IAS Educational Fund Webinar
Scientific highlights from AIDS 2026

AIDS 2026

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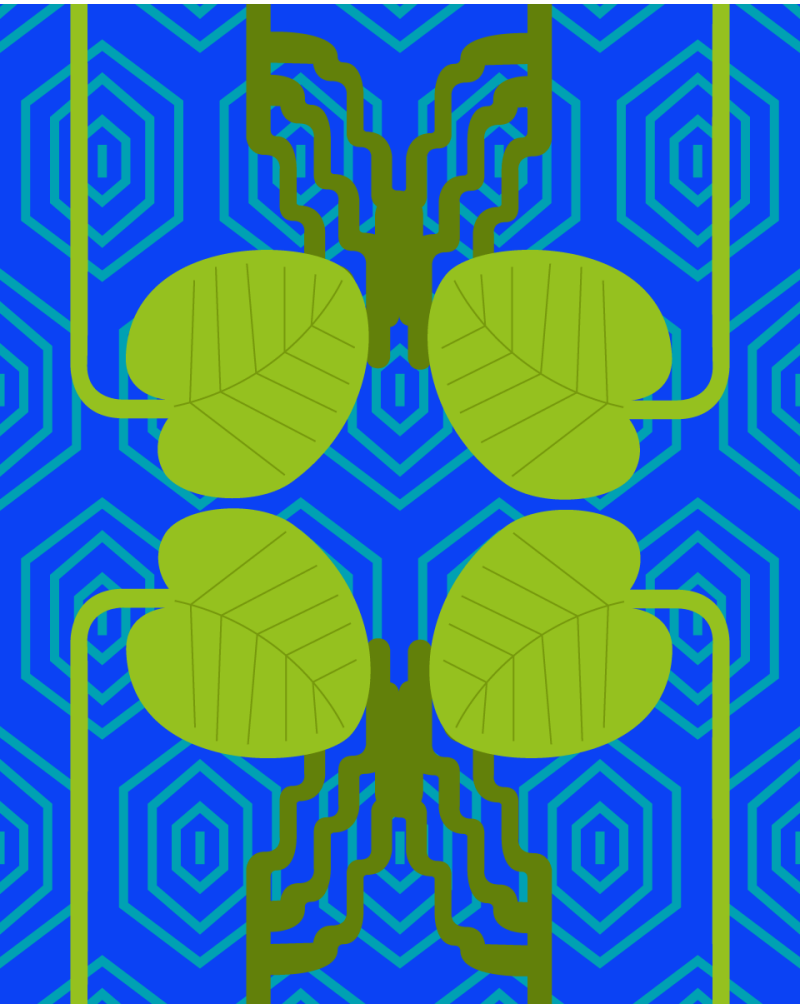

Long-Acting Prevention
Twice-yearly lenacapavir: the pipeline widens; implementation becomes the next frontier.

HIV Treatment and Care
Once-weekly oral; injectables in adolescents; focus on metabolic health and advanced HIV disease.

bnAbs, vaccines and cure
New remission cases and a new generation of vaccine platforms.

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Scientific Highlights from AIDS 2026
Long-Acting Prevention

Intervention	Regimen	Efficacy	Adherence
Lenacapavir (PURPOSE 1)	6-monthly subcutaneous	No HIV acquisitions occurred during the first 52 weeks of the open-label extension of lenacapavir.	96% adherence at 52 weeks
Lenacapavir (PURPOSE 2)	6-monthly subcutaneous	96% efficacy. A total of 4 incident HIV acquisitions.	High adherence to scheduled injections (96% at Week 26, 92% at Week 52 among those switching from F/TDF).
Cabotegravir long-acting (OPERA cohort)	8-weekly injectable	No HIV acquisitions	44% of maintenance injections delayed and early discontinuation common
Dapivirine-levonorgestrel vaginal rings (Ring-105/106)	90-day continuous	Multipurpose (HIV and pregnancy prevention)	Adherent use maintained target drug levels and consistently suppressed ovarian function.

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PURPOSE 1 and PURPOSE 2

Pivotal trials of long-acting HIV prevention with lenacapavir (LEN)

Two global phase 3 trials. One goal.
A long-acting option for HIV prevention.

PURPOSE 1
Open-label extension (Kiwanuka, OAC28)

Evaluated the long-term safety and continued effectiveness of injectable lenacapavir (LEN) for PrEP.

Uptake
95% of eligible participants chose twice-yearly LEN.

HIV acquisitions
No HIV acquisitions during the first 52 weeks of open-label follow-up.

Adherence
96% injection adherence at 52 weeks.

PURPOSE 2
Losso, OAC2806LB

Lenacapavir (LEN)
Subcutaneous injection
Every 6 months

Evaluated the efficacy, safety and sustained protection of long-acting lenacapavir (LEN) for PrEP.

Efficacy
96% efficacy in the randomised phase; 4 acquisitions in total across blinded + OLE.

Open-label extension (52 weeks)
One HIV acquisition among those continuing LEN; none among those switching from oral PrEP.

Adherence to injections
96% at Week 26; 92% at Week 52

High uptake. Sustained effectiveness. A long-acting future for PrEP.

PURPOSE 1 and PURPOSE 2 demonstrate strong uptake, high effectiveness and a favourable safety profile for long-acting injectable PrEP, supporting its role as an additional choice in HIV prevention.

LEN = lenacapavir; CAB-LA = cabotegravir long-acting; PrEP = pre-exposure prophylaxis.

Sources: Kiwanuka et al. (PURPOSE 1, OAC28); Losso et al. (PURPOSE 2, OAC2806LB).

From trials to people: access, adolescents and affordability

Expanding options and removing barriers to bring long-acting prevention closer to the people who need it.

Scale-up: Eswatini & Kenya

Eswatini

- Rapid national introduction of lenacapavir (LEN), attracting current, former and first-time PrEP users — particularly women.

Kenya

- Peer-led access points and community-based delivery are helping bring PrEP/LEN closer to communities.

Adolescents: CAB-LA in Brazil

- **647** sexually and gender-diverse adolescents could choose oral PrEP or injectable CAB-LA and switch.
- High adherence and persistence; generally well tolerated; numerically lower HIV incidence, with overlapping confidence intervals.

Affordability — MK-8527 (OAE0504)

≈ US$15 per person-year

- Cost-plus modelling estimates a potential mass-production cost of around US$15 per person-year for the once-monthly oral PrEP candidate.
- Lower modelled cost could expand access as donor funding tightens — but price alone does not create access.

The signal:
Expanding access to a range of long-acting options — including for adolescents — and reducing cost barriers are essential to bring effective HIV prevention closer to the people who need it.

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The once-weekly oral era arrives

Two phase 3 treatment studies show that once-weekly oral islatravir/lenacapavir can offer a flexible option for people living with HIV who are virologically suppressed.

ISLEND-1 (OAB1406LB)

Phase 3, double-blinded study: once-weekly oral islatravir/lenacapavir compared with daily B/F/TAF in virologically suppressed adults.

Adults living with HIV

Non-inferior at Week 48

(once-weekly vs daily)

Well tolerated

- Similar safety and tolerability between groups
- Low discontinuation rates

The bottom line

Once-weekly oral islatravir/lenacapavir is a safe, effective and well-tolerated option for people with HIV who are virally suppressed.

ISLEND-2 (OAX1106LB)

Phase 3, open-label study: 626 participants at 100 global sites compared once-weekly ISL/LEN with daily standard of care.

626 participants

100 global sites

High effectiveness

- **95.2%** vs **95.5%** suppressed at Week 48 (once-weekly vs daily)
- No emergent resistance to ISL or LEN through Week 48

The bottom line

Once-weekly ISL/LEN shows strong early efficacy, with excellent viral suppression and no new resistance signals.

More options. Greater choice.

These studies support flexible, person-centred treatment options for people living with HIV.

Sources: ISLEND-1 (OAB1406LB) and ISLEND-2 (OAX1106LB), AIDS 2026. Data presented for educational purposes. Use person-centred language (IAS/UNAIDS).

Rethinking regimens: adolescents and first-line choice

Two phase 3 randomised controlled trials examine flexible treatment options for adolescents living with HIV and people with higher BMI.

LATA — Q8W CAB/RPV in adolescents (OAX1105LB)

Adolescents living with HIV in sub-Saharan Africa, randomised to Q8W injectable CAB/RPV vs daily oral TLD.

476
adolescents with HIV (sub-Saharan Africa)

96 weeks
injectables were **SUPERIOR** (0.9% vs 6.4% confirmed rebound)

94%
found injections easier than daily pills (less daily burden)

The bottom line

Long-acting CAB/RPV every 8 weeks is highly effective, well tolerated and preferred by most adolescents, with a low rate of confirmed rebound.

Opti-DOR — first-line for people with BMI >25 (OAB3406LB)

Phase 3b non-inferiority RCT: DOR/3TC/TDF vs integrase inhibitor–based ART; non-inferior at Week 48.

>25 BMI
(higher BMI group)

48 weeks
non-inferior at Week 48

Less weight gain & visceral fat
vs standard of care

The bottom line

Non-inferior at Week 48, with less weight gain and visceral fat — but trade-offs include bone mineral density decline and doravirine resistance after failure.

More options. Better fit.

These studies support flexible, person-centred treatment choices — including long-acting options for adolescents and alternative first-line regimens for people with higher BMI — to help more people stay healthy and achieve their goals.

CHOICE • FLEXIBILITY • BETTER HEALTH OUTCOMES

Sources: LATA (OAX1105LB) and Opti-DOR (OAB3406LB), AIDS 2026. Data presented for educational purposes. Use person-centred language (IAS/UNAIDS).

Living long means living well: the metabolic burden

People with perinatally acquired HIV — central London clinic cohort (OAB3402)

Metabolic syndrome

16.2% vs 5.9%

perinatally vs horizontally acquired HIV

Obesity

29.5% vs 16.3%

perinatally vs horizontally acquired HIV

Median age

29 vs 50 years

perinatally vs horizontally acquired HIV

The signal:

Cardiometabolic conditions were more common in people with perinatally acquired HIV despite their younger age — highlighting the importance of long-term, integrated care.

Unfinished business: advanced HIV disease and resilient systems

Despite progress, many people are still presenting with advanced HIV disease — highlighting the need for stronger, more resilient HIV services and systems.

What the study found (SAT37)

~50%

of people newly initiating or re-initiating ART presented with advanced HIV disease in some settings.

Late presentation

Treatment interruption and re-engagement gaps drive mortality, with many deaths occurring in the first months on ART.

Protect the AHD package

Screening, prophylaxis and rapid linkage to care must be protected, not deprioritised.

The bigger picture

A changing HIV response demands integrated services — including screening, prophylaxis and rapid linkage to care — to prevent further loss of life.

Systems that sustain care — Zambia (EP296)

National EMR data (2020–2025) show multi-month ART dispensing beyond 6 months with biennial viral load monitoring sustains positive outcomes.

Fewer clinic visits, lower cost and no loss of viral suppression — with differentiated delivery evidence at national scale.

Digital tools and differentiated models help people stay engaged in care, even at scale.

The bottom line

Smart, person-centred systems — like EMR, multi-month dispensing and viral load monitoring — make care simpler, safer and more sustainable.

- **Better outcomes**
- **Lower costs**
- **Sustained viral suppression**

Stronger systems. Healthier lives.

By addressing late presentation and treatment interruptions, and by investing in resilient health systems, we can reduce preventable deaths and ensure people with HIV stay healthy and achieve their goals.

PREVENT • TEST • LINK • RETAIN

HEALTHIER COMMUNITIES. STRONGER TOMORROWS.

Sources: SAT37 and EP296, AIDS 2026. Data presented for educational purposes. Use person-centred language (IAS/UNAIDS).

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Scientific Highlights from AIDS 2026
bnAbs, vaccines and cure

The Kansas City case (OAA1506LB)

Sustained HIV-1 remission following CCR5Δ32/Δ32 allogeneic haematopoietic stem-cell transplantation.

Remission sustained 17 months after stopping ART; reservoir assays negative.

Cure under complex virological conditions (OAA1505)

Evidence of HIV-1 cure after CCR5Δ32/Δ32 allogeneic HSCT despite prior mixed-tropism (CXCR4-using) virus.

60 weeks post-interruption — challenging assumptions about who can benefit.

60 weeks

What these cases show

Remission after treatment interruption remains exceptionally rare. These cases broaden scientific understanding of HIV cure and the range of people who may potentially benefit.

SCIENCE • EQUITY • BETTER HEALTH

A NEW GENERATION OF HIV VACCINE PLATFORMS

mRNA, bnAb and next-generation approaches

Different strategies. A shared goal: stronger, longer-lasting protection against HIV.

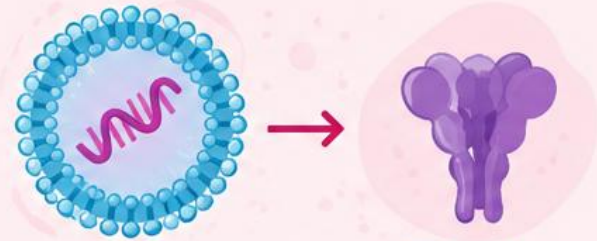
mRNA comes to HIV (OAA3006LB)

mRNA

mRNA-LNP vaccines encode clade C CH505 envelope proteins protected rhesus macaques from acquisition in an autologous SHIV challenge — proof that the mRNA platform can deliver protective HIV envelope immunity.

Why it matters

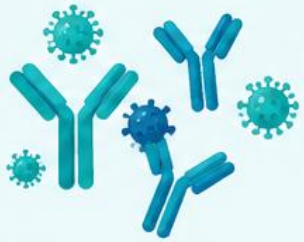
- Rapidly adaptable design and manufacturing potential
- Can induce strong, targeted immune responses
- May help overcome some challenges of traditional platforms



mRNA in lipid nanoparticle (LNP)

HIV envelope protein expression in the body

Guiding bnAb responses (OAA3005)



- Multiepitope LNP-HIV-BMEP priming + VLP-forming MVA boosting to initiate and steer broadly neutralising antibody lineages.
- Sequential immunogen design can redirect B-cell maturation toward neutralising epitopes.

The goal

Elicit broadly neutralising antibodies (bnAbs) that can block diverse HIV strains.

Into the clinic (OAA3003)

- V1-deleted envelope immunogens: preclinical protection via mucosal fortification, efferocytosis and ADCC.
- Now advancing to first-in-human phase I testing (CLEAR trial).

Why it's important

Builds on earlier findings and could provide a safer, more effective vaccine approach for people most affected by HIV.

From discovery to clinical testing — multiple approaches, one mission: an effective HIV vaccine.

PREVENT | PROTECT | END HIV