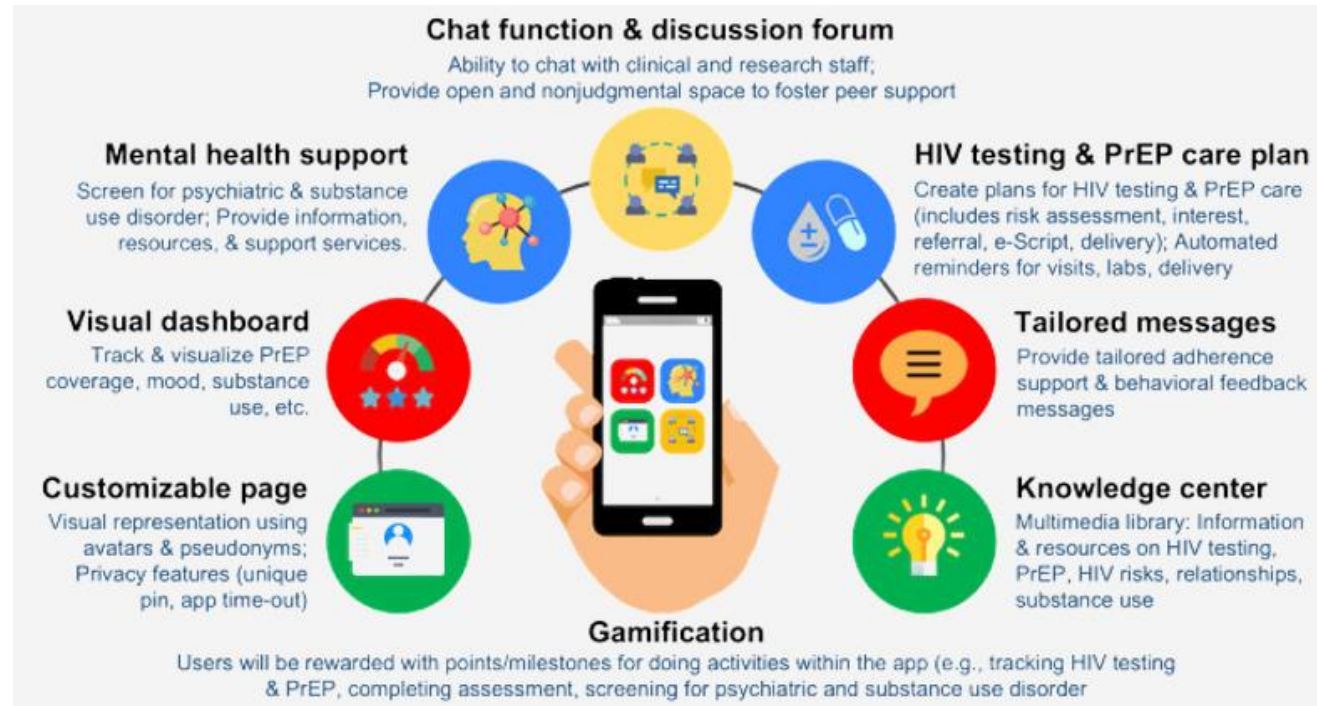
Efficacy of a clinic-integrated HIV prevention app “JomPrEP” among men who have sex with men in Malaysia: preliminary findings of a randomized control trial

- **Objective:** To measure the efficacy of a clinic-integrated HIV prevention app (JomPrEP) to increase HIV testing and PrEP uptake among men who have sex with men in Malaysia who face high levels of stigma and discrimination.
- **Methods:** Randomized controlled trial of 268 men who have sex with men.
- **Results:** Intervention group showed a 26.8% increase in HIV testing and 5.9% increase in PrEP uptake compared to control group.

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Key takeaways:

- mHealth can increase HIV testing and PrEP uptake within high-stigma and low-resource settings
- Clinic integration is key
- Policy reform is needed to scale up mHealth integration in Malaysia and similar settings





Co-designing trust: Community voices in building an AI companion for HIV prevention

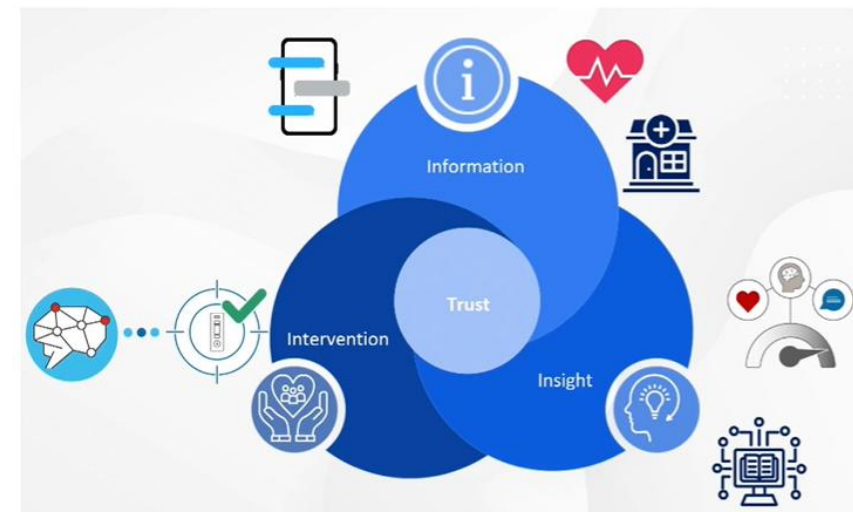
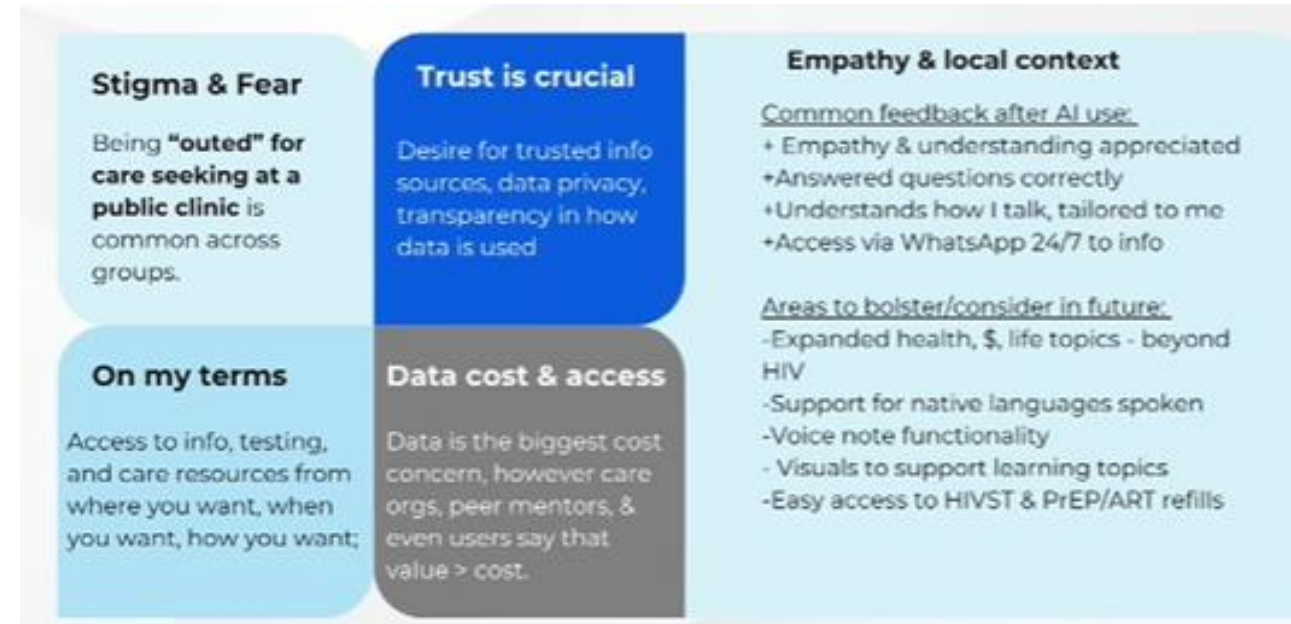
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Objective: To co-design a trusted “Self-Care from Anywhere” AI-powered conversational tool to support HIV prevention and care for adolescent girls and young women, female sex workers and individuals who sell sex but do not self-identify as sex workers in South Africa and Zimbabwe.

Key take-aways

- Inclusive co-design with communities, peers and providers enabled high usability scores
- Sustained, iterative, ongoing feedback and learning from peers and community members is crucial
- The AI companion is highly acceptable and offers opportunity to address engagement barriers with services for HIV prevention and sexual and reproductive health among those not yet reached

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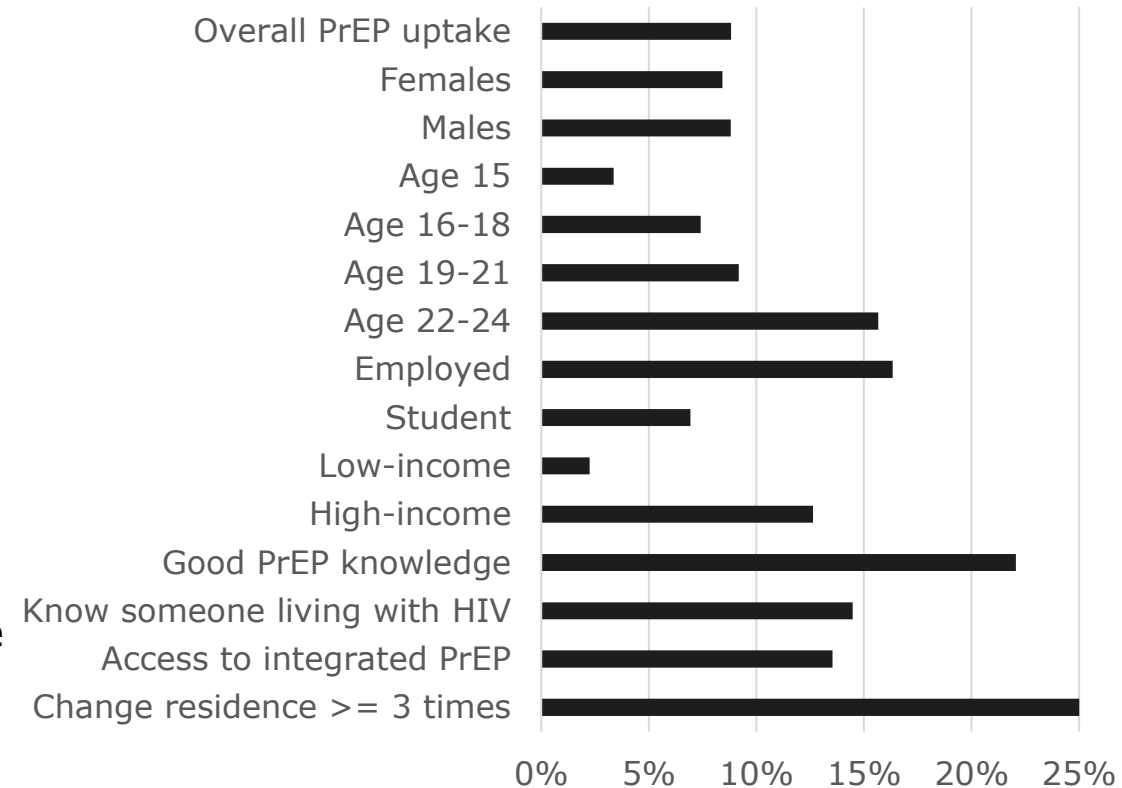


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Determinants of HIV Pre-Exposure Prophylaxis (PrEP) uptake among youth aged 15-24 years in Turbo Sub-County, Uasin Gishu, Kenya

- **Objective:** To identify determinants of HIV PrEP uptake among young people in Kenya.
- **Methods:** In total, 361 young people (aged 15-24) participated in surveys, interviews and focus group discussions on Nov-Dec 2024.
- **Results:** Oral PrEP uptake was 8.83%, with higher rates for those aged 22 and over, who were employed, have higher-income levels, good PrEP knowledge, know someone living with HIV, had access to integrated PrEP services or have less stable housing. Approximately 70% had no awareness of PrEP.
- **Conclusions:** Findings highlight the need for age-tailored prevention approaches and addressing fundamental knowledge gaps through youth-friendly channels. System-level reforms are needed to expand access points and improve healthcare provider capacity. The correlation between knowing someone living with HIV and PrEP uptake suggests the potential effectiveness of peer-based advocacy programmes.

Percent PrEP uptake by sub-group / determinant





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Improved PrEP uptake among adolescent girls and young women through focused site support: lessons learnt from Matabeleland North Province in Zimbabwe from October 2023 to September 2024

- **Background:** Oral PrEP access was low and being hindered by stockouts, poor documentation and community stigma in the four Determined Resilient Aids-free Mentored Safe (DREAMS) districts in Matabeleland North, Zimbabwe.
- **Methods:** Capacity-building and mentorship were provided to community health workers in 50 facilities on supply chain and service delivery design.
- **Results:** From October to December 2023, monthly PrEP users among adolescent girls and young women aged 16 to 24 years increased from 4 to 350, sustained throughout the year by community education and public campaigns to boost knowledge.
- **Conclusions:** Use of person-centered-care models and a robust supply chain improved continued PrEP uptake.

Person-centred care approaches which supported increased uptake of oral PrEP:

- Integrating PrEP services into existing health programs (immunizations, family-planning, antenatal and postnatal care)
- Repackaging PrEP into more user-friendly formats, such as drug envelopes
- Door-to-door deliveries for clients who missed appointments or were not due for testing
- Conducting community awareness sessions to reduce stigma and increase support for PrEP
- Reduced stockouts due to improved supply chain management
- Documentation facilitated open communication supporting higher uptake



Addressing chemsex practices in virtual spaces: Lessons from a comprehensive harm reduction outreach

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Background: Chemsex is increasingly prevalent in LGBTQIA+ communities, notably among users of dating apps, in India.

Method: The ACCELERATE project aims to identify challenges faced by populations engaging in chemsex. In June 2022, 100 participants were interviewed about their current needs:

The assessment revealed multiple intersecting risks:

- ✓ Physical & Mental Health: Genital injuries, rape, impaired consent, anxiety, depression, and drug dependency (commonly MDMA, heroin).
- ✓ Healthcare Access: Barriers due to stigma, lack of awareness, and absence of tailored services.
- ✓ Service Needs Identified:
 - Emergency care
 - HIV, Hepatitis, STI testing & treatment
 - Mental health support
 - Safe sex and harm reduction education
 - Legal aid and personal safety mechanisms

Conclusions:

In response, tailored service packages focusing on HIV/STI support, mental health, and personal safety were developed. In the future, ACCELERATE plans to reach 1200 individuals engaging in chemsex to continue assessing their needs and design adequate integrated approaches.



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Social Determinants and Prevention Strategies in the HIV Epidemic: NCHHSTP Database analysis

- **Objective:** To analyze the role of social determinants in shaping the HIV epidemic and to assess the effectiveness of current prevention strategies.
- **Methods:** The study employed a cross-sectional design, analyzing retrospective data from the United States' National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) database, from 2018 to 2022.
- **Results:** Although HIV-related and AIDS-related deaths spiked during the COVID-19 pandemic, positive trends include greater awareness of HIV status, improved PrEP coverage, and stable linkage to care. However, persistent issues like HIV stigma and unstable housing require continued investment in prevention, treatment and social support.

Recommendations:

1. Federal and state health agencies should mandate the integration of HIV services into emergency preparedness frameworks, ensuring that testing, treatment, and PrEP delivery are classified as essential during crises.
2. Expand Medicaid and Ryan White Programme funding to include housing vouchers and supportive services for unstably housed individuals with HIV, thereby addressing a key social determinant.
3. Incentivize stigma-reduction initiatives in healthcare settings by tying performance metrics, such as patient-reported stigma scores and viral suppression gaps, to provider reimbursement.
4. Support telehealth and mobile outreach programs in rural and underserved areas through dedicated grant programmes, reducing geographic and transportation barriers to care.



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4. Treatment

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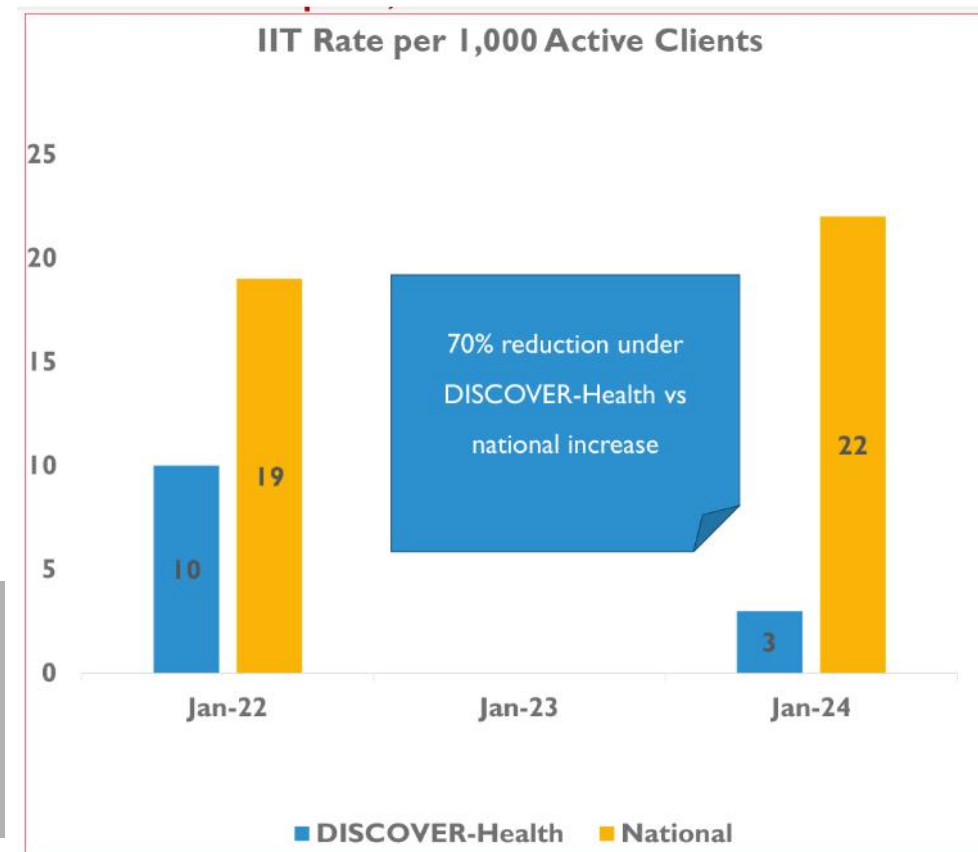
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Interruption in treatment (IIT) patterns among clients on antiretroviral therapy (ART) in the wake of enhanced person-centered interventions: the case for the USAID DISCOVER-Health Project in Zambia

Background: JSI, through the USAID DISCOVER-Health Project, supports Zambian Ministry of Health in providing ART in 195 facilities. Current work aims to reduce interruptions in treatment (IIT) through person-centered interventions.

Intervention: Such strategies included issuing appointment reminders, same-day tracking in case of missed appointments, the scale up of various differentiated service delivery models (6 multi-month dispensing, community drug delivery, after-hours and weekend clinics), all within the case-manager model framework; whereby specific and skilled community-based volunteers are assigned clients to support.

Results: Between October 2022 – September 2024, the volume of clients on ART increased from 65,217 to 80,339. Within the same period of time, the IIT rate has gradually reduced from 10 clients per 1,000 active clients to 3 per 1,000 active clients. At the national level, the same IIT rate went from 19 clients per 1,000 active clients to 22 IIT per 1,000 active clients.





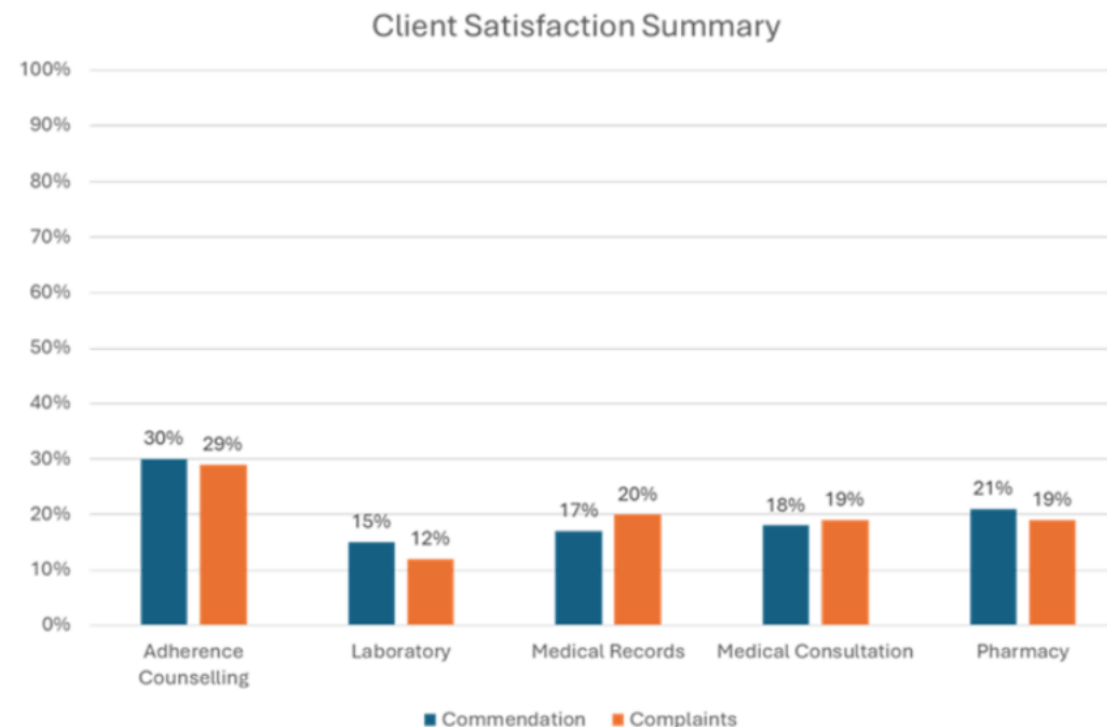
Client-centered quality improvement: implementing digital feedback systems in Nigerian HIV care settings

Method: The Institute of Human Virology Nigeria piloted a novel digital tool to evaluate client satisfaction in 40 high-volume healthcare facilities in Nigeria from September to November 2024. A custom mobile application with offline capabilities and automated data synchronization was used to collect client feedback via a structured questionnaire. Feedback was categorized into complaints and commendations across key service points: adherence counseling, medical records, pharmacy, medical review/consultation, and laboratory services.

Conclusions:

This Clientshot CQI pilot demonstrates the effectiveness of digital tools for client feedback. While satisfaction levels were high, 511 complaints were noted and 61% of these still unresolved, highlighting critical gaps in responsiveness and follow-up.

Results: 14,625 clients participated. Overall client satisfaction was high, with 96.5% (14,114) commendations and 3.5% (511) complaints.





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Community-Led Approaches to PrEP Implementation: Insights from Community Consultations to Enhance HIV Prevention in Andhra Pradesh, India, 2024

Background: PrEP uptake in India is hindered by low awareness, affordability and access.

Methods: PrEP-UP program implemented in Andhra Pradesh in three phases from June 2022 to March 2024:

- I) Collecting information from 79 key populations
- II) Develop demand-creation materials, design PrEP dispensation models (one-stop centers, preferred private providers and tele-PrEP) and consult with stakeholders for subsidized PrEP
- III) Rolling out PrEP

LESSONS LEARNED



Low baseline awareness (5%)



Strong interest (97%)



OSC & Tele-PrEP were Preferred due to convenience and confidentiality



Over 95% PHRH suggested \$5-\$6 for a bottle of PrEP to make it generally accessible.

Community friendly education materials and engagement fostered trust and ownership



Key Barriers for discontinuation

- ◆ Affordability
- ◆ Adherence

1,188

Started on PrEP

- * Feasible and acceptable
- * Engaging communities
- * Community-centered models
- * Close monitoring
- * Adherence support

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Towards Client-Centered HIV Care for Older Adults: A Study of Preferences and Unmet Needs in Uganda

Objective: Assess among PLHIV aged 65 and above in Uganda the preferred DSD model, unmet health needs and their association with clinical outcomes to guide client-centered care model design.

Methods: Structured interviews conducted from July to September 2023 across 47 public health facilities in Northern Uganda involving 1,173 PLHIV aged 65 years and older.

Results:

- ❖ 84% were enrolled in their preferred DSD model: Community Drug Distribution Points (CDDP) were the most preferred (52%), followed by Fast Track Drug Refill (FTDR, 29%), Community Client-Led ART Delivery (CCLAD, 8%), and Facility-Based Individual Management (8%). Among participants not enrolled in their preferred models, CDDP was the top alternative (66%), followed by CCLAD (12%) and home-based services (12%).
NB: Preference was influenced by mobility limitations, sensory impairments, and co-morbidities such as hypertension and arthritis.
- ❖ 17% of participants reported unmet health needs primarily related to hypertension, chronic pain, and sensory impairments.
- ❖ 16% of participants reported barriers to ART adherence linked to food insecurity, forgetfulness, and limited transportation access.
- ❖ 26% of participants reported insufficient information on coping with aging and chronic conditions.



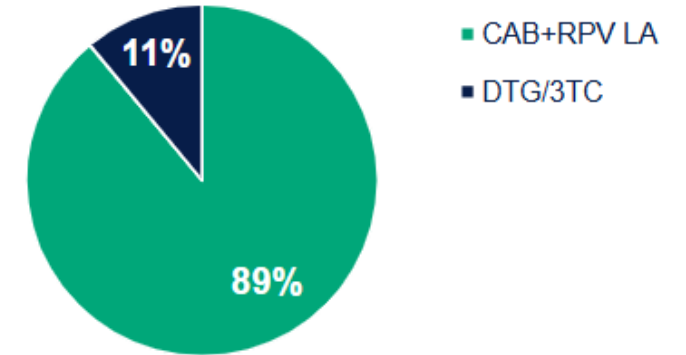
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The power of choice: strong preference for CAB+RPV LA following rapid suppression with DTG/3TC in newly diagnosed people living with HIV

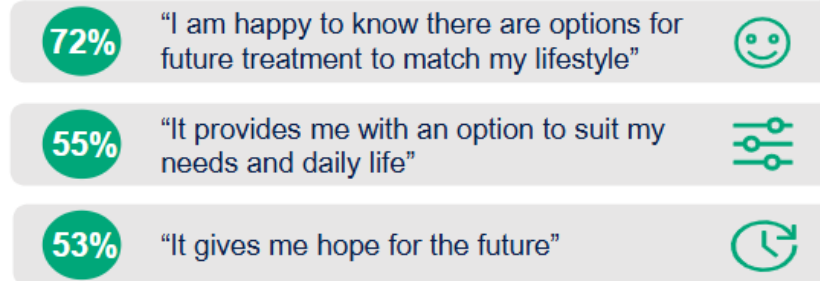
Methods: VOLITION is a Phase 3b, multicenter, non-randomized, parallel-group, open-label study. ART-naive adults receiving initial treatment with daily DTG/3TC were offered the choice to switch to CAB+RPV LA dosed every two months after attaining viral suppression.

Results: 89% of the 145 eligible participants chose to switch to CAB+RPV LA. They reported feeling empowered by the option to switch and reported that this treatment suited their needs and lifestyle better.

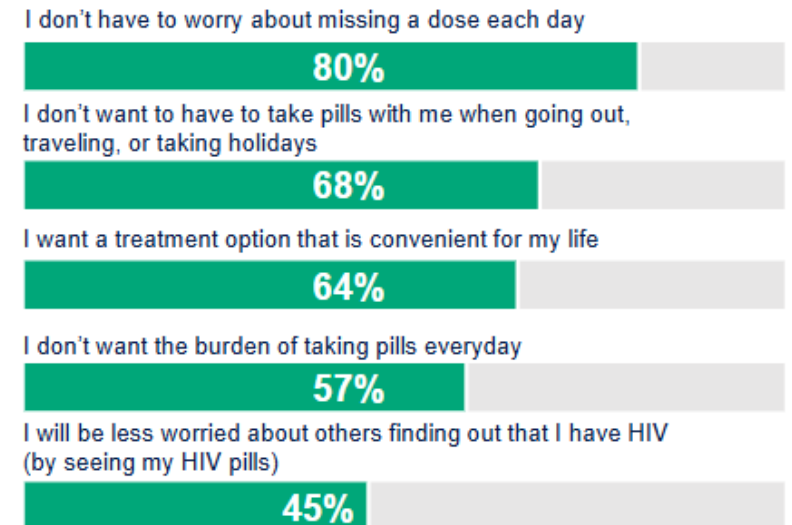
Proportion of participants who chose to switch to CAB+RPV LA or continue DTG/3TC (n=145)*



“How does it feel to be given a choice about your future HIV treatment?” (n=155)*



Top five participant-reported reasons for switching to CAB+RPV LA (n=129)†





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Client-Centered HIV Care Outcomes Fahari Ya Jamii Project 2022-2024

Objective: To evaluate population-specific outcomes, client-reported experiences, and the impact of community-led monitoring on improving HIV care delivery in Kenya.

Methods: Retrospective programmatic data analysis from October 2022 to September 2024 on the *Fahari ya Jamii* Project in Nairobi and Kajiado which includes peer mentorship, psychosocial support, community-based testing.

Results:

- The programme reached 870,009 individuals across 165 healthcare facilities.
- Among them, re-engagement efforts successfully traced and re-enrolled 78% of clients lost to follow-up, even if important disparities are evident between hubs.
- Differentiated care models and psychosocial support programmes contributed to improved quality-of-life outcomes, with 85% of clients reporting better health, 90% adherence to ART, and 70% participation in psychosocial programmes.

Conclusions:

Community-led monitoring data identified persistent barriers to care, including stigma, transportation costs, and limited access to mental health services, which informed adjustments in service delivery approaches.



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Adapting person-centred care models to public health system realities: Lessons from the design and piloting of a person-centred care model in eight rural and peri-urban public clinics in South Africa

Background: Person-centred care (PCC) models often face barriers to implementation within the public health system, including limited provider engagement. This study aimed to design an acceptable feasible and scalable PCC model that enhances both quality of care and provider motivation.

Methods: Co-creation workshops were organized with nurses to design a PCC model tailored to their needs.

Results:

- Providers prioritized topics of empathy, communication, mental health/stress management, teamwork, and supportive supervision as enablers of PCC.
- They preferred training to be delivered via brief, on-the-job sessions open to the full team, rather than full-day, off-site, cascade-style trainings, and focused on practical knowledge and skills.
- They further suggested that training be accompanied by supportive (rather than audit-based) mentoring and coaching, providing the opportunity to practice and receive constructive feedback on new knowledge and skills.

Conclusions:

Employing a participatory approach to the design of PCC models and tailoring them to the specific needs and realities of providers within the public health system may increase feasibility and acceptability, contributing to improved provider engagement and motivation.



IAS 2025

Assessing ART clients' experience of a novel person-centred care model piloted in eight rural and peri-urban public clinics in South Africa

Background: The Ngiyakuzwa person-centred care model employed nurse-mentors to provide weekly on-the-job training, coaching and mentoring as a means of strengthening providers' empathy, communication skills, teamwork, stress management, and supportive supervision, hypothesizing that providers who felt better-supported would provide better-quality care to clients.

Methods: Clinic exit surveys were conducted with 456 ART clients and in-depth interviews with 42 ART clients from January 2023 to September 2024.

Statement (% yes)	Baseline	Endline
Did the nurse greet you in a way that made you feel welcome and comfortable?	90%	99%
Did the nurse talk to you using words you could easily understand?	87%	100%
At the beginning of your consultation did the nurse introduce her/himself to you by name?	49%	75%
Did the nurse ask about how you are feeling today?	77%	94%
Did the nurse explain what they would be doing today before getting started?	77%	94%
Did the nurse ask if you had any questions or concerns?	57%	96%
Do you feel the nurse listened carefully to what was said?	82%	99%
Do you feel that your privacy was respected during your visit?	81%	98%
Did the nurse ask you if you are having any difficulties taking your medication?	51%	91%

"They treat me well. They make me feel like a normal human being, not as a patient, and they don't discriminate us or make us feel inferior."

"We were not treated very nice in those days. I don't want to lie. Now things are going well... Like today they were educating us. In other clinics they would say that thing is a waste of time, but we need this kind of information. They give us this education."



IAS 2025

Factors affecting the provision of client-centered HIV care in central Uganda: A qualitative study with HIV care providers, staff, and community partners

- **Methods:** This qualitative study reports experience from health workers and community partners in six health facilities across three districts in Uganda. In total, 7 focus group discussions and 12 key-informant interviews were conducted in 2023 to shed light on factors affecting the provision of client-centered care in the country.
- **Results:** While aware of the tenets of client-centered care, HIV care providers experience multilevel barriers to its implementation:
 - Individual level: Providers were aware of client-centered care principles, but acknowledged that perceived importance and implementation was low.
 - Interpersonal-level: Health and lay workers express bias and low empathy towards certain groups of clients (sex workers, men who have sex with men, young women ...) as well as an inability to self-regulate stigma toward clients that interfered with providing client-centered care.
 - Health-system level: While health leaders discussed client-centered care as a priority, clinic-level barriers limited implementation, including a lack of private space for counseling, limited time per client due to heavy client load, work-load related stress affecting their interactions with clients, and a “one-size-fits-all” approach to group rather than individualized counseling.

Recommendations: Health worker training is needed that builds knowledge, motivation, and skills to provide client-centered HIV care, and addresses stigma to reduce provider bias. However, such approaches need to consider structural challenges in health settings such as Uganda that impede the provision of client-centered care.



IAS 2025

Does person-centered care translate to better HIV treatment outcomes? Evaluating the effectiveness of a person-centered care assessment tool in HIV treatment settings in Zambia

Background: Despite person-centred care being considered a best practice, no consensus exists on how to systematically measure and assess it against health outcomes. To address this gap, JSI developed a PCC assessment tool (PCC-AT) to strengthen health facilities' ability to operationalize PCC in HIV treatment settings.

Study: Mixed-methods study in September 2023 in 29 randomly selected facilities in Zambia to evaluate PCC-AT effectiveness in measuring PCC delivery, and assess relationships between PCC delivery and key HIV treatment outcomes.

Conclusion: Facility PCC-AT scores were not significantly associated with aggregate HIV treatment outcomes, likely due to the high performance in outcomes among facilities in the sample. However, even in high-performing facilities, the PCC-AT helped staff identify ways to improve PCC, demonstrating a promising approach for using data to improve HIV programming at scale.



IAS 2025

Resilient HIV response in Peru: advancing person-centered care through national ART decentralization post-COVID-19

Background: Since 2004, Peru’s Ministry of Health has provided free antiretroviral treatment (ART) to people living with HIV (PLHIV), mainly through hospital-based services. However, the COVID-19 pandemic exposed gaps in centralized care, particularly for rural and underserved populations. In 2020, a national policy was launched to decentralize ART delivery through a person-centered approach, prioritizing:

- Selection of PHC sites based on HIV burden and access barriers.
- Advocacy with regional and local health authorities to secure alignment and commitment.
- Capacity building for health workers through blended learning, mentorship, and in-service training.
- Technical support for reorganizing service delivery and patient pathways.
- Integration of domestic and international resources (e.g., Global Fund) for sustainable financing.
- Strengthening ART logistics (with TLD regimens), scaling up molecular viral load testing (GeneXpert), and implementing an electronic health record system (SIHCE-VIH).

Results:

	2019	2024	Increase
ART-providing centers	163	368	205 (126%)
Primary health care level	49 (30.1%)	225 (61.1%)	176 (359%)
Secondary health care level	82 (50.3%)	103 (28.0%)	21 (25%)
Tertiary health care level	32 (19.6%)	40 (10.9%)	8 (25%)
PLHIV on ART	67,214	100,061	32,847 (49%)
Primary health care level	10,585 (15.8%)	28,948 (28.9%)	18,363 (173%)
Secondary health care level	13,873 (20.6%)	26,646 (26.6%)	12,773 (92%)
Tertiary health care level	42,756 (63.6%)	44,467 (44.5%)	1,711 (4%)
Provinces with at least one ART health care center	57/196 (29.1%)	130/196 (66.3%)	73 (128%)

Lessons Learned

- A strong regulatory framework enabled the scale-up of decentralized services.
- Regional leadership engagement was key to sustainability.
- Trained, sensitized local teams provided accessible, stigma-free HIV care.
- Leveraging international cooperation complemented public funding.
- Simplified regimens and point-of-care diagnostics facilitated rapid service expansion.



IAS 2025



5. Service integration and management of other health conditions

13 – 17 July • Kigali, Rwanda

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IAS 2025

Satellite session - 2025: Time to bring HIV, sexual and reproductive health together for better care

Description:

Over the past few decades, multiple biomedical, socio-behavioral, and cultural advances have resulted in profound changes in sexual and reproductive health, including new contraceptive technologies, antibiotics and antivirals to treat and prevent STI and HIV, and new electronic technologies which affect how people obtain information and meet partners. New evidence is also emerging on how to combine and integrate these services for better sexual and reproductive health outcomes.

The satellite highlights best practice examples showcasing where HIV, sexual and reproductive health have been integrated in diverse populations and settings. Challenges, highlights and research gaps are discussed.

Presentations:

- **Welcome and framing remarks**, Linda GAIL-BEKKER, The Desmond Tutu HIV Centre, University of Cape Town and Desmond Tutu Health Foundation, Cape Town, South Africa.
- **Where we are with SEXUAL and REPRODUCTIVE Health and HIV in 2025**, Mitchell WARREN, AVAC, United States.
- **The burden and unmet service needs**, Andrew GRULICH, Kirby Institute, Australia.
- **The impact of defunding on HIV and SRH programmes globally**, Gesine MEYER-RATH, Health and Epidemiology Research Office, University of the Witwatersrand, South Africa
- **Whats new on the horizon of RH and why do we need it?**, Deborah ANDERSON, Boston University, United States
- **Why SRH and rights integration matters in adolescent girls and young women and key populations**, Yvette RAPHAEL, APHA, South Africa
- **A best practice for Trans care from Asia**, Nittaya PHANUPHAK, Institute of HIV Research and Innovation, Thailand
- **A best practice in the private sector**, Kenneth NGURE, Jomo Kenyatta University of Agriculture and Technology, Kenya
- **A best practice for Gay and bisexual men**, Kenneth MAYER, Fenway Health/Harvard Medical School, United States



IAS 2025

Satellite session - Integrating mental health in HIV care and prevention: Innovations and future directions

Description: Focusing on addressing the call to integrate mental health screening and treatment, as well as paying attention to well-being, is critical for reaching 2030 targets. This session will provide an overview of mental health in the context of providing whole person care, positioning mental health and well-being as essential parts of comprehensive care, and moving forward to integration approaches that are locally appropriate, and evidence informed. It will identify mental health challenges in specific populations and globally and discuss strategies to support well-being and address mental health challenges. Three speakers representing diverse groups and regions of the world will present recommendations for future work.

Presentations & speakers:

- **Introduction**, Laio Magno SANTOS DE SOUSA, University of the State of Bahia, Brazil & Hamid VEGA-RAMIREZ, National Institute of Psychiatry Ramon de la Fuente Muniz, Mexico
- **Mental health and well-being: A requisite for public health**, Darius GISHOMA, University of Rwanda, Rwanda.
- **Barriers to the provision of social, emotional and educational support: Innovations for empowerment and equity for children, young people, women and their families affected by HIV and AIDS**, Juliane ETIMA, Makerere University-Johns Hopkins University Research collaboration, Uganda
- **Integration of mental healthcare: the critical piece to reaching 2030 targets**, Ndeshiteelela CONTEH, University of KZN, United States.

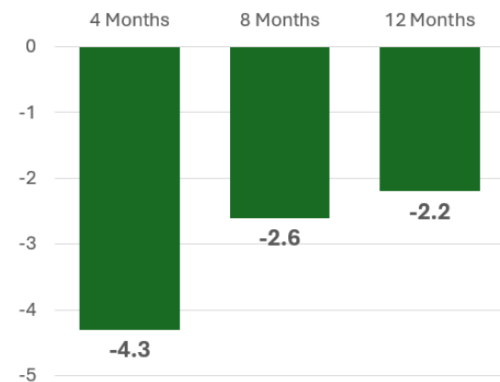
[Click on "Rapporteur Summary" to find an overview of the session here](#)



Effectiveness of the TENDAI integrated therapy for depression and adherence to HIV medication delivered by lay adherence counsellors in Zimbabwe: results from a randomized controlled trial

- **Objective:** This 2-arm parallel-group randomized controlled trial tested whether the TENDAI psychological intervention was effective for addressing viral non-suppression, depression, and ART adherence.
- **Methods:** 280 adults living with HIV with probable depression (PHQ9) and viral non-suppression were recruited from rural and urban clinics in Zimbabwe and randomized in two groups. People in the intervention arm received TENDAI, a culturally adapted 6-session problem-solving and motivational intervention, combining depression treatment with focus on adherence, delivered by lay adherence counsellors. People in the control arm received enhanced usual care (EUC).
- **Results:** PHQ-9 depression scores were 4.3 points lower in the TENDAI arm compared to EUC at 4 months and 2.2 points lower at 12 months. Self-reported adherence was significantly higher in the TENDAI arm at 4 and at 12 months. There was no significant difference in viral suppression between TENDAI and EUC arms. However, TENDAI participants had 70% lower odds of being prescribed second-line ART at 12 months.

Mean difference: TENDAI versus CONTROL



Changes in depression scores

Mean difference: TENDAI versus CONTROL



Changes in self-reported ART adherence

Conclusions: This intervention delivered by lay adherence counsellors achieved sustained improvements in depression symptoms and self-reported adherence. These promising results, including favorable cost-effectiveness, support implementing TENDAI in routine HIV care in low-resource settings.



IAS 2025

Point-of-care community delivery of the advanced HIV disease care (AHD) package during door-to-door TB-case finding

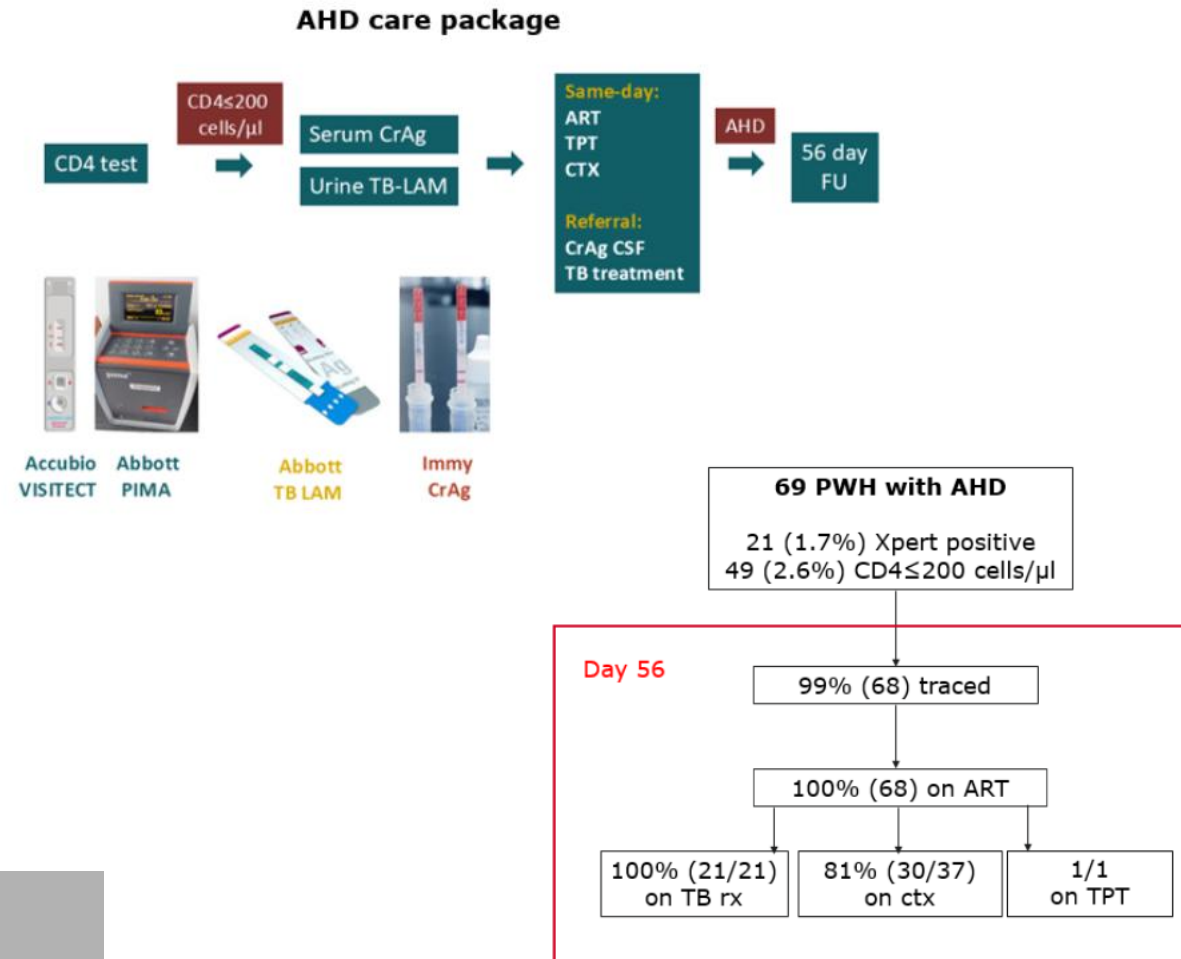
Objective: Providing an AHD care package through community delivery during door-to-door tuberculosis (TB) screening in rural Lesotho and South Africa.

Methods: Prospective cohort study from August 2022 to November 2024 with 20,024 people enrolled.

Results:

- ❖ Among them, 4,536 (22%) were HIV positive. 2.9% of them were living with AHD.
- ❖ Among eligible PWAHD, 54/55 were on ART, 6/7 on TB treatment, 7/28 on cotrimoxazole, and 1/8 on TPT on day 56.

Conclusion: Community-based delivery of the ADHC care package is possible but conditional on the availability of CD4 testing and prophylaxis.



[Session recording on IAS+ here](#)



IAS 2025

Why are people living with HIV not prescribed TB preventive treatment at ART initiation? Insights from a cohort study

Background: High rates of tuberculosis (TB) preventive treatment (TPT), especially at antiretroviral therapy (ART) initiation among people living with HIV (PWH), is critical for progress towards TB elimination. Reasons for non-prescription of TPT at ART initiation among PWH in the North West and Free State provinces of South Africa were investigated.

Methods: Study nested within a cluster-randomized control trial conducted in 36 public-sector primary health clinics. An analysis of the medical records of PWH who initiated on ART between September 2021 and August 2023 was conducted, including those re-initiating treatment.

Results: Overall, 73% were prescribed TPT up to 12 months after ART initiation. Among those who were not prescribed TPT, a clear reason for non-prescribing TPT was lacking in 84% of the cases. 82 (7%) had a TB investigation recorded, 76 (7%) were on TB treatment or completed TB treatment in the last 12 months, 6 (0.5%) completed TPT in the past 12 months, and 1 (0.1%) evidence of a contraindication (liver disease, heavy alcohol use, or hypersensitivity to INH). Nineteen (2%) additional patients had at least one TB symptom recorded without documentation of a TB investigation.

Conclusions: Approximately one-quarter of PWH initiating or re-initiating ART were not prescribed TPT with the majority not prescribed TPT appearing to meet South African TPT eligibility criteria. There remains a significant gap of people eligible, but not receiving TPT.



IAS 2025

Symposium - From crises to sustained access: Pragmatic pathways to integrated people-centered HIV and primary health care

Description:

Global health is undergoing a tumultuous shift. Funding cuts have disrupted health care delivery, with up to an additional 2.93 million HIV deaths and 10.75 million new HIV acquisitions estimated by 2030. Yet, this shift allows countries to reconsider their health care systems—advancing integration into primary healthcare (PHC) to achieve sustainable health for all. This pragmatic session will consider how, when, and where HIV services and enabling multisectoral actions and systems (human resources for health; supply chain; financing) are included in PHC approaches to ensure people living with and vulnerable to HIV are not left behind. This session features efforts to integrate HIV into PHC; highlight HIV novel public-, private- and community-led learnings adopted within country PHC reforms; and concludes with considerations from an expert panel of community, government, funder, and private sector representatives for integrated HIV/PHC models to ensure long-term sustainability as part of UHC2030 goals.

Presentations:

- **Welcome and session overview**, Florence ANAM, GNP+, Kenya & Kimberly Green, PATH, Vietnam
- **Setting the scene: pathways to integration**, Andy SEALE, WHO, Switzerland.
- **Priorities for HIV-PHC Integration**, Ani SHAKARISHVILI, UNAIDS, Switzerland.
- **Prepping for integration: overview of integration readiness assessments**, Kimberly GREEN, PATH, Vietnam.
- **New evidence and tools to support integrated differentiated service delivery**, Anna GRIMSRUD, IAS, South Africa.
- **Decoding integration: Country case study | Brazil**, Hasina SUBEDAR, South Africa
- **Decoding integration: Country case study | Kenya**, Salim HUSSEIN, Ministry of Health, Kenya
- **Decoding integration: Country case study | Ghana**, Stephen AYISI ADDO, GHANA HEALTH SERVICE, Ghana
- **Decoding integration: Country case study | Vietnam**, Tin LU, Glink, Vietnam
- **Perspectives & call to action**, Florence ANAM, GNP+, Kenya

AI-powered preventive intervention for stigma and suicidal ideation in HIV self-management: development, evaluation, and user testing of the MARVIN chatbot's integrated mental health management module

Background: The AI-powered MARVIN chatbot already supports HIV self-management by providing knowledge and assisting with medication adherence. Considering the mental health challenges faced by people living with HIV, the goal is to also equip MARVIN with the ability to detect and appropriately respond to self-harm messages and insulting language.

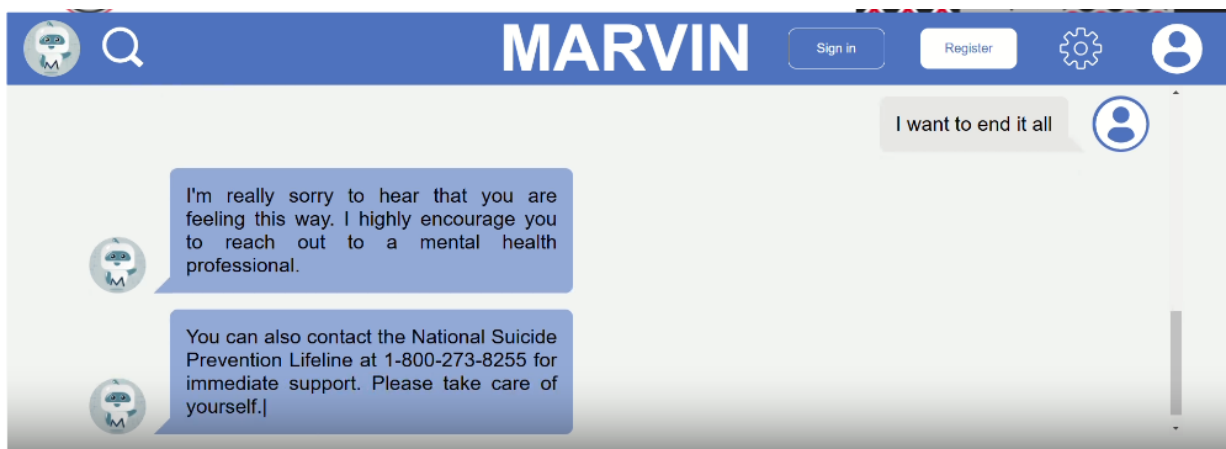
Methods: Testing phase with 6 individual testers and 14 conversational scenarios.

Results: With one-shot prompting, the hybrid module attained 97.00% and 94.90% for recall on self-harm and insult intent, respectively. Overall accuracy reached 95.57%.

[See session recording on IAS+ here](#)



Conclusions: The study highlights the AI-powered MARVIN chatbot's ability to detect extreme intents and deliver concise responses. Further research is needed to explore the potential of AI-driven chatbots in supporting not only self-management for PLHIV but also mental health needs.





IAS 2025

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

Objective: This study assessed the impact of integrating HIV and mental health services for HIV positive people who inject drugs, with a focus on person-centered approaches in Nigeria.

Methods: A cross-sectional study was conducted in Abuja, Nigeria in January 2025. Overall, 69 individuals living with HIV injecting drugs responded to the questionnaire.

[Poster on IAS+ here](#)

Results:

- 85.5% believed that combining HIV and mental health services would improve treatment outcomes. 88.4% reported that integrated care improves their overall health and wellbeing.
- 37.7% experienced reduction in stigma or discrimination since accessing integrated care.
- 75.4% felt that healthcare workers are not adequately trained to provide integrated care.



IAS 2025

Acceptability of a peer-led STI screening model among females using PrEP at a peri-urban public health facility in South Western Uganda

Methods:

- Pilot peer-led STI screening intervention among female PrEP users at a peri-urban public health facility in Southwestern Uganda. 5 peer leaders were trained.
- Interviews with peer beneficiaries, health facility staff and PrEP service providers.

Results:

- A total of 120 peers were reached by the peer leaders, of whom 63.5% reported that it was their first time being screened for STI and 58.33% had symptoms for more than a month without care.
- 93.33% perceived that the intervention would have positive effects. 81.67% responded that the model was highly acceptable.

Conclusions: Peer-led STI screening is acceptable among female PrEP users. This model can be used to increase coverage of STI screening and timely management. Additional studies are recommended to evaluate the effectiveness and cost-effectiveness of the model.



IAS 2025

Yield from integrated HIV & TB testing service sites in Ekiti State, Nigeria

Background: Nigeria faces a prevalence of 1.4% for HIV and an incidence of 219 per 100,000 individuals for tuberculosis (TB).

Objective: To evaluate the results of an integrated HIV and TB service provision across Ekiti State in Nigeria with:

- Healthcare providers' training on integration
- HIV test kits being provided across all facilities
- Clients with a viral load of ≤ 200 copies/mL having LF LAM testing done.

Results: Between July and September 2024, 22,636 people were screened, out of which 3,640 (16%) presumptive TB diagnosed persons were identified. 99.8% (3,632) of presumptive TB diagnosed person were offered HIV testing services.

Out of these, 147 persons had HIV (104 previously known status and 43 persons with newly acquired HIV), 205 (6%) who confirmed TB diagnoses were notified and 196 of them (96%) started on treatment. 49 (24%) clients were TB/HIV co-acquired, and all dually acquired clients started ART.

Conclusion: Purposeful integration of HIV and TB testing services has shown effective and should be expanded further.



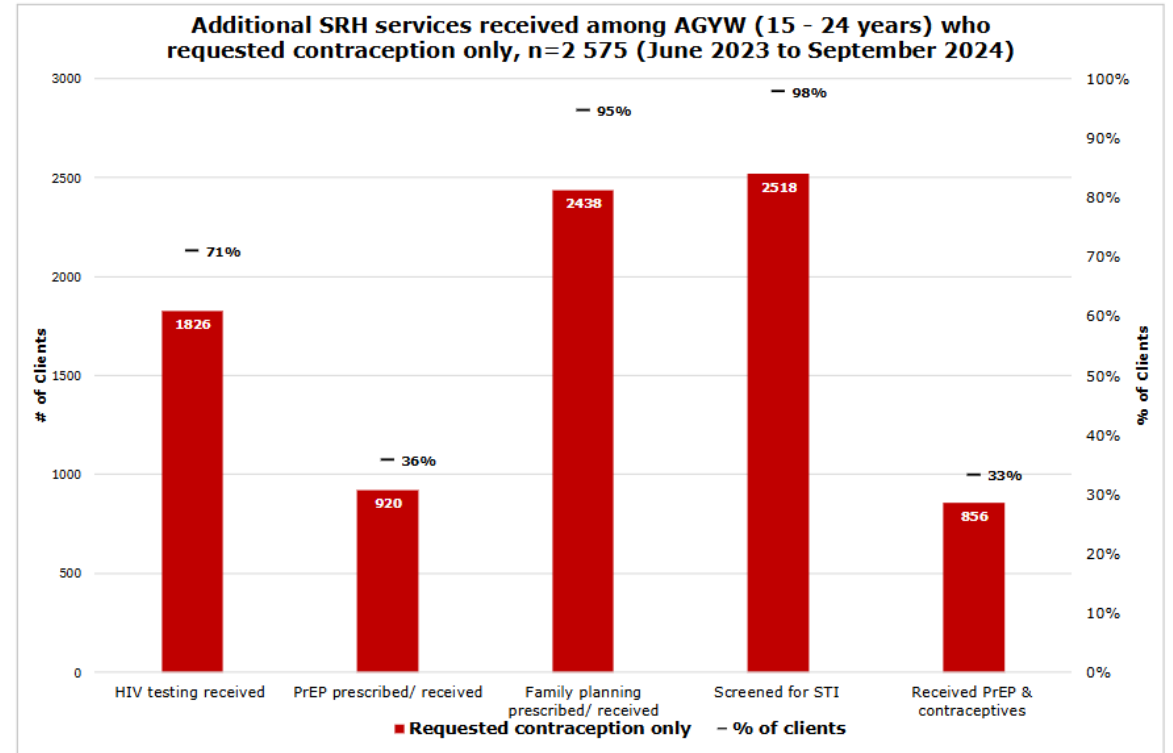
IAS 2025

Integrated sexual and reproductive health services for Adolescent Girls and Young Women in South Africa: addressing unmet needs through comprehensive screening and service delivery

Background: Adolescent girls and young women in South Africa are disproportionately affected by HIV, sexually transmitted infections (STIs), and unintended pregnancies, often having multiple, intersecting prevention needs. Providing integrated sexual and reproductive health (SRH) services in primary healthcare settings provides an opportunity to respond to health needs that would be missed by siloed delivery of services.

Methods & Results: Analysis of routinely collected data from a subset of 6,955 adolescent girls and young women who presented and requested only one SRH service at entry between June 2023 and September 2024. What other services were provided in addition to the one requested?

- Of those presenting for HIV testing only (n=1,887; 27.1%), 98.4% (n=1,856) were tested for HIV, 79.3% (n=1,497) were screened for STI symptoms, 65.2% (n=1,230) initiated PrEP, and 42.9% (n=809) received contraceptives.
- Among those presenting only for PrEP (n=2,493; 35.8%), 98.8% (n=2,463) were tested for HIV, 98.1% (n=2,446) were screened for STI symptoms, 38.8% (n=968) received contraceptives and 93.0% (n=2,318) initiated PrEP.



Conclusions: An integrated SRH service model addresses adolescent girls and young women's diverse health needs, but proactive screening for unrequested services is vital to respond to unidentified health needs. Holistic, client-centred strategies are essential to improving health outcomes and reducing the burden of HIV, STIs, and unintended pregnancies.



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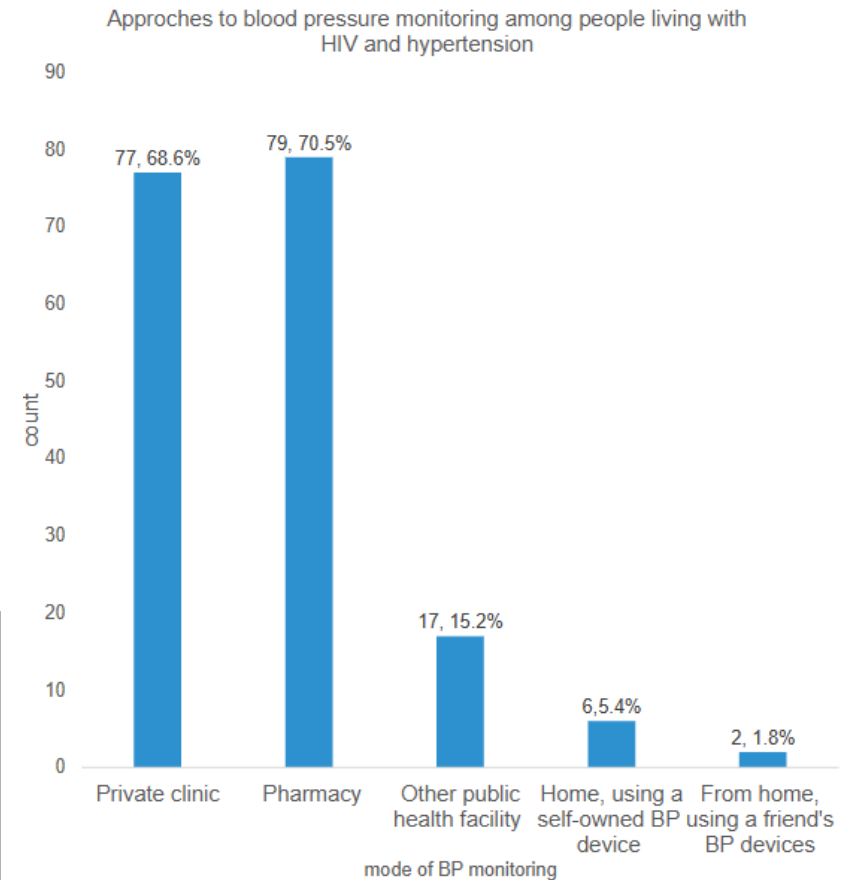
Uptake of community blood pressure monitoring and associated factors among people living with HIV and hypertension accessing integrated care at selected HIV clinics in Uganda

Background: World Health Organization recommends Community-based blood pressure monitoring (BPM) for diagnosis and management of hypertension. However, there is limited data on the uptake and factors associated with community BPM among people living with HIV (PLHIV) and hypertension in Uganda.

Methods: Cross-sectional study conducted between May and July 2024 at three HIV clinics in the Kampala and Wakiso districts. A total of 408 participants were randomly selected and surveyed through a questionnaire.

Results: Community BPM uptake was 27% (95% CI: 23.3–32.0). Multivariable analysis indicated that the uptake of community BPM was associated with receiving three factors: antihypertensive medications (adjusted prevalence ratio [aPR]: 2.2, 95% CI: 1.1–4.4), receiving advice from healthcare providers (aPR: 8.7, 95% CI: 3.7–20.5), receiving feedback on BP monitoring (aPR: 33.3, 95% CI: 4.1–268.6), and owning a BP device (aPR: 2.2, 95% CI: 1.3–3.5).

Conclusions: Community BPM uptake among PLHIV and hypertension was low. However, individuals receiving healthcare provider recommendations and feedback, owning BP devices, or on three antihypertensive medications were more likely to engage in community BPM. To improve uptake and ensure continuity of care, targeted interventions such as healthcare provider counseling, feedback mechanisms, and facilitating access to BP devices are recommended.





IAS 2025

A client-centered approach for the integration of hypertension screening in HIV services: a comparison between newly initiated and those already on antiretroviral therapy

Background: People living with HIV (PLHIV) have an increased risk of developing non-communicable diseases (NCDs), including hypertension. Trends and outcomes in integrated screening for hypertension were explored in antiretroviral therapy (ART) clinics across five regions supported by USAID Afya Yangu (My Health) Northern project in Tanzania.

Objective: Comparing hypertension prevalence among PLHIV already on ART or PLHIV newly initiated on ART.

Methods:

- Training for HCPs on hypertension screening.
- Essential supplies (such as blood pressure machines) provided.
- Data analysis from the national electronic HIV database.
- PLHIV who had at least one record of blood pressure measurement between October 2023, and September 2024 were included.

Results: Overall, 82,997 PLHIV on ART were screened for hypertension. Out of those, 92% (76,318) were already on ART by 30 September 2023, and 8% (6,679) were newly initiated during the review period. Among all participants, 59,248 (71%) were female.

- Among PLHIV already on ART, 4.2% (3,170/76,318) had high blood pressure, compared to 2.2% (144/6,679) for those newly initiated on ART.
- The prevalence of hypertension among females on ART above the age of 50 years was 8.6%, compared to 7.0% in males of the same age group.

Conclusions: PLHIV already on ART had higher prevalence of hypertension than those newly initiated on ART, with those aged fifty years and above having higher rates.



IAS 2025

Effect of integrating hypertension care into HIV services on healthcare provider burnout and well-being

Background: Integrating HIV and hypertension services enhances person-centered care and provider satisfaction. But does it impact burnout and well-being scores among healthcare professionals (HCP)s?

Methods: Forty-three HCPs in 16 clinics in the Wakiso and Kampala districts of Uganda completed the Copenhagen-Burnout-Inventory and WHO-5 well-being Index surveys at the beginning and six months after the intervention.

Intervention: BASIC” entailing hypertension training, supply of hypertension medications(amlodipine, valsartan and hydrochlorothiazide),evidence based treatment algorithm and blood pressure machines, and the “PLUS” which adds, enhanced hypertension training(one on one coaching), differentiated service delivery for hypertension and performance feedback.

Results and conclusion: Although HCPs in HIV care experienced some levels of burnout, integrating HIV and hypertension services neither potentiated burnout nor reduced HCPs’ well-being.

Contrary to HCP perceptions, integrating hypertension and HIV care is possible without exacerbating burnout.

[Poster on IAS+ here](#)



IAS 2025

A cost-utility analysis of an integrated mental health collaborative care model for adolescents and young adults living with HIV or at risk of HIV in Thailand

Objective: To conduct a cost-utility analysis of the mental health collaborative care model (CoCM) versus standard care for youth living with HIV in Thailand.

- CoCM is a form of integrated mental healthcare whereby primary care providers and non-specialist “case managers” provide mental health services which were traditionally delivered exclusively by psychiatrist.
- On the other hand, standard care indicates that clients with mental health disorders were referred directly to psychiatrists.

[Poster on IAS+ here](#)

Conclusions:

CoCM was significantly less costly and at least *as clinically effective* as standard care



CoCM was cost-effective when used in our setting

CoCM was less costly due to:

1. Clients requiring fewer MHD-related emergency department visits and hospital admissions
2. Differing prescription practices between care models
3. Less reliance on psychiatrists (potentially also improving *access* to psychiatric support for others)
4. More efficient staffing

According to the literature, CoCM might have been at least *as clinically effective* as standard care in this study because:

The benefits of receiving specialist care in standard care might have been balanced by the convenience, trust, continuity of care and reduced stigma associated with receiving CoCM care



IAS 2025

Creating psychosocially safe spaces for youth in the HIV response: A mental health-centred, participatory approach in South Africa

Challenge: How can we improve youth uptake of HIV and NCD services, considering the high rates of disengagement among youth in South Africa?

Methods: Qualitative study based on 7 youth focus groups with 83 participants, interviews with 13 health professionals and traditional healers and community mapping exercises facilitated by trained youth researchers between 2022 and 2024.

Results: This study shows that Young people identify emotional unsafety, judgmental staff and lack of relate communications as barriers to accessing such services. These services were also seen as 'top-down', with little room for collaborative problem-solving.

However, behaviors associated with increased exposure to HIV, including drug use, were linked to unresolved trauma and absence of trusted adult or peer mentors.

Recommendations: Invest in psychologically safe spaces with participatory engagement strategies centered on youth agency and mental health.



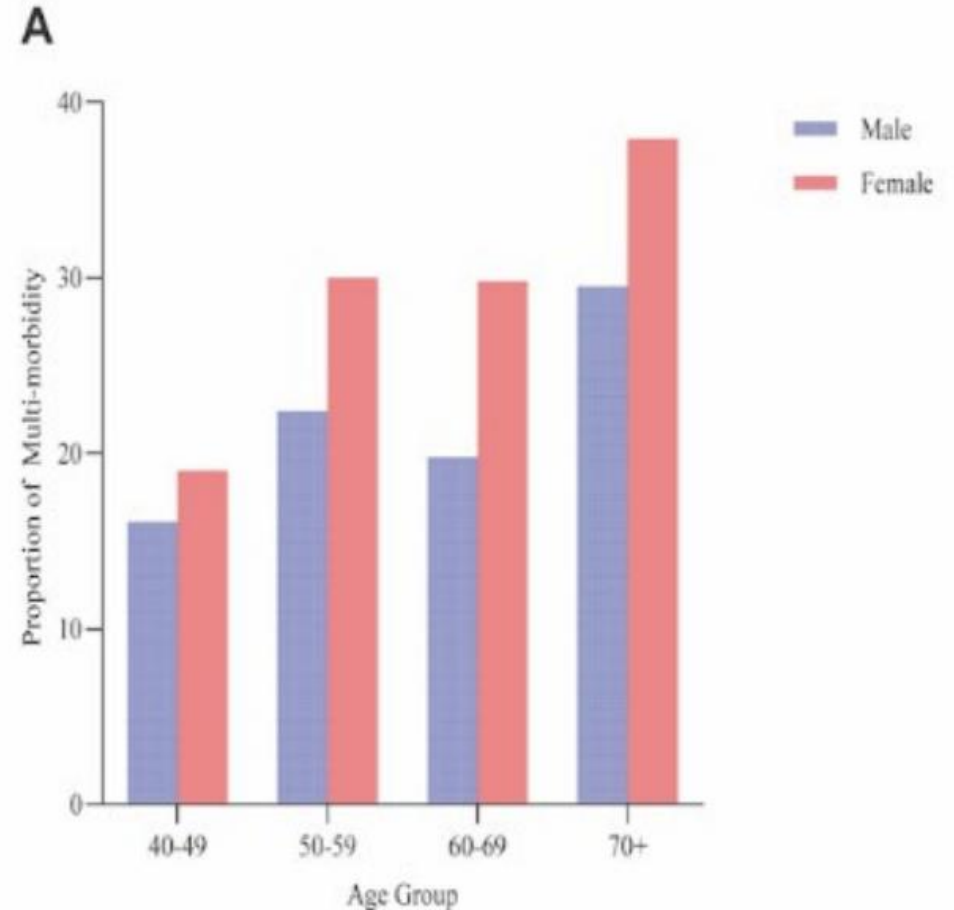
IAS 2025

Syndemic interactions between HIV, mental health, and non-communicable diseases in Africa: A scoping review of contributing factors

Background & Methods: This scoping review aims to highlight how mental health (MH), and non-communicable diseases (NCDs) in Africa synergistically affect individuals living with HIV and included 17 studies. The study was conducted in March 2024.

Results:

- Hypertension, diabetes, and depression were the most prevalent co-morbidities among individuals living with HIV, disproportionately affecting women and older adults.
- Stigma, socioeconomic barriers, and fragmented healthcare systems consistently exacerbated these conditions, hindering effective care. Many NCDs and MH conditions were undiagnosed or poorly managed, complicating HIV treatment and reducing quality of life. Resource limitations and poor healthcare integration further impeded comprehensive care delivery.





IAS 2025



6. Population-specific approaches across the cascade

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IAS 2025

Improving HIV service delivery for orphans and vulnerable children in Zambia: lessons from a CQI intervention under the ECAP III program

Background: The USAID-funded Empowered Children and Adolescents Program III (ECAP III), implemented in Lusaka Province, aims to improve the wellbeing of orphans and vulnerable children (OVC) through comprehensive, family-centered services. Midway through implementation, persistent gaps in case management, supervision and safeguarding were however noted.

Methods: From November 2023 to January 2025, the organizations Project HOPE and CIDRZ implemented a Continuous Quality Improvement (CQI) approach to enhance service delivery quality and accountability across four districts – Chilanga, Chongwe, Kafue and Lusaka.

Results: CQI implementation led to measurable improvements across all four districts. For example, Chilanga saw case management scores rise from 24% to 67% and M&E from 43% to 63%. Chongwe, despite initial resistance, improved safeguarding from 13% to 60% and staffing from 20% to 53%.

Conclusion: This study offers evidence to support the scale-up of CQI within national HIV and child protection programme. Key lessons include the value of introducing CQI at program inception, the necessity of structured change management to mitigate resistance, and the use of digital tools for real-time data use and accountability.



IAS 2025

Leaving no one behind: implementation of informal female sex workers intervention for fast-tracking HIV case detection in Andhra Pradesh: a sustainable, scalable program experience from India

Background: Informal female sex workers, who are part-time sex workers and are most often engaged as home makers or doing occasional work, are not currently reached by HIV and non-communicable disease services in Andhra Pradesh, India.

Methods: Following a community listening exercise, a comprehensive package of services was offered to informal female sex workers.

Results: From May 2022 to September 2024, 4,039 informal female sex workers were reached and all of them were provided HIV education. HIV testing was done for 66.94% (2,704), of which 10.1% (274) were detected positive and 94.5% (259) were initiated on ART.

Conclusion: Given the secretive nature of sex work and being outside of the radar of routine HIV interventions, the importance of implementing programmes targeting informal female sex workers through network operators cannot be over-emphasized.





IAS 2025

Survival is not enough: enhancing mental health integration in key population HIV focused programming in Kalangala islands post Uganda's Anti Homosexuality Act 2023

Background: The enactment of Uganda's Anti Homosexuality Act (AHA) in 2023 intensified stigma and discrimination among key populations in the country. Serious mental health challenges have been reported in the communities, including anxiety, depression and suicidal thoughts, that impact ART adherence and treatment outcomes too.

Methods: Action for Integrated Sustainable Development (AISDA) worked to integrate mental health support to key populations to enhance both ART adherence and mental wellbeing.

- Questionnaire administered by trained social workers to screen mental health issues
- Immediate interventions when suicidal thoughts were detected
- Tele-mental health support through calls and virtual counselling sessions
- Regular home visits (adherence counselling and psychosocial support)

Results: The integration of mental health services was a success:

- Adherence improved from 75% to 92% and viral load suppression increased by 15% since August to December 2024 among 288 key populations.
- Tele-mental health support enhances access to care in island settings. 85% of clients flagged for follow-up utilized virtual sessions with 80% reporting satisfaction and reduced symptoms after engagement.



IAS 2025

Making HIV care affordable: cost-effectiveness of interventions for refugee women and girls in Nakivale refugee settlement, Southwestern Uganda

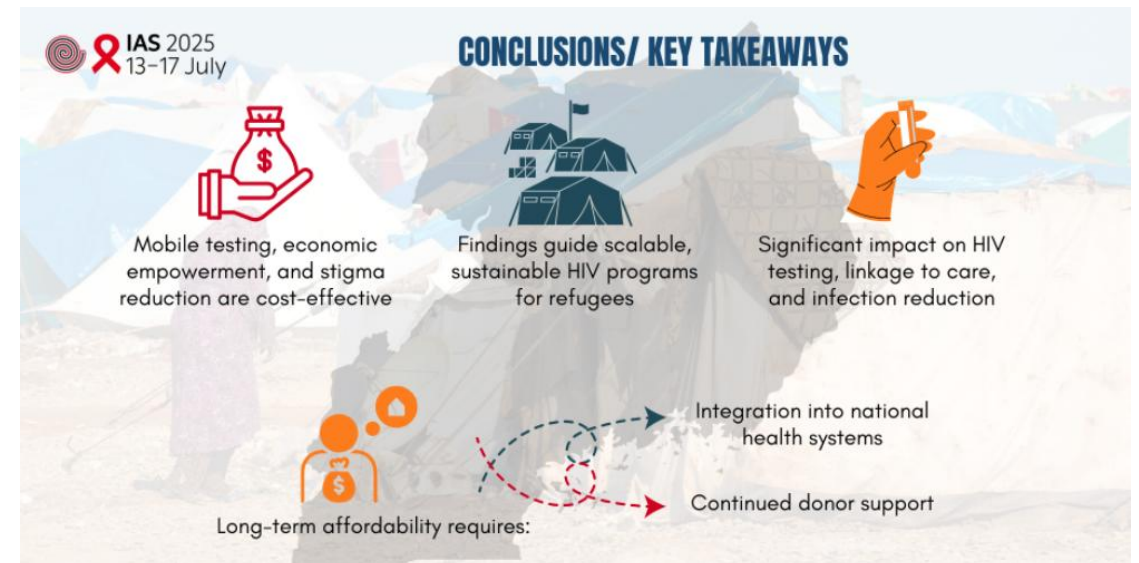
Background: Refugee women in Nakivale, face disproportionate risk of acquiring HIV due to combination of social and structural challenges. Resource-constrained settings like Uganda lack evidence on cost-effectiveness of localized strategies, hindering informed decision-making and sustainable programme design.

Methods: Cost-effectiveness analysis conducted between January-June 2024 focusing on three interventions: a) mobile HIV testing / counseling services, b) women's economic empowerment programmes, c) community-led stigma reduction campaigns. Effectiveness measures included increased HIV testing uptake, improved linkage to care and reductions in new acquisitions. Use of the incremental cost-effectiveness ratio framework (ICER).

Results:

Mobile HIV testing services were most cost-effective, with an ICER of UGX 185,000 per additional HIV diagnosis compared to standard facility-based testing. Women's economic empowerment programmes reduced new HIV acquisitions by 18% over six

months, with an ICER of UGX 440,000 per acquisition averted. Community-led stigma reduction campaigns significantly increased HIV testing uptake (by 34%) and linkage to care (by 27%), with an ICER of UGX 310,000 per additional client linked to care. Affordability assessments indicated that while these interventions are effective, their sustainability remains heavily reliant on external donor funding, as household income levels within the settlement are insufficient to cover implementation costs.





IAS 2025

Empowering young female sex workers in coastal Kenya: a community-led approach to HIV prevention through peer education and digital reminders (2023–2024)

Background: In Kenya's coastal counties of Mombasa, Kwale and Kilifi, young female sex workers are at high risk for HIV acquisition due to stigma, economic instability, and limited healthcare access.

Methods: Evaluate a peer-led and digitally enabled intervention with quarterly screening reminders and ongoing peer education via messaging apps on topics like condom use and PrEP.

Results:

- ❖ By the end of the programme, over 78% of young female sex workers accessed HIV testing regularly, and 60% reported consistent condom use.
- ❖ A digital reminder system improved health screening adherence, with peer educators using WhatsApp and Facebook to provide culturally relevant education, leading to an 80% increase in knowledge about HIV prevention.
- ❖ Collaboration with local health systems was crucial, resulting in 85% of young female sex workers receiving effective referrals to clinics for follow-up care, highlighting the effectiveness of combining digital tools with health services.

Conclusion: This peer-led, digitally enabled approach has improved HIV prevention among young female sex workers by enhancing service continuity and community engagement. Mobile reminders and peer education have increased access to health services and reduced stigma. Future goals include scaling the model, improving digital access, and expanding engagement in various spaces.



IAS 2025

Investigating adolescent-friendly HIV prevention platforms as novel spaces for obesity interventions

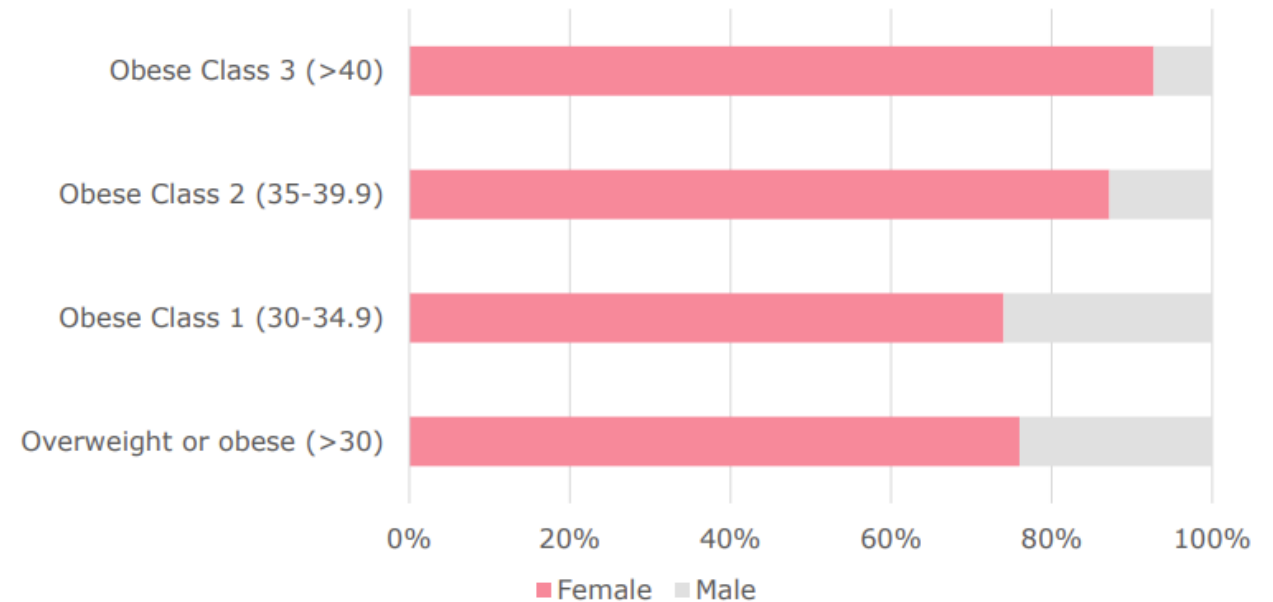
Objectives:

- 1) Describe the baseline prevalence of obesity in a real-world PrEP programme for young people in South Africa
- 2) Evaluate the short-term impact of CAB-LA on body mass index (BMI)

Results:

- Over half of participants (56%) were overweight or had obesity at baseline. Among those with elevated BMI, 76% were female and 81% were under 29 years of age. The proportion of female participants increased with obesity severity: 74% in class I, 87% in class II, and 93% in class III.
- Baseline BMI was not associated with PrEP product choice. Short-term CAB-LA use was not associated with weight gain.

Sex proportion across classes of obesity



Conclusion: The high baseline burden of obesity underscores the opportunity to leverage existing HIV prevention platforms to integrate obesity care.



IAS 2025

Health disparities among migrant transgender women: results from TransCITAR cohort study in Argentina

Background and methods: Transgender woman (TGW) migrants faced increased health disparities, including stigma and limited healthcare access. This study analyzed psychosocial and clinical factors associated with migration (international and internal) in TGW participating in the TransCITAR cohort study in Argentina. From September 2019 to December 2022, TGW enrolled in TransCITAR prospective cohort completed baseline data on socio-demographics, HIV status, transgender-related stigma (TIS), depression (SCL-27 sub-scale), suicide attempts, substance use (tobacco use, sexualized drug use [SDU], alcohol [AUDIT-C]).

Results: Among 423 TGW, internal migrants comprised 46.80% (n=198), international 31.21% (n=132) and non-migrants 21.99% (n=93).

- ❖ HIV prevalence was highest in international (53.0%) and internal migrants (42.7%; $p < .001$).
- ❖ Sex work prevalence was 68.7% for internal migrants, 53.8% in international migrants, and 22.6% in non-migrants ($p < .001$).
- ❖ Unstable housing was more frequent in migrants (both 50.5%) than non-migrants (8.6%, $p < .001$).
- ❖ Depressive symptoms and suicide attempts were more frequent in internal migrants ($p = .036$, $p = .013$).
- ❖ Substance use, including tobacco (52.6%) and SDU (36.6%), was significantly higher among internal migrants ($p < .001$).
- ❖ Discrimination by security forces was more frequent among internal migrants ($p = .003$), and levels of transgender stigma in international migrants ($p = .006$).

Conclusion: TGW migrants face significant health disparities, with international migrants showing high HIV prevalence and internal migrants exhibiting worse social and health outcomes. Tailored interventions are critical to improving the HIV continuum of care for international migrants.



IAS 2025

HIV transmission risk, sexual and mobility behaviors among men, women, and female sex workers living with HIV in informal gold mining sites in Mali: the ANRS-12392 – Sanu Gundo study

Background: In Mali, circular migration, sex work, geographic isolation, and limited access to HIV care services and prevention information create a potential risk for HIV transmission in and from informal gold mining sites (IGMS). This study aims to compare vulnerabilities, mobility, behaviors, and HIV transmission risk among men, female sex workers and other women living with HIV at IGMS, using data from the ANRS-SANU Gundo trial conducted in 2019-2022.

Results:

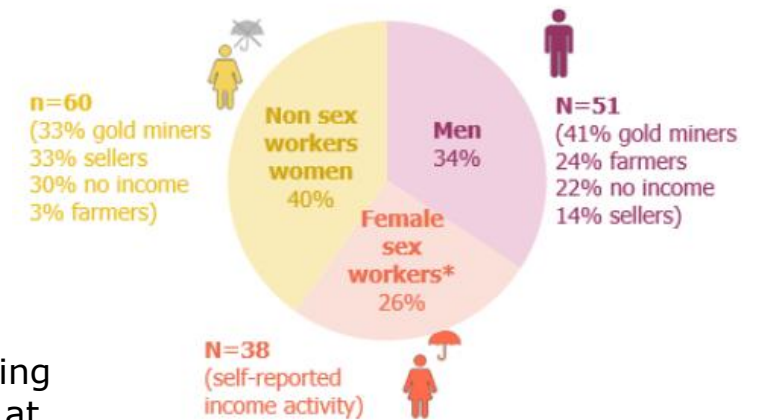
> Men and other women were more likely to report condomless sex with HIV-negative/unknown-status spouses at baseline and to have no education. Other women living with HIV were more likely to have a precarious socioeconomic status and to self-perceive at risk of transmitting HIV.

> Female sex workers were more likely to be foreigners and non-residents of IGMS, to report sex under the influence of alcohol or drugs and condomless sex with HIV-negative/unknown-status occasional partners.

> Six months after initiating ART (n=72), 36% of men and 30% of other women were at risk of HIV transmission (i.e., uncontrolled viral load and condomless sex with any HIV-negative/unknown-status partner), compared to 18% of female sex workers (p=0.05). ART adherence was similar across groups.

Conclusion: Our findings highlight the urgent need to strengthen and tailor HIV care and information campaigns in IGMS in Mali, not only for key populations such as female sex workers, where the risk of transmission may primarily stem from high mobility, multiple partners, and substance use, but also for men and other women living with HIV, who are also at risk of transmission due to unprotected sex with their spouses and socio-economic vulnerabilities.

- Classification of participants (n=149) into 3 groups



[Session recording on IAS+ here](#)



IAS 2025

Presentations:

- **Introduction**, Cecilia CHUNG, Transgender Law Center, United States & Ines Aristegui, Fundacion Huesped, Argentina
- **HIV prevalence, risks and vulnerabilities of trans and gender diverse people in Saint Petersburg, Russia**, Mark KANDOLSKY, Transgender Initiative Group, Armenia
- **PrEP experiences and challenges among transgender women in the United States and Puerto Rico in the era of PrEP choice: findings from the ENCORE cohort**, Erin COONEY, Johns Hopkins Bloomberg School of Public Health, United States
- **Stigma leads to substance use among men who have sex with men and transgender women living with HIV: insights from Vietnam**, Minh NGUYEN THIEN, University of Medicine and Pharmacy at Ho Chi Minh City, Vietnam
- **Exposure to violence among transgender women living with HIV in France, engaged or not in sex work: results from the national ANRS-14056 TRANS&VIH study**, Marion FIORENTINO, IRD, France
- **Mpox awareness and access barriers among transgender and intersex communities in Kenya**, Charles NJUGUNA, ISHTAR, Kenya

“I will not lower my voice”: Experiences from trans and gender-diverse communities

Highlights from the [Rapporteur’s summary](#):

Data from five countries demonstrated urgent gaps in HIV prevention, mental health, and violence response for trans and gender-diverse populations.

- ❖ In Russia, the first-ever study on trans and gender diverse communities in Saint Petersburg revealed low HIV prevalence overall (1.9%) but concentrated risk among trans women (14.1%) alongside widespread discrimination and mental health distress.
- ❖ In the US and Puerto Rico, the ENCORE cohort showed that although most transgender women using PrEP reported positive experiences, Black and Latina women disproportionately faced stigma, influencing their choice between oral and injectable PrEP.
- ❖ In Vietnam, a prospective cohort demonstrated that stigma is a causal factor in the initiation of substance use among men who have sex with men and transgender women living with HIV, with physical attacks and exclusion accounting for over one-third of new drug use.
- ❖ In France, findings from the ANRS TRANS&HIV study revealed five violence typologies among transgender women living with HIV, with those engaged in transactional sex facing higher risks of ART interruptions, stimulant use, and lack of moral support.
- ❖ In Kenya, community-led Mpox outreach found that 85% of transgender and intersex participants had never received Mpox information and faced mistrust of integrated health services, reinforcing the need for safe, peer-led responses.

[Session recording on IAS+ here](#)



IAS 2025

TWIIN: a digital assistant for enhancing health access among key populations

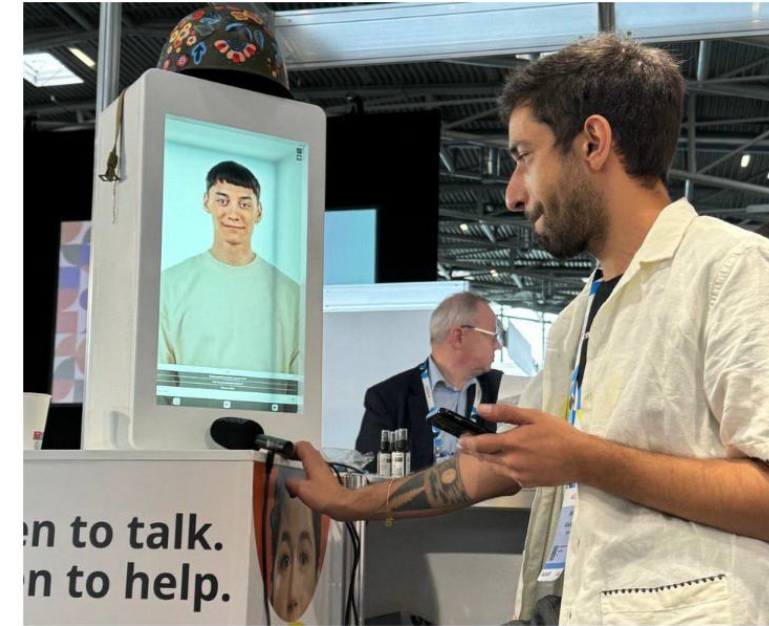
Description: Piloted in Ukraine, TWIIN is an AI-powered digital assistant designed to address barriers faced by key populations, such as people who use drugs and men who have sex with men. It provides 24/7, anonymous support for HIV prevention, mental health, and harm reduction, aiming to reduce stigma and improve service access.

Successes: During the pilot, over 5,000 unique users generated nearly 39,000 sessions. Feedback showed high satisfaction, with 85% rating TWIIN as 4-5/5 and 87% recommending it.

Lessons learnt:

- Onboarding over 400 doctors and 70 NGOs supported integration into existing services.
- Challenges included response delays and contacts presentation, which are being addressed through system improvements.
- The pilot emphasized the importance of cultural relevance, user anonymity, and iterative feedback to refine the platform.

Conclusion: TWIIN has shown great promise in expanding health access for marginalized populations, particularly in challenging settings. Plans include enhancing response times and developing additional modules. In 2025, TWIIN will launch in Moldova and Georgia, with localized adaptations to meet country needs.





IAS 2025

Using coordinated care mechanisms to improve treatment outcomes for hidden and hard-to-reach sex workers in Marsabit, Kenya

Background: Bar Hostess Empowerment and Support Programme (BHESP) has been implementing HIV prevention and care interventions tailored to female sex workers in Kenya's arid and semi-arid lands (ASAL) since 2021. Specific groups, such as Muslim and migrant sex workers, face barriers to accessing care due to cultural, religious, and geographic challenges.

Methods: In November 2023, BHESP adopted a person-centred care (PCC) approach to address these barriers and strengthen coordinated care mechanisms aimed at improving HIV treatment outcomes for these marginalized groups.

- The approach leveraged healthcare providers and peer navigators to foster strong client-provider relationships while ensuring cultural and religious sensitivity in care delivery.
- Empowerment sessions integrated into community engagements and held at hotspots accessible to Muslim and migrant sex workers provided education, emotional support, and socioeconomic and mental health support.
- A coordinated care mechanism involving healthcare providers, peer navigators, and community leaders facilitated continuous follow-up, adherence support, and tailored referrals.

Between November 2023 and January 2024, BHESP reached 614 clients through interventions targeting both those living with HIV to support retention in care and those vulnerable to HIV acquisition.

Results: Exit interviews with 216 female sex workers revealed that 179 (82.9%) preferred care that was culturally sensitive and allowed for their active involvement in health decisions. The number of hidden sex workers accessing services increased by 37%, with clients reporting improved trust and satisfaction. Coordinated care enabled early identification of clinical challenges, such as a suspected treatment failure in a Muslim sex worker, who achieved viral suppression by February 2024 following intensive adherence support.

Conclusion: Coordinated care mechanisms significantly improved access to HIV care for hidden and hard-to-reach sex workers in Marsabit. These interventions, addressing cultural and religious dynamics, empowered clients to take responsibility for their health. BHESP recommends scaling up coordinated care models for all key populations in ASAL regions to achieve equitable and sustainable health outcomes.



IAS 2025

Leaving no one behind: Reaching disabled people living with HIV in Umzingwane District, Matabeleland South

Background: Globally, approximately 15% of the population lives with disabilities, with Zimbabwe reporting a prevalence of 9.3%, or about 1.9 million people. Among them, people living with both HIV and disabilities face unique challenges due to stigma, discrimination, and systemic exclusion. Women and girls with disabilities are particularly vulnerable to acquiring HIV and to other forms of violence. In Umzingwane District, Matabeleland South Province, 11% of the population (8,330) are people living with HIV, including 165 individuals (2%) who also have disabilities. Addressing the needs of this marginalized group requires innovative, tailored approaches.

Methods: Needs assessment for 165 identified clients and subsequent tailored interventions including door-to-door visits for 40 clients unable to access clinical services (viral load testing, ART refills, family planning, and pediatric HIV prevention).

Results:

- Viral load sampling for 27 of 30 eligible clients.
- Enhanced adherence counseling sessions were conducted for 2 of 3 clients.
- Four children who were due to prevention of mother-to-child transmission follow up had early infant diagnosis samples collected for testing.
- Two pediatric contacts were tested for HIV, and both tested negative.
- A total of 27 clients received ART refills, and six women were initiated on family planning- control pills.

Conclusion: This project highlights the importance of disability-inclusive HIV interventions. Tailored, person-centered approaches can successfully address the unique needs of people living with both HIV and disabilities. The inclusion of rehabilitation services within HIV care, particularly for women and girls, is critical to overcoming systemic barriers and ensuring equitable access to healthcare.



IAS 2025

Lessons from implementing a human rights and gender-based harm reduction project for people who use drugs in Rwanda

Background: The TUBITEHO (Let's Take Care of Them) project is a three-year initiative (Oct 2023–Sept 2026) led by Health Development Initiative (HDI) and partners, aimed at improving the health and rights of people who use drugs in Rwanda. Rooted in a human rights and gender-sensitive approach, the project addresses high HIV prevalence among people who use drugs (9.05%), which is three times higher than the general population, and barriers to accessing essential health services due to stigma, legal constraints, and criminalization.

In 3 districts:

- > National mapping and size estimation study of people who use drugs.
- > Development of a peer education network with 60 peer educators.
- > Training of law enforcement, local leaders and HCPs.
- > Advocacy towards national institutions.
- > Development of harm reduction training manuals.



Results: Key successes include:

- Improved stakeholder collaboration.
- Increased understanding of harm reduction (43.32% knowledge increase among law enforcers) and the establishment of a functioning peer support network.
- Over 350 people who use drugs were reached with training on diverse health topics (HIV, Hepatitis B&C, overdose and suicide prevention).

Conclusion: The TUBITEHO project demonstrates that integrated harm reduction services grounded in human rights and gender equity can shift perceptions, reduce systemic barriers, and improve access to HIV and related health services for people who use drugs. Future steps include disseminating findings from the mapping and baseline studies, refining the national minimum service package for harm reduction, and scaling up interventions through continued multi-sectoral advocacy and policy engagement.



IAS 2025

Innovative approaches to community-based HIV testing services among pregnant women using community TB/HIV workers and mentor mothers: An experience from Oyo state, Southwest, Nigeria

Background: Early diagnosis and treatment of HIV in pregnant women are critical for preventing mother-to-child transmission (PMTCT) and achieving better health outcomes. However, in many high-burden, resource-limited settings, gaps in service delivery and access remain a challenge. To address these barriers, an innovative community-based HIV testing model leveraging Community TB/HIV Workers (CTHWs) and Mentor Mothers was implemented in Southwest Nigeria in 2024.

Methods: Between January and December 2024, Community Volunteers and CTHWs conducted routine household visits and integrated TB/HIV education, and testing services for pregnant women. Mentor Mothers provided peer counselling, psychosocial support, and linkage to care for newly diagnosed women. Health education sessions were conducted at antenatal care centres and community events to improve awareness and reduce stigma.

Results:

- ❖ The intervention identified and screened 30,000 pregnant women using the appropriate eligibility criteria. 96% accepted HIV testing. Among them, 72 pregnant women were identified as living with HIV and were successfully linked to antiretroviral therapy (ART).
- ❖ EID samples were collected and tested for the infants. Retention in PMTCT programmes at six months improved from 62% to 85%, supported by Mentor Mothers' peer counselling and follow-ups.
- ❖ Community engagement activities led to a 30% increase in antenatal care attendance, with the barriers related to stigma significantly reduced, improving access and acceptance of services.

Conclusion: The integration of CTHWs and Mentor Mothers into community-based HIV testing services has proven effective in increasing uptake, reducing stigma, and improving PMTCT program retention among pregnant women. This model demonstrates the importance of community-driven, person-centred approaches in addressing access and service delivery challenges. It offers a scalable solution for high-burden regions aiming to reduce mother-to-child transmission and improve maternal and child health outcomes.



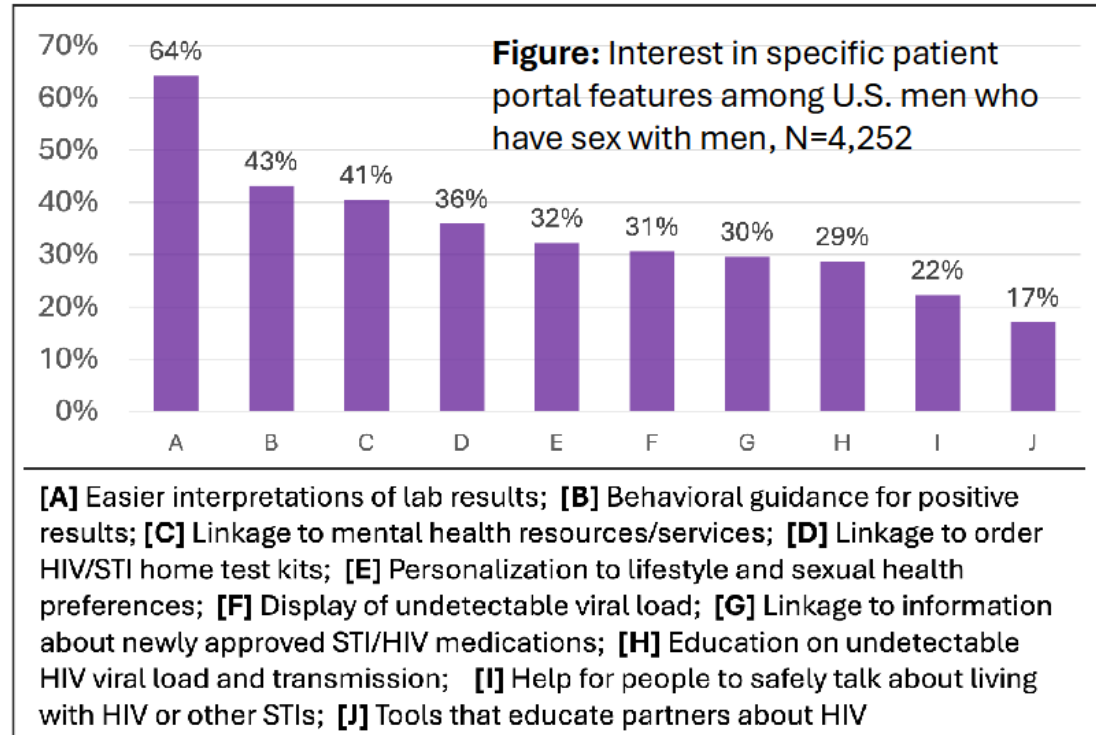
IAS 2025

Differences in the desired sexually transmitted infection prevention features for patient portals among men who have sex with men in the United States.

Background: The development of digital health tools that leverage the patient portal to improve STI prevention and care for gay, bisexual and other men who have sex with men in the United States are a burgeoning area of research.

Methods: Participants were asked to indicate which of 10 STI prevention features were desired for incorporation into patient portals. Data comes from the 2022-2023 American Men's Internet Survey. The final analytic sample included 3,495 participants.

[Poster on IAS+ here](#)



Conclusion: The integration of person-centric STI prevention features into patient portals represent transformational opportunities for increasing patient engagement and improving health outcomes. Culturally-congruent strategies are required to make the health information in patient portals easier for its users to understand.



IAS 2025

Exploring perceived utility of a clinic-integrated HIV prevention app for men who have sex with men in Malaysia: A qualitative think-aloud study

Background: Discrimination, stigma, and other barriers in healthcare settings are common issues for men who have sex with men in Malaysia, resulting in sub-optimal HIV testing and linkage to HIV prevention services. A clinic-integrated HIV prevention app called “JomPrEP” was created to scale up HIV prevention efforts among this vulnerable group. This study aimed to explore the perceived utility, appeal, and functionality of the JomPrEP app for men who have sex with men in Malaysia to improve access to HIV prevention services.

Methods: Interviews with 10 men who have sex with men and with 10 community stakeholders using the ‘think-aloud’ (TA) protocol. These interviews aimed to delve deeper into the users' feedback on the pre-specified tasks on nine features of the app.

Results:

- ❖ Participants from both groups (i.e., men who have sex with men and community stakeholders) expressed most of the app features [e.g., app signup page, ordering HIV self-test (HIVST) kits, and pre-exposure prophylaxis (PrEP) medications) as being important and user-friendly.
- ❖ Incorporating additional features, particularly MedManager (e.g., a feature that sends reminders to users and tracks their medications) and reward systems (i.e., incentives for specific actions such as ordering HIVST or tracking mood), were well-received.
- ❖ Conversely, participants also suggested edits (i.e., introducing edit and update options for PrEP and HIVST kit orders and incorporating confirmation messages for clinic appointments) to refine the app further.

Conclusion: JomPrEP was found to be a functional, appealing, and useful platform to scale up HIV prevention services among men who have sex with men in Malaysia. Further refinement and pilot testing are needed to assess its impact on HIV prevention efforts for men who have sex with men in Malaysia.



IAS 2025

What transgender communities need out of a person-centered care model integrating HIV: Qualitative findings from India

Background: In India, transgender and gender diverse communities continue to bear an HIV burden (3.8% prevalence) about 19 times higher than the general population, yet public HIV services do not align with community needs.

Methods: This study partners with three USAID-supported person-centered transgender and gender diverse health clinics in Maharashtra and Telangana, India, called Mitr clinics, offering HIV services and linkage to gender-affirming services. In-depth interviews conducted to explore priorities and factors influencing access-to-care among transgender and gender diverse individuals. 28 interviews were conducted in total between September 2024 and January 2025. 21 identified as women or transgender women, 6 as men or transgender men, and 1 as gender diverse. 5 were living with HIV.

Results:

Drivers of Clinic Engagement

Participants sought care primarily for:

- Laser hair removal, support for hormone therapy, gender affirming surgery referrals
- Information and affordability
- Curiosity about transgender-first clinic

Broader Structural Needs

Participants emphasized:

- Need for safe housing
- Safety training and protection from increasing violence

Reasons for Returning

Clients came back because:

- They felt respected by staff and comfortable in the clinic
- Clinics created a welcoming and proud environment

Mental Health & Holistic Needs

Service priorities included:

- Access to counseling for mental health
- Building HIV awareness
- Managing HIV and comorbidities, especially with aging

Unmet Service Needs

Participants highlighted gaps in:

- Ways to build community to break isolation
- Visibility for transgender men
- Support for navigating family rejection

Conclusion: Learnings can inform transgender and gender diverse healthcare policy and resource allocation to optimize person-centered models, ensuring they align with transgender and gender diverse community priorities and overcome multilevel barriers to care access.



IAS 2025

“Mapping the journey of men affected by TB”: Human rights, gender norms, and community-driven responses in Lejweleputswa, South Africa

Background: Tuberculosis (TB) response continues to face critical gender gaps, with men experiencing delayed diagnosis, lower treatment initiation, and higher mortality compared to women. Despite their elevated burden, the lived experiences of men navigating TB care remain insufficiently understood in health system design.

Methods: Qualitative study applying a journey mapping framework with eight focus group discussion held with 42 men aged 19 to 58 years old who had completed or were currently on TB treatment.

Results: Men’s TB trajectories are shaped by a matrix of gendered norms, human rights violations, and systemic neglect.

- Fear of stigma, cultural beliefs around masculinity, and harsh provider attitudes delayed early care-seeking.
- Long queues, lack of privacy, and inconsistent counselling violated men’s rights to dignified and confidential care.
- Crisis points often health deterioration or family pressure, served as involuntary entry points into the health system.
- Yet, peer-led support groups emerged as a critical turning point: they improved adherence, restored dignity, and transformed survivors into informal health advocates.

Conclusion: The findings underscore the urgency of human rights-based, gender-responsive TB programming. Interventions must ensure male-friendly, confidential, and accessible TB services while institutionalizing peer-led support structures. Training health providers in rights-based, gender-sensitive care is essential. Journey mapping offers a replicable model to co-design TB interventions that reflect the lived realities and resilience of those most marginalized by gender-blind health systems.



IAS 2025

“Hidden barriers, silent sufferers”: Gender, Rights, and the reluctance of men to seek Tuberculosis care in Thabo Mofutsanyane

Background: Despite South Africa’s progressive tuberculosis (TB) policy landscape, men in rural areas remain disproportionately underserved, often disengaging from healthcare systems until advanced stages of disease. Thabo Mofutsanyane District in the Free State Province demonstrates high TB burden and poor male engagement, underscoring persistent health inequities.

Method: Over six months (2023/2024), eight focus group discussions were conducted with men aged 19 to 47 from rural villages across the district using semi-structured guides developed collaboratively with local civil society and health outreach teams. Transcripts were translated, coded, and analyzed through participatory thematic analysis involving community researchers.

Results: Themes that emerged:

- (1) **structural health system failures**, including long waiting times and provider disrespect;
- (2) **perceived stigma** around TB and HIV diagnosis;
- (3) **socio-cultural norms of masculinity**, which discourage vulnerability and healthcare-seeking;
- (4) **economic precarity** and inflexible service hours;
- (5) **mistrust in health professionals**, rooted in prior negative encounters; and
- (6) **digital opportunity**, with participants proposing WhatsApp-based peer support groups as low-cost, stigma-safe platforms

Conclusion: To realize rights-based, gender-equitable TB care, health systems must integrate differentiated, male-responsive models, including after-hours services, male peer educators, and integrated psychosocial support. CBPR emerges as a transformative tool to re-centre men’s agency in care design. The findings call for scale-up of participatory mechanisms and structural reforms to align TB care with human rights principles.



IAS 2025

HIV and Mental Disorders among People Who Use Drugs in Côte d'Ivoire

Focus of the study: Mental health conditions and HIV among people who use drugs in Côte d'Ivoire.

Methods: 954 people who use drugs were recruited through seven high drug-use sites in 2023. Mental health screening was conducted through the MINI diagnostic tool, while sociodemographic and drug use data were collected through structured face-to-face interviews. Descriptive and inferential statistics were used to identify patterns and associations.

Results:

→ HIV prevalence among the people who use drugs was 2%. Among people living with HIV who use drugs, 71.5% experienced current recurrent major depressive disorder and 28.5% isolated depressive episodes, compared with 47% and 45% respectively in people without HIV who use drugs.

→ Mental health conditions were significantly associated with use of crack, heroin or psychoactive medications, but also with economic hardship, being single or divorced, and history of incarceration.



IAS 2025

Bridging faith and public health: A youth-driven, rights-based approach to TB prevention in South African faith communities

Background: Youth engagement in tuberculosis (TB) prevention remains limited in South Africa, particularly within marginalized and faith-based communities. This study sought to explore how youth from diverse faith communities perceive TB and to co-design participatory, culturally anchored, and rights-based approaches to TB prevention.

Methods: Qualitative exploratory study involving 38 youth aged 18-30 from Christian, Muslim and Rastafarian communities and organized in 5 different focus group discussions in 2023-2024.

Results:

- Youth highlighted faith-based organizations as powerful platforms for TB education, but noted resistance from conservative leadership structures.
- Proposed interventions included faith-aligned health clubs, music and spoken word campaigns, drama-based advocacy, and WhatsApp-driven peer support networks.
- Faith-based TB prevention must move beyond top-down health messaging to embrace youth agency, cultural resonance, and community co-ownership