AIDS 2026: Policy, Funding and Innovative Programs Update

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1. Impact of Funding Cuts

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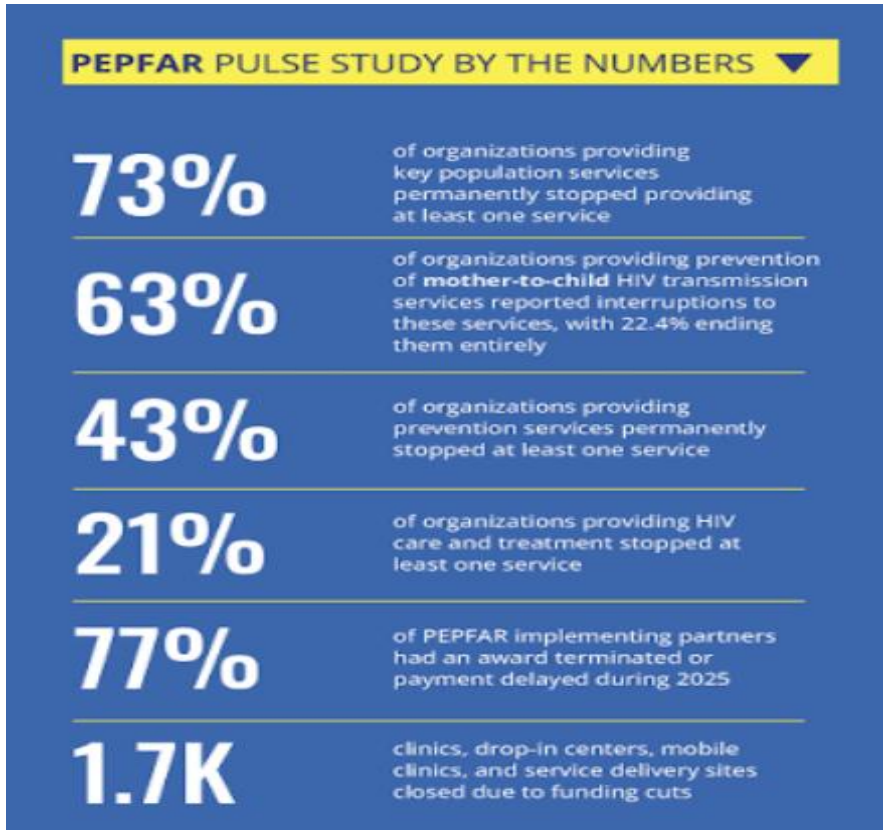
Measuring PEPFAR disruptions at scale: Results from a 46-country implementing partner survey (Elise Lankiewicz, USA)



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RESEARCH ARTICLE OPEN ACCESS

The Impact of the United States Foreign Aid Freeze on HIV Service Delivery in PEPFAR-Supported Countries: A Facility-Level Analysis of 2024–2025 Programme Data

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ABSTRACT

Introduction: On
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Methods: Facilitie
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"Although HIV treatment remained relatively stable declines were observed in HIV testing, HIV diagnoses, treatment initiation, prevention services and the PEPFAR-supported workforce. These Findings suggest that treatment coverage alone is an insufficient indicator of programme resilience.

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Impact of PEPFAR funding cuts on HIV program performance and outcomes in sub-Saharan Africa: a systematic review

Joram Sunguti Luke, Kenya

- Systematic review of 21 published studies
- Results: loss of more than 8,000 PEPFAR-supported health workers in South Africa & 16,700 positions at risk in Zimbabwe
- PrEP initiations fell by 31-64%, voluntary medical male circumcision by 65-88%, and condom distribution by over 50% in several countries
- ART initiation declined by 22-30%, while viral load testing fell by 16-68%
- DREAMS programs were suspended in at least 10 countries, disproportionately affecting adolescent girls and young women

Rethinking HIV prevention prioritization during funding crisis: evidence from rapid service declines among key populations in Nigeria

Ramatu Aliyu Magaji, Nigeria

- Quarter-on-quarter analysis of national routine HIV programme data, comparing Q1 and Q2 2025.
- Results: the number of KPs reached with prevention services declined by 50.5% (70,414 to 34,819), HIV testing services uptake fell by 70.2% (115,411 to 34,389); and PrEP initiation decreased by 83% (37,442 to 6,326)
- Declines were among sex workers, men who have sex with men, and people who inject drugs

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Juan Moncaleano, Colombia

Assessing the International Responses to HIV Governance Outside PEPFAR

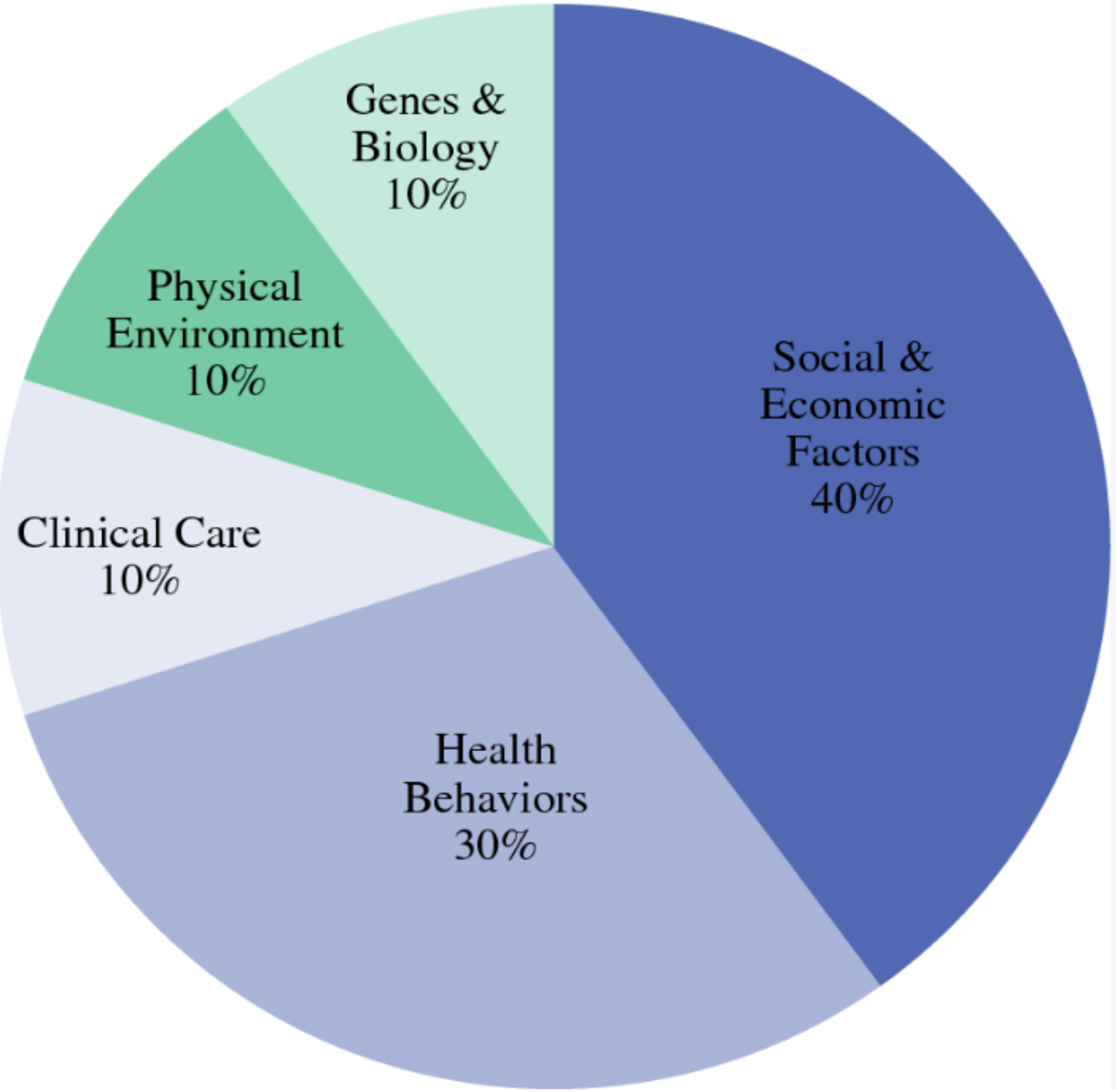
- Qualitative literature of peer reviewed publications

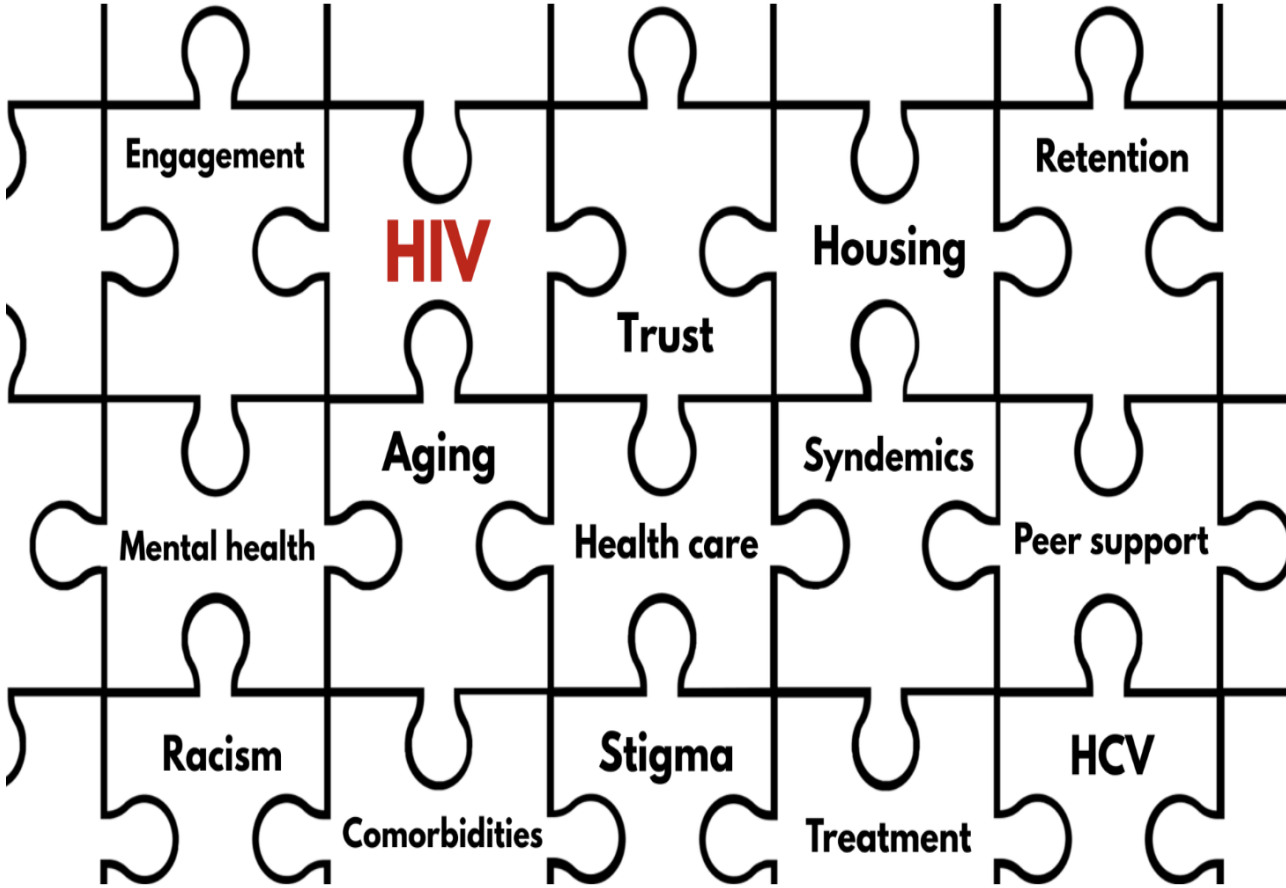
- Identified 6 international possible responses to global HIV funding instability:

1. Repositioning global financial leadership
2. 'Solidarity-based global taxes'
3. Public-private partnerships with pharmaceutical companies
4. Integrating HV into national health systems
5. Private fundraising
6. Local generic drug production and community-based care

- Conclusion: "Sustainability hinges on reducing (medication) unit costs through telemedicine and local generic production (e.g., South Africa and India), while shifting authority away from U.S.-centric financing and toward diversified donor coalitions"

2. The Influence of Structural Determinants of Health


Genes & Biology 10%
Physical Environment 10%
Social & Economic Factors 40%
Clinical Care 10%
Health Behaviors 30%


Engagement
HIV
Housing
Retention
Trust
Aging
Syndemics
Mental health
Health care
Peer support
Racism
Stigma
HCV
Comorbidities
Treatment

Jacquelyne Odak, Kisumu, Kenya

Water insecurity as a structural determinant of HIV treatment outcomes among people with HIV in Kisumu County, western Kenya

- Water is essential for maintaining HIV regimens. Little is known of water insecurity and HIV treatment interruptions
  - Case/ control study of 356 PWH
  - Water insecurity measured via 12-item Individual Water Insecurity Experiences Scale
- Results: Water insecurity was strongly associated with poor HIV treatment outcomes (AOR: 5.0; 95% CI: 2.18–11.44; p<0.001).
- Worsening water insecurity was associated with poorer HIV treatment outcomes:
  - Marginal water insecurity-->12% likelihood of poor HIV treatment outcomes
  - High water insecurity--> 90% likelihood of poor HIV outcomes
- Conclusion:"These findings highlight the need for policies that integrate water access into HIV care to improve outcomes."

Akua Gyamerah, United States

Anti-LGBTQ+ legislation, mental health, and ART non-adherence among LGBT people living with HIV in Ghana

Stressors like anti-LGBTQ+ legislation have been associated with adverse mental health and HIV outcomes among LGBT populations globally

- Cross-sectional study 256 PLHIV participants in Accra
- Results: LGBTQ+ criminalization associated with depressive symptoms, alcohol use disorder, and suicide risk.

Conclusions: "Ghana's anti-LGBTQ+ legislation negatively impacts LGBT populations.

3. Implementing innovative Models of Care

Yi Lv, Beijng, China

Artificial intelligence-assisted HIV self-testing for partner notification in China: a multi-province implementation study

- Late HIV diagnoses have remained at 40% for years. An issue is timely HIV reporting and testing of partners.
- Methods: 2834 newly diagnosed HIV index patients were recruited from 149 VCTs and CBOs.
- 4986 Smart HIV kits were distributed to sexual partners (excluding spouses) with results along with geolocation and timestamps uploaded automatically into the cloud
- Positive results were confirmed by AI powered hotline.
- Results: 80% of partners returned self-testing results and 488 (12%) were HIV positive. Only 30% of partners had baseline CD4 <200 cells/μL
- Costs per newly diagnosed partner was 1/3 of standard facility-based testing.
- Conclusions: ” AI-assisted HIV self-testing for partner notification is highly feasible and effective”

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Liudmyla Legkostup, Ukraine

Sustaining HIV care and support in Ukraine: a model of integrated, state-coordinated community-based services

- Ukraine began transitioning non-medical HIV services—including adherence counselling and treatment support—from donor-funded pilots to national public financing in 2019.
- Results:Institutionalization of HIV C&S services in Ukraine has led to sustained ART retention.
- Results:
  - 2024: 17,958 PLHIV newly enrolled in program
  - 2026: 17,093 remained on ART (97.5%)

- Conclusions: "Ukraine's experience shows that institutionalized, state-coordinated HIV care and support—embedded in national systems and co-delivered with communities—can remain functional even during conflict."

Lyani Sitti, Kenya

Beyond donor dependency: an open-source digital platform to sustain and scale methadone-assisted therapy and HIV integration in Kenya

- Methadone-assisted therapy (MAT) is critical for HIV prevention and treatment among PWID, but scale-up has relied on donor funding and costly proprietary dispensing systems, creating sustainability risks amid global funding shifts.
- Methods:
  - EasyFlow-L programme implemented across 7 MAT clinics transitioning from donor supported country systems
  - The EasyFlow-L app is a locally developed, open-source platform supporting end-to-end MAT real time service delivery with biometric verification
- Results: EasyFlow-L reduced capital setup costs by 84% (USD 31,000 to USD 4,800) and eliminated annual licensing fees (~USD 14,500 per facility)
- Reduced dispensing time by 90% (improving patient wait times) and retained 161 patients (79%) on ART
- Conclusions:" This intervention demonstrates how open-source digital health solutions can mitigate the impact of donor funding reductions while strengthening HIV service delivery.

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Summary

- Multiple studies have recorded that the reduction in global HIV funding have had repercussions at the country and local levels
- However, countries are pivoting and using different options to sustain programs
- Lessons can be learned from countries that have transitioned from donor funding to sustainable programs, as well as counties that have managed to sustain HIV services while under duress by forces beyond the loss of global funding
- Besides funding reductions, structural determinants of health, including country infrastructure and stigma-based policies pose a hurdle to ending the HIV epidemic

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AIDS 2026

Our task is to rise and to ensure that what happens in this venue travels – into policy, into financing decisions, into the political will that we need everywhere.

– Beatriz Grinsztejn, IAS President