

IAS 2025 Knowledge Toolkit

Highlights of the 13th
IAS Conference on HIV
Science

Contents

- 3 The funding cuts >
- 14 PrEP >
- 22 ART and co-morbidities >
- 38 Social and behavioural science >
- 41 Digital technologies >

The funding cuts

- 4 A sudden halt to HIV funding >
- 5 Modelling the global impact >
- 9 Domestic resource mobilization >

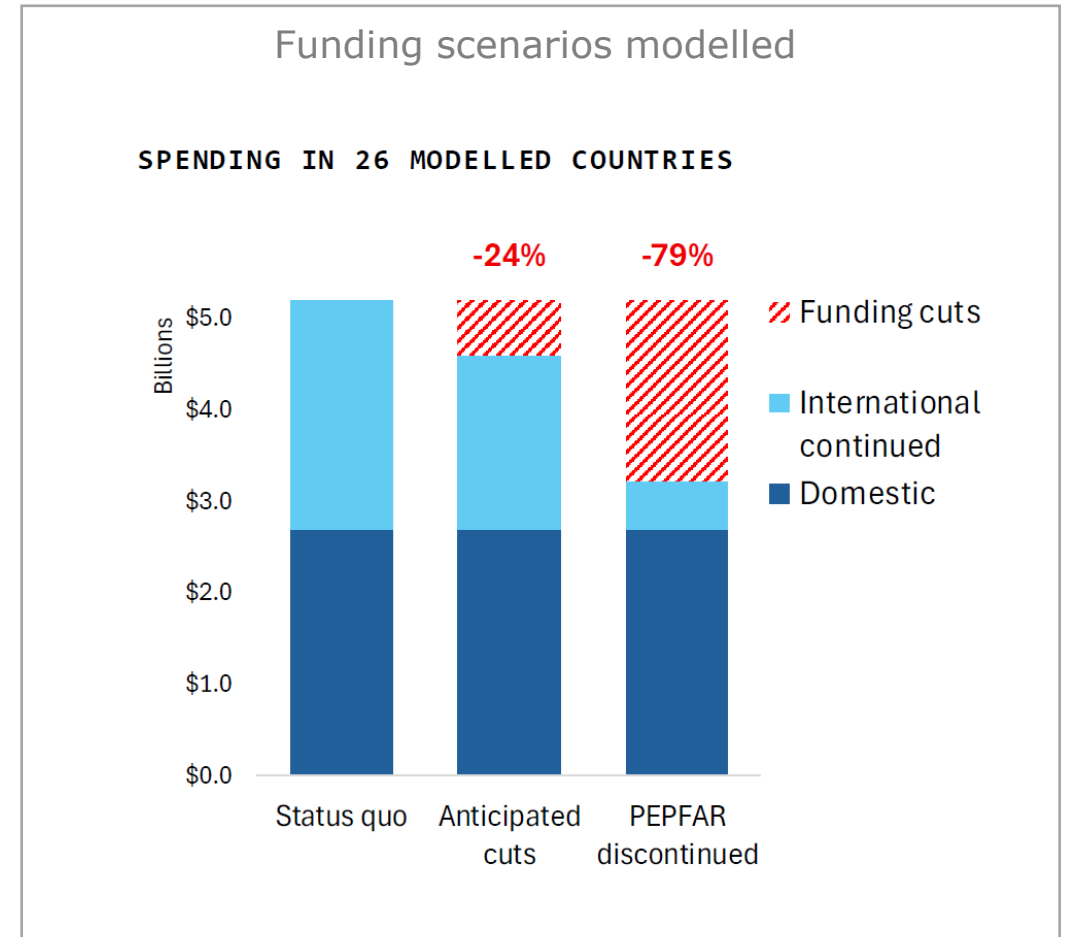
A sudden halt to HIV funding

- ▶ In January 2025, the US government issued a stop-work order halting all foreign aid, including PEPFAR and USAID funding for HIV programmes.
- ▶ This affected programmes across central, eastern, southern and western Africa, with waivers granted only for HIV treatment and prevention of vertical transmission.
- ▶ HIV services were disrupted, including access to PrEP, HIV testing, treatment initiation and viral load monitoring.
- ▶ Multiple studies presented at IAS 2025 documented the immediate impact and projected long-term consequences.

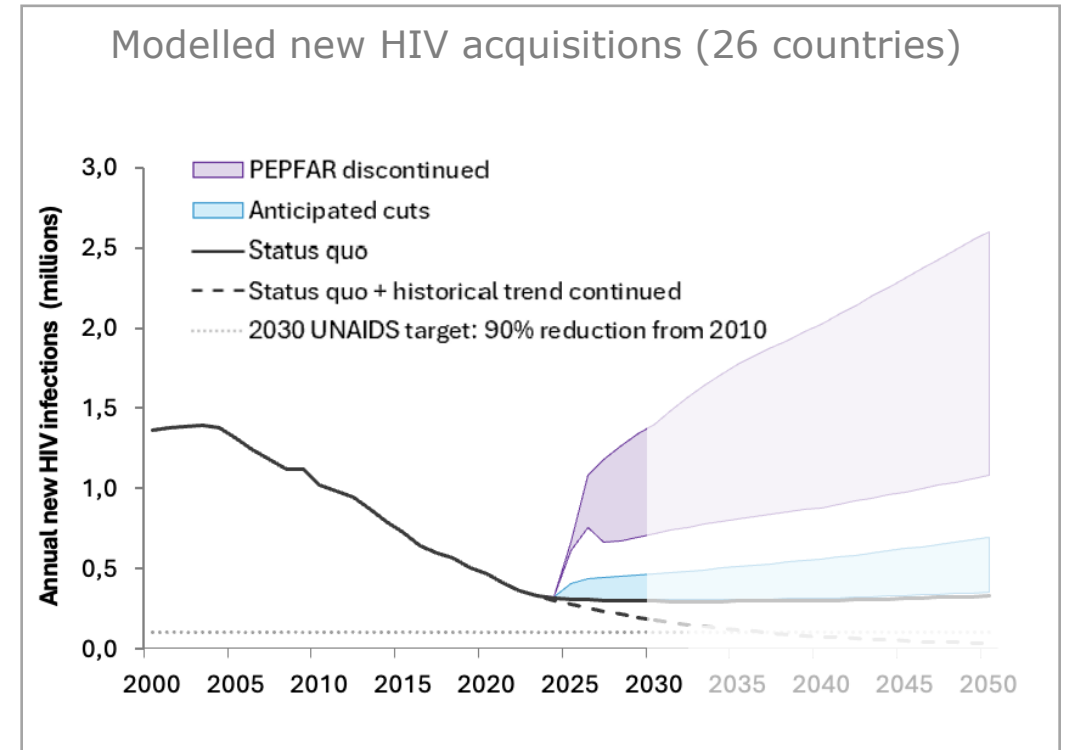


Modelling the global impact

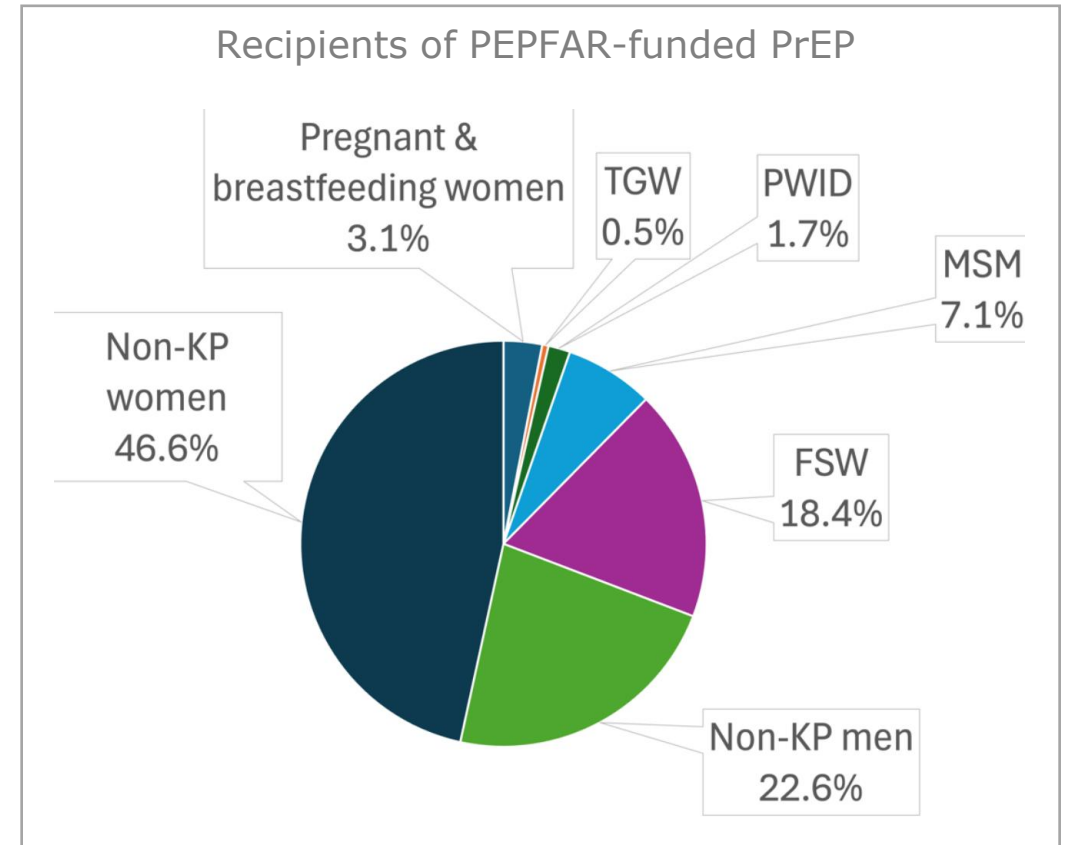
- ▶ In 2023, five countries provided over 90% of international HIV funding: US (73%), UK (9%), France (4%), Germany (3%) and Netherlands (2%).
- ▶ All five countries are projecting funding cuts in 2026 (including 40% cuts from the UK and France), which amount to a 24% cut overall.
- ▶ A modelling study estimated the impact of the anticipated 24% cut, and of immediate PEPFAR discontinuation, in 26 low- and middle-income countries.



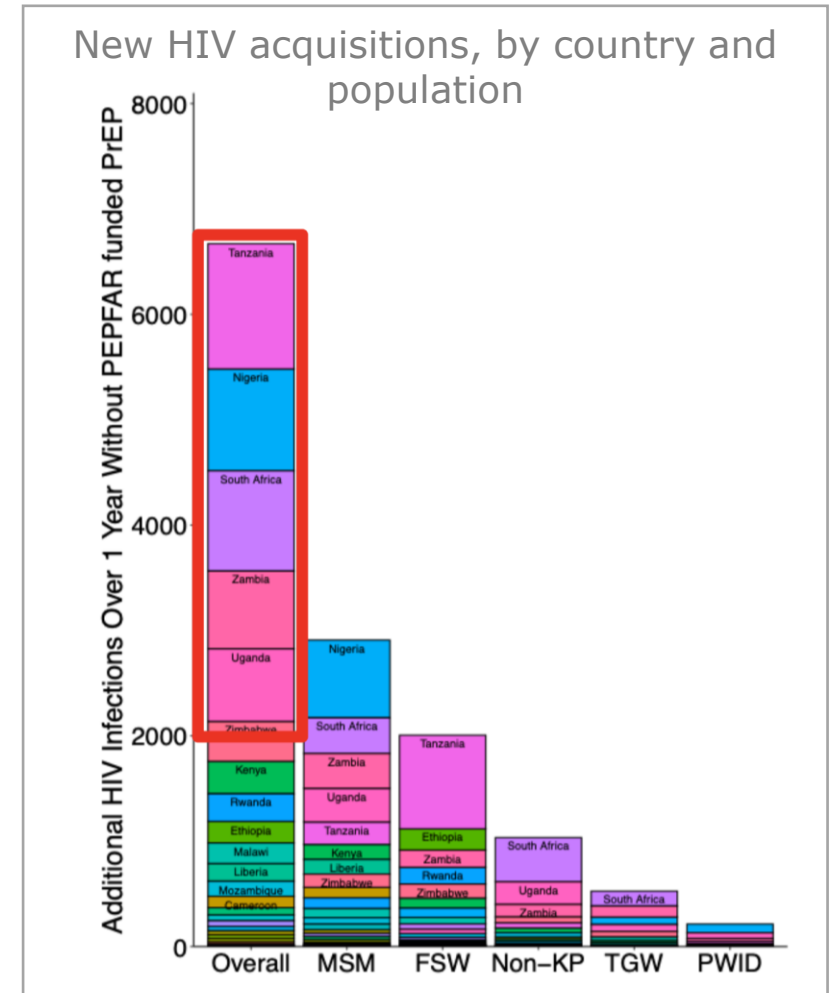
- ▶ 24% cuts plus complete PEPFAR discontinuation could lead to:
 - 4.4-10.8 million additional HIV acquisitions between 2025 and 2030, disproportionately affecting key populations
 - An additional 0.8-2.9 million HIV-related deaths between 2025 and 2030, disproportionately affecting children
- ▶ Prevention and testing services are most vulnerable because they depend more on international funding than treatment programmes do.



- ▶ A second modelling study focused on the impact of PEPFAR withdrawal on PrEP users.
- ▶ At the end of 2024, 742,000 people received PEPFAR-funded PrEP in 28 African countries.
 - 3.1% were pregnant and breastfeeding women – they continue to be eligible for PEPFAR-supported PrEP.
- ▶ Funding cuts could affect 719,000 people, including over 205,000 members of key populations.



- ▶ The modelling estimated new HIV acquisitions that could occur because of PrEP cuts.
- ▶ In one year, there would be 6,671 additional HIV acquisitions.
 - 68% in five countries
 - 85% among key populations
- ▶ Overall, there would be 2.1% more new acquisitions among key populations.
 - The impact is relatively small because PrEP coverage remained too low to have a larger impact on the epidemic.
 - In countries that had better PrEP coverage among key populations, the impact will be greater.



Domestic resource mobilization

- ▶ A review of domestic resource mobilization for HIV policies and strategies in seven countries was carried out.
- ▶ Donor support was important to all, but reliance varied between countries.
 - Only one country contributed over 60% of its HIV funding from domestic sources in 2024, while others contributed between 1 and 15%.
 - None of the seven countries are meeting their commitment to the Abuja Declaration, requiring that at least 15% of a country's overall budget be dedicated to healthcare.
- ▶ Domestic resource mobilization is needed to ensure the long-term resilience of HIV programmes in a changing global funding landscape.

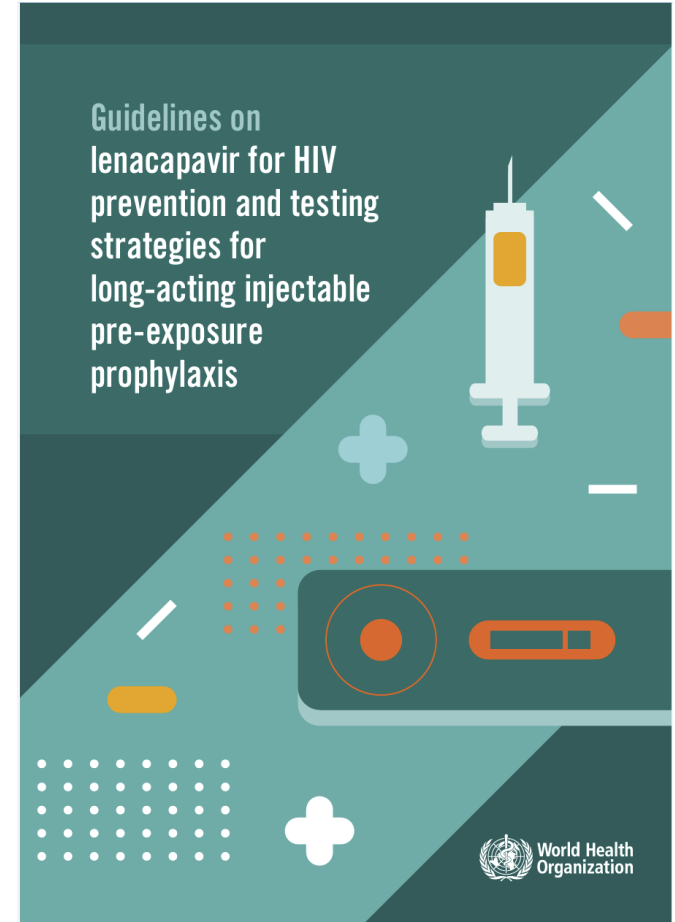
- ▶ The review identified some best practices.
- ▶ Diversifying funding sources:
 - In Tanzania, some domestic revenues contribute to an AIDS Trust Fund.
 - Nigeria has expanded its National Health Insurance Scheme.
- ▶ Strengthening health systems:
 - Ethiopia has integrated HIV services into its Health Sector Transformation Plan.
 - Malawi uses a health sector-wide approach to align donor and government priorities.
- ▶ Public-private partnerships are used by Tanzania and Zambia to supplement government funding.
- ▶ Local production of medical supplies and pharmaceuticals is being explored by Kenya and Ethiopia.
- ▶ Community engagement and ownership: Malawi and Zimbabwe involve communities in planning and monitoring, ensuring services are tailored to local needs and fostering a sense of ownership.

PrEP

- 15 WHO guidelines on lenacapavir >
- 17 MK-8527 once-monthly oral PrEP >
- 20 First experiences of long-acting cabotegravir in Zambia >

WHO guidelines on lenacapavir

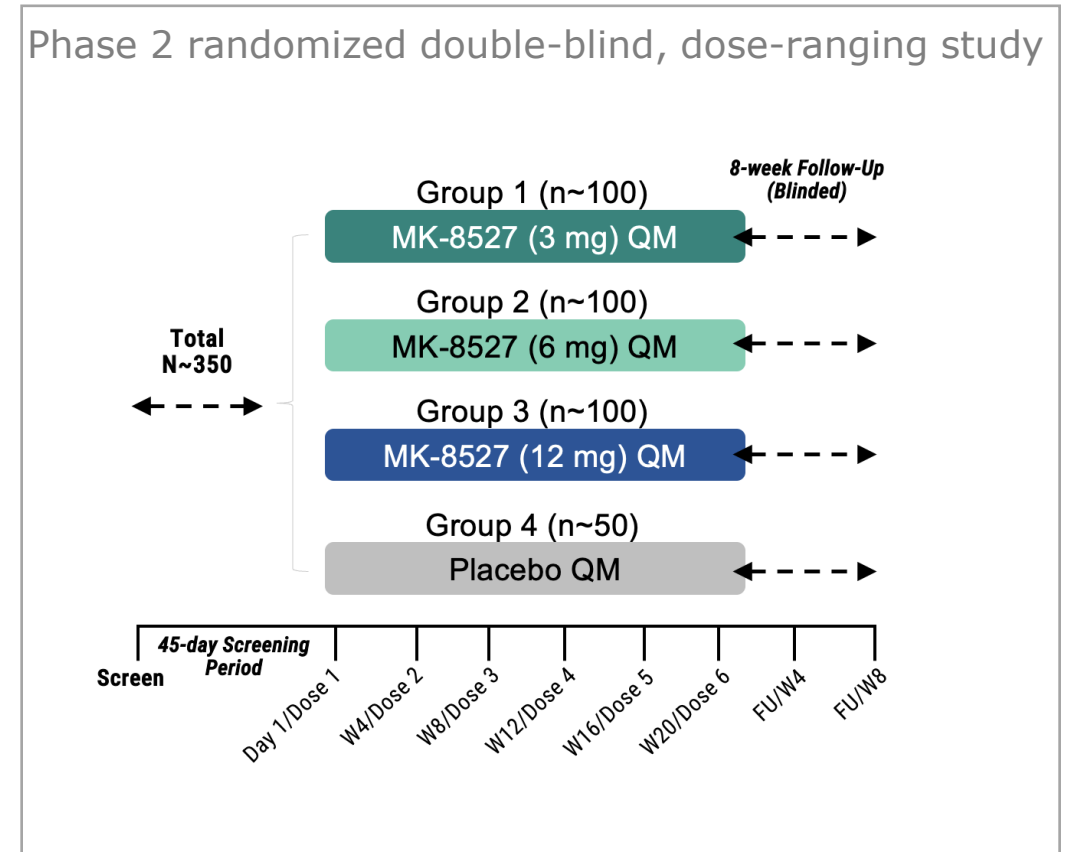
- ▶ WHO released guidelines recommending the use of six-monthly injectable lenacapavir as an additional HIV prevention.
- ▶ The guidelines were issued less than 13 months after the first press release announcing 100% efficacy in the PURPOSE 1 study.
- ▶ Other WHO-recommended prevention options include daily oral tenofovir/emtricitabine, injectable cabotegravir and the dapivirine vaginal ring.



- ▶ Lenacapavir is administered subcutaneously as two 1.5mL injections every 26 weeks, with oral loading doses of 600mg over two consecutive days beginning on the day of the first injection.
- ▶ There are no restrictions on use during adolescence, pregnancy or breastfeeding.
- ▶ There are no contraindications based on drug-drug interactions.
 - Dose adjustments to lenacapavir are only required for people taking anticonvulsants or antibiotics for tuberculosis.
- ▶ WHO recommends using HIV rapid diagnostic tests for individuals initiating or continuing PrEP, including lenacapavir and cabotegravir.
 - This removes the potential barrier of complex, costly NAT (RNA) testing.
 - This makes same-day initiation of PrEP in community settings possible.

MK-8527 once-monthly oral PrEP

- ▶ MK-8527 is a novel oral nucleoside reverse transcriptase translocation inhibitor with pharmacokinetic properties supporting once-monthly dosing.
- ▶ If successful, MK-8527 could provide the first monthly oral PrEP option, potentially addressing adherence challenges with current regimens.
- ▶ A Phase II study tested three different doses given monthly for six months in 350 adults with low likelihood of HIV exposure in Israel, South Africa and the United States.



- ▶ All doses were well tolerated with safety profiles similar to the placebo.
- ▶ Adverse events occurred in similar proportions across all groups: 61-68% with MK-8527 vs 63% with placebo.
- ▶ Most side effects were mild to moderate, including headache, nausea and fatigue.
- ▶ Two participants had temporary decreases in lymphocyte and CD4 counts, but these resolved within 11 weeks.
- ▶ The medication showed dose-proportional pharmacokinetics with no accumulation after repeated monthly dosing.
- ▶ The active metabolite (MK-8527-TP) achieved levels well above the efficacy threshold in peripheral blood mononuclear cells.
- ▶ There were no HIV acquisitions during the study.

- ▶ Monthly dosing might improve adherence by reducing the frequency of pill-taking from 365 times to 12 times per year.
- ▶ Studies suggest many potential users would prefer less frequent dosing options for HIV prevention.
- ▶ The positive safety results support progression to large-scale efficacy studies.
- ▶ EXPrESSIVE-10 will enrol approximately 4,580 adolescent girls and young women in Kenya, South Africa and Uganda.
- ▶ EXPrESSIVE-11 will enrol approximately 4,390 people with higher levels of HIV exposure, including gay men, trans women and men, and non-binary people, in 16 countries in Latin America, Asia, Africa, Europe and North America.

First experiences of long-acting cabotegravir in Zambia

- ▶ A qualitative study explored the first implementation of injectable PrEP in a real-world setting for adolescent girls and young women in the DREAMS programme in Zambia.
- ▶ Semi-structured interviews were conducted with 17 adolescents (16-24 years) who had started long-acting cabotegravir PrEP in the previous four weeks.
- ▶ Overall, participants described high levels of satisfaction and limited side effects.
- ▶ Participants contrasted injectable PrEP

with oral PrEP and the burden of daily pill-taking.

"When they inject you, it makes you freer... but the one for tablets you often forget... I chose injectable PrEP because I don't want to be forgetting"

- ▶ Injectable PrEP was more discreet and allowed users to avoid PrEP stigma.
- ▶ DREAMS group sessions fostered peer support for starting cabotegravir, while mentors provided guidance and encouragement.

"[My neighbour] says that ... PrEP is for prostitutes, because when you receive PrEP you will begin to do whatsoever you want."

- ▶ Interviewees' trust in DREAMS staff and nurses helped overcome myths and misinformation about cabotegravir in the community, including the belief that it was an experiment.

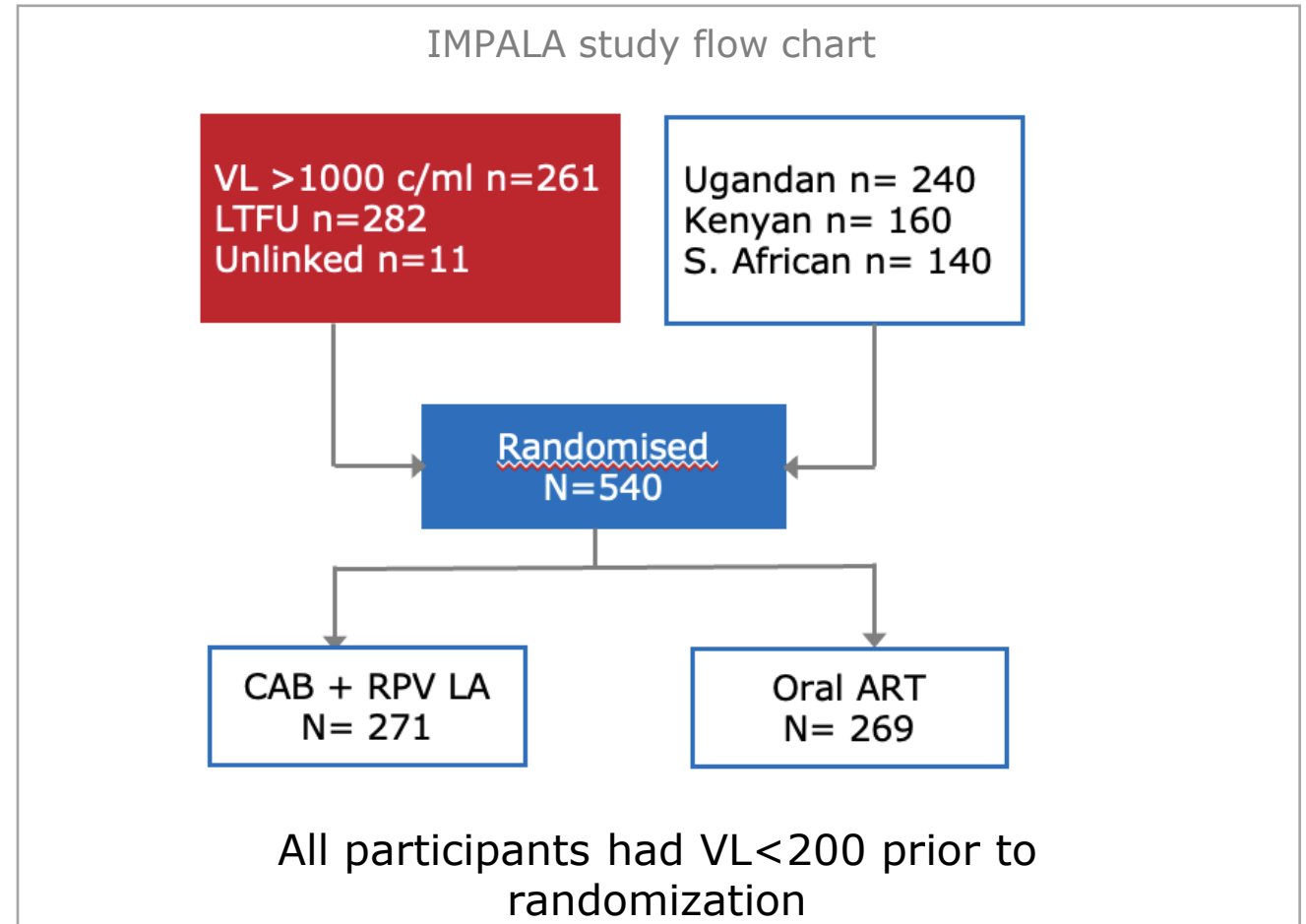
ART and co-morbidities

- 23 Cabotegravir + rilpivirine in people with adherence challenges >
- 26 Intermittent therapy >
- 28 Tecovirimat for mpox >

Cabotegravir + rilpivirine in people with adherence challenges

- ▶ Long-acting injectable ART has the potential to support people who have difficulty with adherence to oral treatment.
 - However, this is not a licensed indication and there have been no data from African settings.
- ▶ A randomized controlled trial enrolled 540 people with suboptimal HIV control in Kenya, South Africa and Uganda.
- ▶ Suboptimal control was defined as a recent viral load >1000 copies/mL, recent loss to follow-up, or not engaging with care within three months of diagnosis.
- ▶ All participants were required to achieve viral load <200 copies/mL on oral ART during a three-month screening phase.

- ▶ Participants were randomized to:
 - Continue oral ART, or
 - Switch to injectable ART cabotegravir + rilpivirine.
- ▶ Participants were 60% female, had been on ART for a median of 7.8 years, and 78% had taken a non-nucleoside reverse transcriptase inhibitor in the past.



- ▶ The primary study outcome was the proportion of participants with viral load below 50 copies/mL at week 48.
- ▶ Injectable cabotegravir + rilpivirine was statistically non-inferior to oral treatment (91% vs 89%).
- ▶ Efficacy was not compromised in people with a body mass index >30 (94% vs 90%).
- ▶ There were five confirmed virologic failures in the study, all in the cabotegravir + rilpivirine arm.
 - Four had high-level resistance mutations, but all subsequently achieved viral suppression on oral ART.
- ▶ Generic versions of injectable cabotegravir + rilpivirine may become available in low- and middle-income countries in 2027 or 2028.

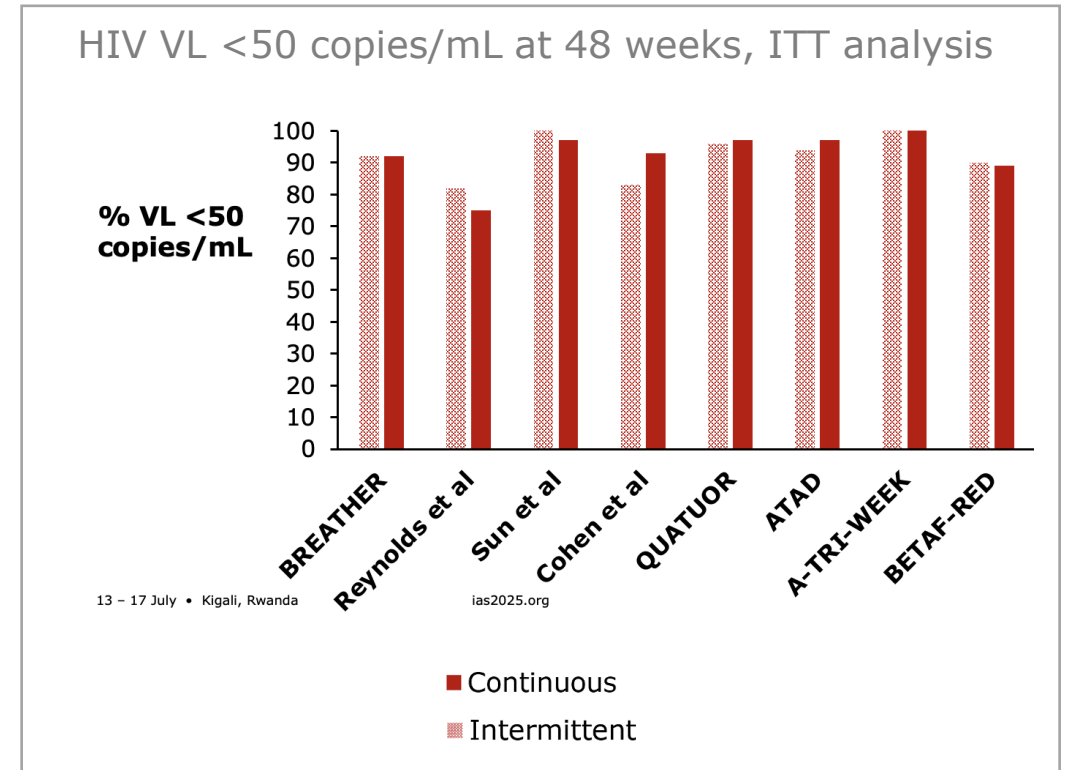
Intermittent therapy

- ▶ Several non-daily antiretroviral dosing strategies have been previously investigated.
 - Most studies were small, designed to reduce the burden of adherence, and conducted in high-income countries.
- ▶ In a context of potential drug shortages and PEPFAR funding cuts, could intermittent therapy safely extend ART supplies without risking virological failure?
 - A systematic review addressed this question.

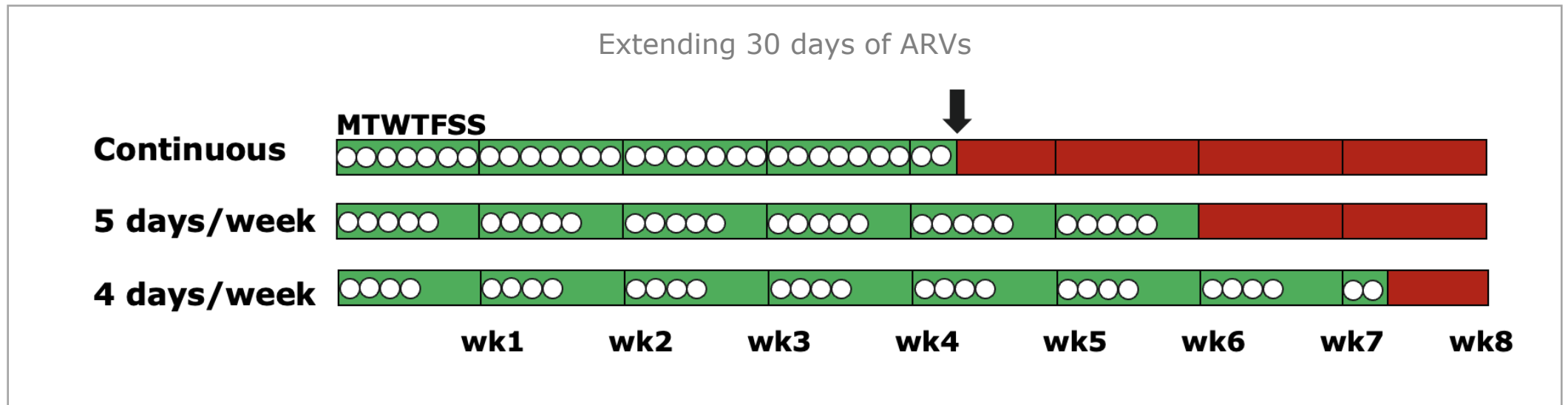
Dosing regimens in included studies

	Dosing	M	T	W	T	F	S	S
BREATHER	5 on, 2 off	✓	✓	✓	✓	✓	✗	✗
Reynolds et al	5 on, 2 off	✓	✓	✓	✓	✓	✗	✗
Sun et al	5 on, 2 off	✓	✓	✓	✓	✓	✗	✗
Cohen et al	5 on, 2 off	✓	✓	✓	✓	✓	✗	✗
QUATUOR	4 on, 3 off	✓	✓	✓	✓	✗	✗	✗
ATAD	Alternate	✓	✗	✓	✗	✓	✗	✓
A-TRI-WEEK	3 on, 4 off	✓	✗	✓	✗	✓	✗	✗
BETAF-RED	3 on, 4 off	✓	✗	✓	✗	✓	✗	✗

- ▶ Eight randomized trials (1,346 participants) compared continuous treatment to intermittent treatment (treatment taken 3-6 days per week).
- ▶ All participants were virologically suppressed at baseline, with long histories of good adherence.
- ▶ There were similar rates of viral rebound between arms: 3.1% on intermittent ART and 3.3% on continuous ART.
- ▶ There were similar rates of treatment-emergent resistance between arms: 1.9% on intermittent ART and 2.1% on continuous treatment.



- ▶ Intermittent therapy was highly acceptable and preferred by study participants.
- ▶ The researchers concluded that intermittent dosing could extend ART supplies during urgent drug shortages.
- ▶ However, studies were conducted in settings with frequent viral load monitoring and resistance testing, which enabled rapid switching back to daily dosing.



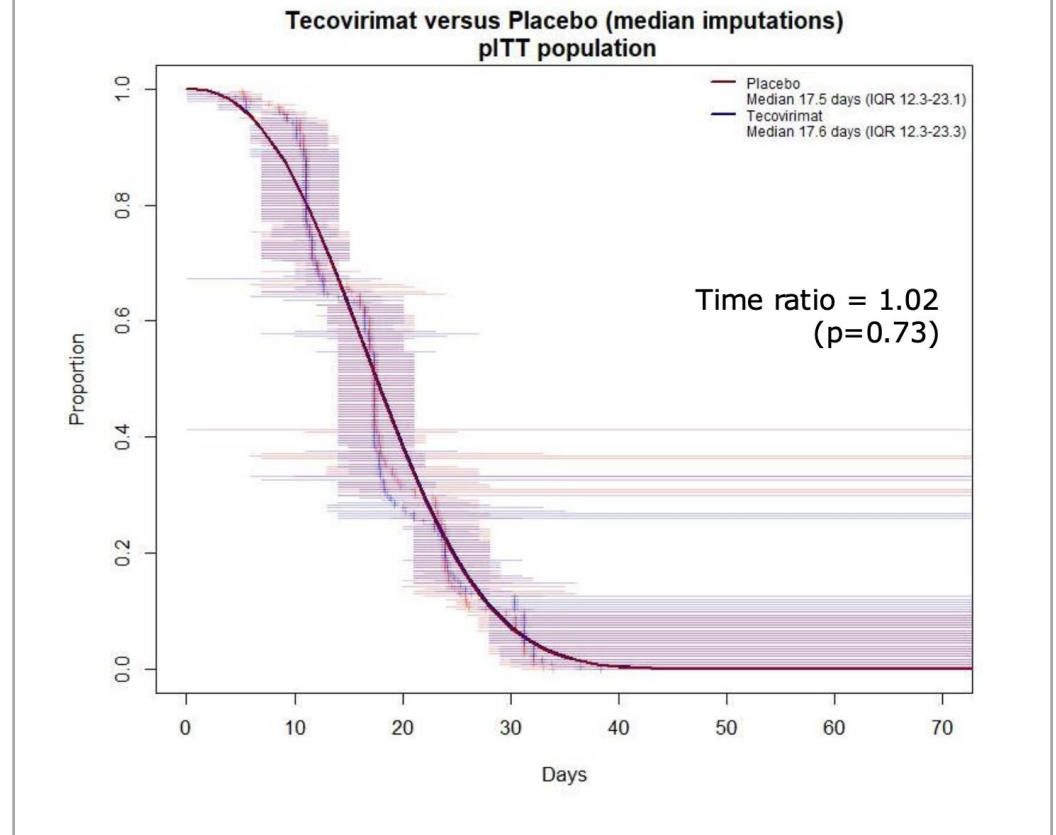
- ▶ Studies of intermittent therapy in low- and middle-income countries are urgently needed.
- ▶ A separate presentation reported on data from a randomized trial of 12- to 19-year-olds in Kenya, South Africa, Uganda and Zimbabwe.
 - There were 470 participants, with a median age of 16.5 years and median 11.8 years on ART.
 - All were virally suppressed with no history of treatment failure.
- ▶ Participants were randomized to continue daily dosing or switch to five days on/two days off.
- ▶ Viral load was monitored every six to 12 months to reflect real-world practice in each country.

- ▶ Intermittent dosing was statistically inferior to continuous treatment: 10% vs 5% experienced viral rebound.
- ▶ Adolescents on intermittent treatment were twice as likely to experience viral rebound (hazard ratio 2.1).
- ▶ Most participants who experienced viral rebound subsequently resuppressed with adherence support.
- ▶ The researchers concluded that intermittent dosing cannot be recommended for adolescents receiving viral load tests every six to 12 months.

Tecovirimat for mpox

- ▶ UNITY was a randomized study of tecovirimat for mpox in Brazil (94% of participants), Argentina and Switzerland.
- ▶ The 446 participants (99% male, 49% living with HIV) were randomized to tecovirimat or placebo for 14 days.
- ▶ There was no significant difference in time to complete lesion resolution between the two arms.
- ▶ Results were consistent with two other recent studies showing tecovirimat to be safe but not efficacious.

Primary endpoint: Time to complete lesion resolution



Social and behavioural science

- 39 The anti-rights movement >
- 41 HIV in conflict zones >
- 45 Mental health among young people in Zambia >
- 47 Task shifting for depression treatment >

The anti-rights movement

- ▶ A coordinated, well-funded anti-rights movement is targeting programmes and policies that defend bodily autonomy, gender equality, harm reduction and LGBTQ inclusion.
- ▶ The movement is united by rejection of “gender ideology”.
- ▶ Politically driven funding cuts to PEPFAR and USAID are dismantling HIV programmes, especially those focused on key populations.
- ▶ Conservative policy makers have used anti-abortion and anti-trans rhetoric to delay or redirect funds.

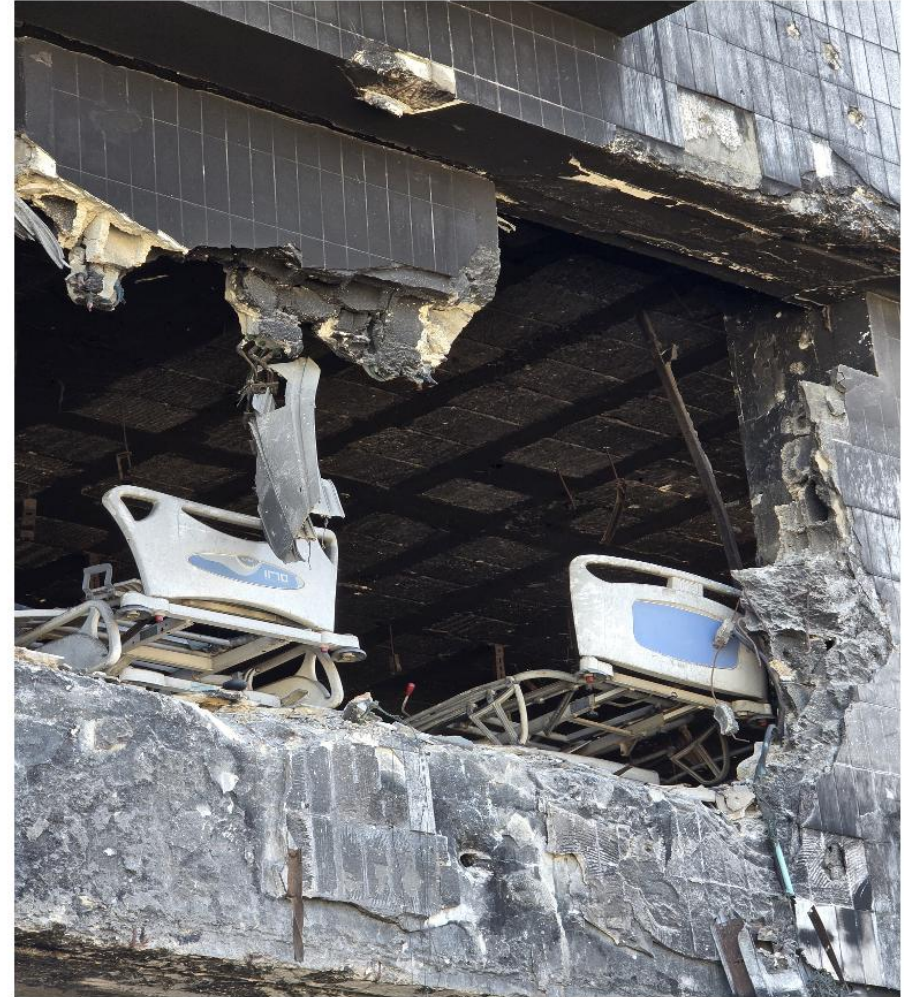


Raphael Renter/Unsplash

- ▶ This movement is not limited to the US – it funds organizations across the world and is influential in countries such as Russia, Hungary and Brazil.
- ▶ In many countries, civil society organizations face reduced funding and growing legal and political constraints.
- ▶ This will increase vulnerability to HIV for gay and bisexual men, trans women, sex workers, migrants and people who use drugs.
- ▶ An effective response requires alliances across silos – the same groups that are attacking HIV programmes are opposed to abortion, gender equality and racial justice.

HIV in conflict zones

- ▶ Conflict is a public health emergency that can collapse healthcare systems.
- ▶ In Gaza, no functional hospitals remain, essential infrastructure is destroyed, and healthcare workers are being systematically targeted and killed.
- ▶ There is an increased likelihood of infectious disease transmission due to unhygienic conditions.
- ▶ Essential HIV resources are in short supply, including condoms, clean syringes, needles and antiretroviral medications for both treatment and prevention.

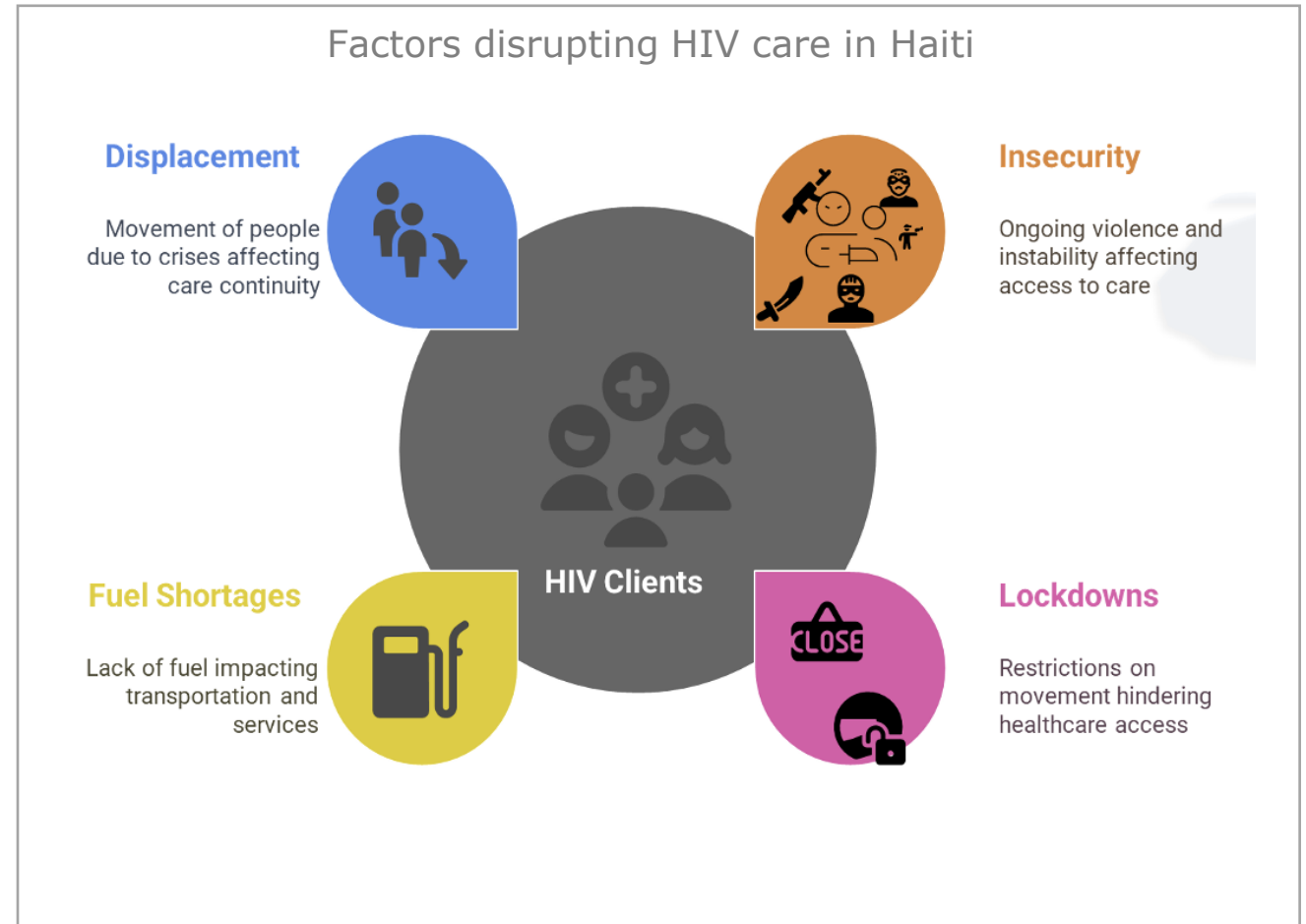


- ▶ In Ukraine, 15 million people have been displaced by war, and 2,285 medical facilities have been damaged.
- ▶ However, resilient HIV responses are possible even during active conflict, with the treatment cascade maintained.
- ▶ Rapid service innovations include:
 - Mobile HIV case-finding teams (81,298 people tested with a 4.4% HIV yield)
 - A digital platform providing information and support to displaced people inside and outside Ukraine



- ▶ Across 14 countries with armed conflict, Médecins Sans Frontières maintained 14,089 people on ART, started treatment for 5,024 people, and made 6,658 new HIV diagnoses.
- ▶ HIV prevalence is higher in several conflict settings:
 - In Nord Kivu, Democratic Republic of Congo – 3% (national prevalence is 0.7%). Only 18% of those on treatment are virally suppressed.
 - In Haut-Mbomou, Central African Republic – 12% (national prevalence is 3.6%).
- ▶ In Central African Republic, people enrolled in community ART groups had nearly four times lower likelihood of being lost to follow-up and over two times lower likelihood of death compared with people using fast-track refill at a pharmacy.

- ▶ In Haiti, ongoing violence and instability has led to the internal displacement of around one million people.
- ▶ Haiti created 57 Drug Dispensing Points (DDPs) in strategic areas – community centres, pharmacies and a Vodou temple – to enable uninterrupted access.
- ▶ DDPs distributed over 11,000 ART refills between 2020 and 2024, with 98% viral suppression rate, and over 88% of ART pickups outside the person's usual district of residence.



Mental health among young people in Zambia

- ▶ Young people living with HIV aged 15-24 years attending a primary healthcare centre in Lusaka, Zambia, completed a cross-sectional survey.
- ▶ The survey focused on mental health and included five questions assessing thoughts and feelings related to suicide.
- ▶ Overall, 30% of participants screened positive for suicidal thoughts, with higher rates among young women (34%) than young men (24%).

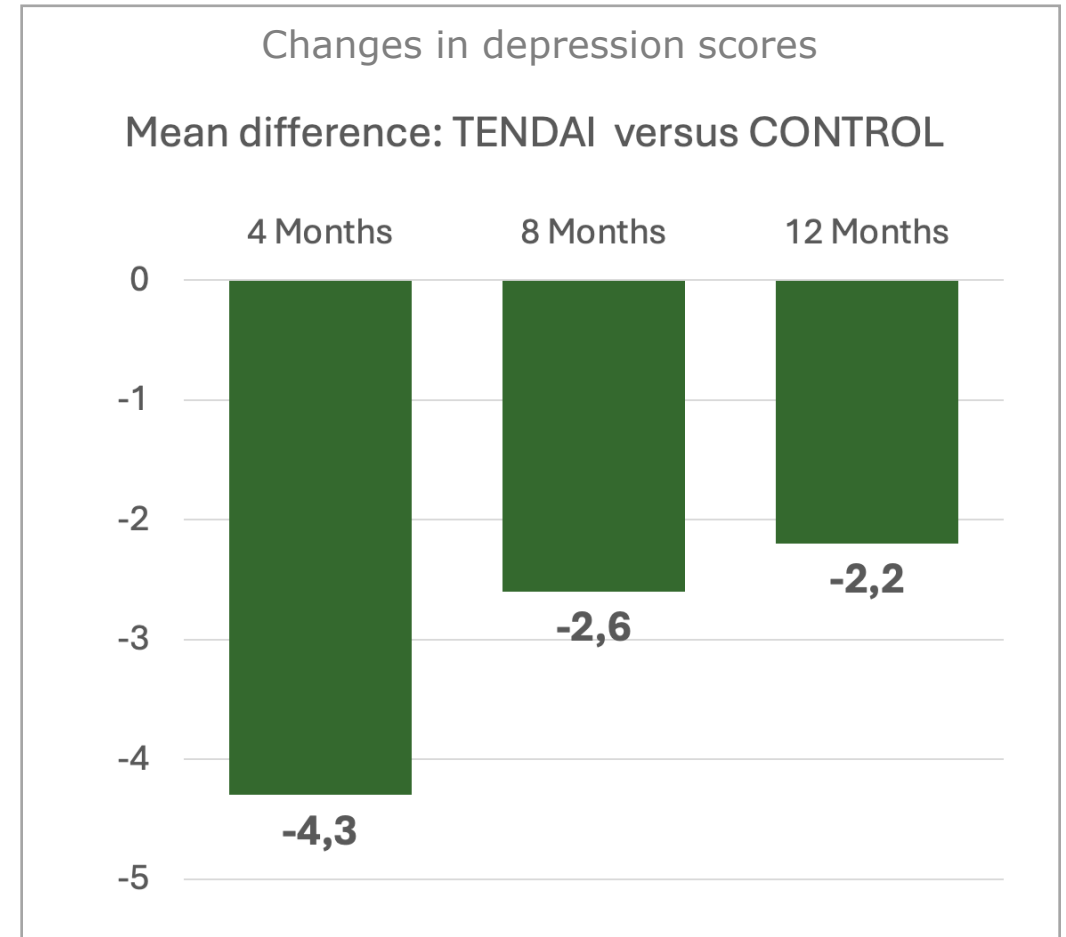
ASQ Toolkit questions	Overall n(%)	Sex	
		Female n (%)	Male n (%)
I wished I were dead in the past 2 weeks	72 (17.3)	54 (20.2)	18 (12.2)
I felt that I or my family would be better off if I were dead in the past 2 weeks	51 (12.3)	42 (15.7)	9 (6.1)
I thought about killing myself in the past 2 weeks	68 (16.3)	55 (20.5)	13 (8.8)
I have tried to kill myself before in my life	51 (12.3)	39 (14.6)	12 (8.1)
ASQ Toolkit Positive Screen	127 (30.5)	92 (34.3)	35 (23.6)

- ▶ Depression was common in the cohort (67.1%) and associated with suicidal thoughts (odds ratio 3.02).
- ▶ Anxiety was also prevalent (35.3%) and associated with suicidal thoughts (odds ratio 2.61).
- ▶ Many participants held stigmatizing attitudes towards people living with HIV (53.6%), and these attitudes were associated with suicidal thoughts (odds ratio 1.75).
- ▶ Female sex also associated with suicidal thoughts (odds ratio 1.69).
- ▶ Living with parents, relatives or a partner (rather than alone) were all protective factors against suicidal thoughts.
- ▶ The authors conclude that suicide screening is feasible in routine care in this setting.

Task shifting for depression treatment

- ▶ TENDAI was a randomized controlled trial in Zimbabwe, testing whether lay counsellors in HIV clinics could effectively deliver integrated depression treatment alongside HIV care.
- ▶ 280 participants with clinically significant depression and viral non-suppression (>1000 copies/mL) were randomized to receive either the TENDAI intervention or enhanced usual care.
- ▶ TENDAI used a task-shifting approach combining motivational problem solving for adherence barriers, problem-solving therapy for depression, positive activity scheduling and stress management skills.
- ▶ The intervention was delivered by trained lay counsellors, rather than mental health specialists, making it scalable for resource-limited settings.

- ▶ There was no difference in viral suppression, the primary outcome, at 12 months.
- ▶ However, there were statistically significant improvements in secondary outcomes in the intervention arm, including self-reported ART adherence and depression scores.
- ▶ In addition, those in the intervention arm were significantly more likely to remain on initial treatment than switch to subsequent therapy (24.2% vs 12.6% at 12 months).



- ▶ The intervention reduced costs by USD 35 per person while improving quality of life by 0.03 quality-adjusted life years.
- ▶ The trial demonstrates that primary care HIV counsellors can effectively deliver depression treatment, which addresses the critical shortage of mental health specialists in Zimbabwe and builds on existing HIV care infrastructure.
- ▶ Results support WHO recommendations for integrating mental health services into HIV care.
- ▶ The researchers say the findings support implementing TENDAI in routine HIV care in low-resource settings.

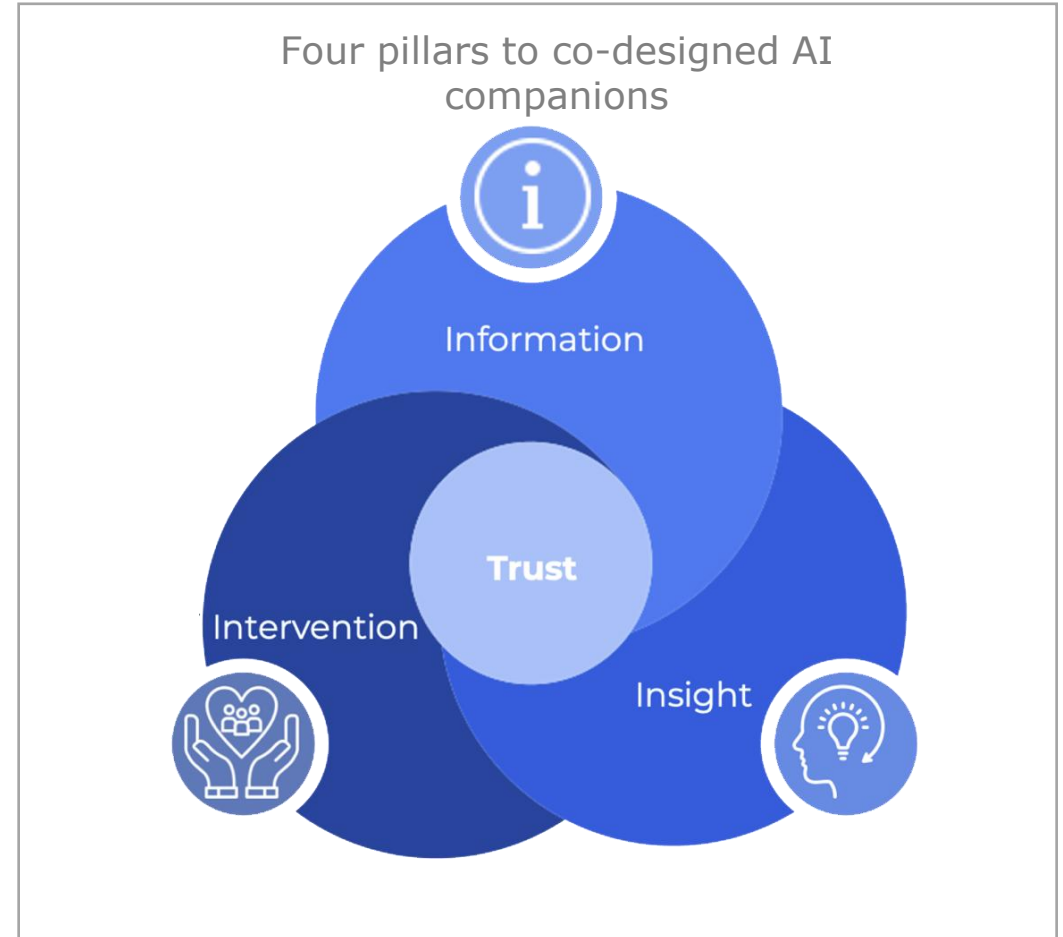
Digital technologies

- 51 Co-design of AI companions >
- 53 AI chatbot >
- 56 Computer-aided detection of TB >
- 58 Blockchain >

Co-design of AI companions

- ▶ In South Africa and Zimbabwe, adolescent girls and young women face significant barriers to HIV prevention and care services, including judgemental staff, privacy concerns and a lack of trust.
- ▶ To address these barriers, researchers are developing AI-powered conversational tools (AI companions) that provide safe and private health support.
- ▶ These companions can empathetically answer questions about life, relationships, sex and health, and offer personalized self-care pathways.
- ▶ Co-design with potential users, communities and healthcare providers is central to the development process.

- ▶ There are four pillars to co-design work:
 - **Information:** What does the target population want to get information on?
Not only HIV.
 - **Insight:** Help users gain insight into their personal vulnerability to HIV so that they will be open to interventions.
 - **Intervention:** Guide the user through HIV self-testing and link to PrEP services.
 - **Trust:** Building and maintaining trust throughout the user journey is crucial for engagement.



AI chatbot

- ▶ MARVIN is an existing chatbot designed to provide information on HIV self-management in Canada.
- ▶ Previously, when users sent insulting messages or expressed suicidal thoughts, MARVIN would respond by saying he didn't understand and ask users to rephrase.
- ▶ Researchers developed two AI models to help MARVIN respond appropriately to negative content.

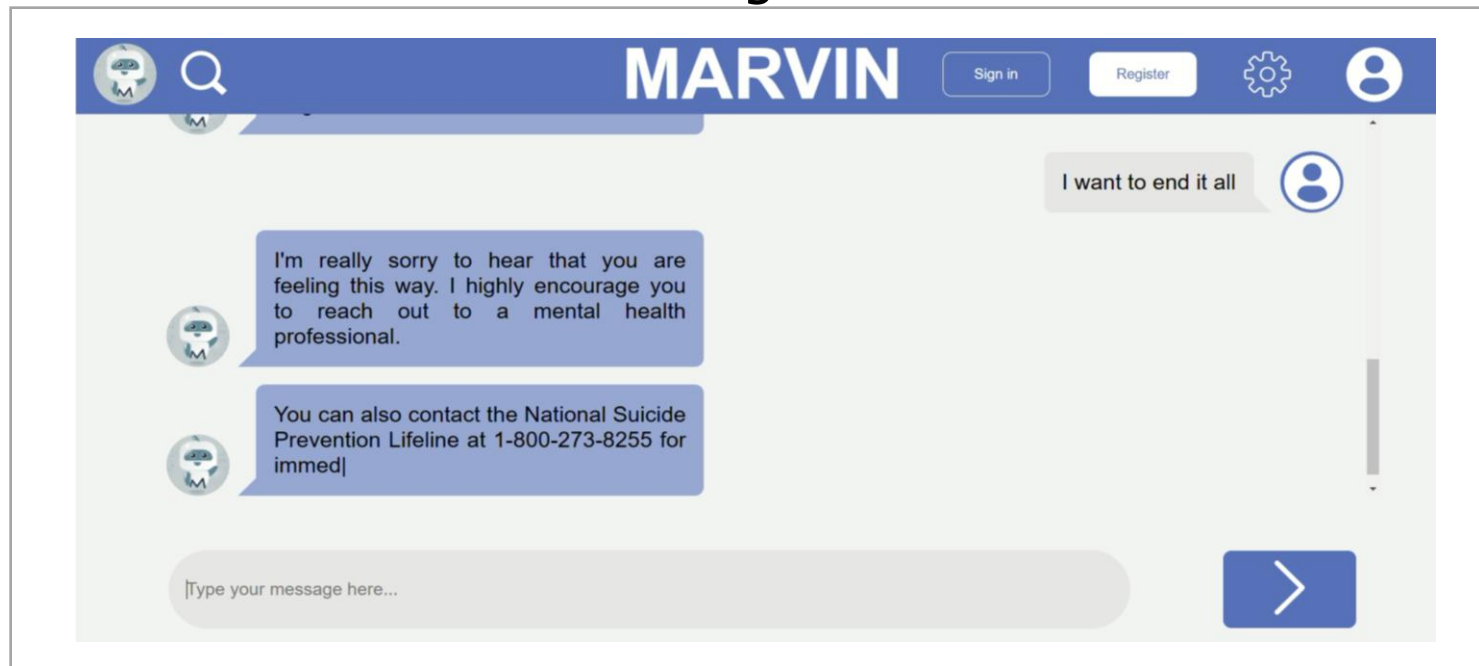


- ▶ The first model classified messages by sentiment (neutral, positive, negative, very negative) with 85% accuracy.
 - MARVIN struggled with neutral messages with an ambiguous tone, often mis-classifying them as negative.
- ▶ The second model classified negative messages as self-harm, insults or “normal” messages, with 95% accuracy.
 - MARVIN struggled with irony, sometimes mis-classifying sarcastic negative messages as neutral.

Classification performance of the first model

		Predicted Label			
		Very Neg.	Negative	Neutral	Positive
True Label	Very Neg.	118	9	0	11
	Negative	7	128	9	5
	Neutral	1	16	129	7
	Positive	6	9	3	105

- ▶ In a pilot with six participants, MARVIN successfully generated appropriate responses to self-harm messages.
 - MARVIN provided emergency contact information and guidance.
- ▶ Future development will focus on detecting other types of psychological distress, including isolation, grief and self-blame.



Computer-aided detection of TB

- ▶ WHO recommends the use of computer-aided detection (CAD) software for tuberculosis (TB) screening and triage in people aged 15 years and older.
- ▶ WHO's recommendation is based on evidence that CAD systems have diagnostic accuracy equal to or better than human readers interpreting digital chest X-rays.
- ▶ CAD uses deep-learning algorithms to analyse chest X-ray images for radiographic signs suggestive of TB.
- ▶ The software used in this study:
 - Provides a probability score based on a bacteriological reference
 - Provides an abnormality score
 - Shows potential TB abnormalities as a coloured overlay on the original chest X-ray image

- ▶ In Nigeria, CAD was deployed at vans outside ART centres to identify people with undiagnosed TB, including asymptomatic TB.
- ▶ Outcomes were compared to symptomatic screening at other sites.
- ▶ Using CAD, the yield was higher (23% vs 8%).
- ▶ Using CAD, the number needed to screen to identify one person with TB was lower (24 vs 123).

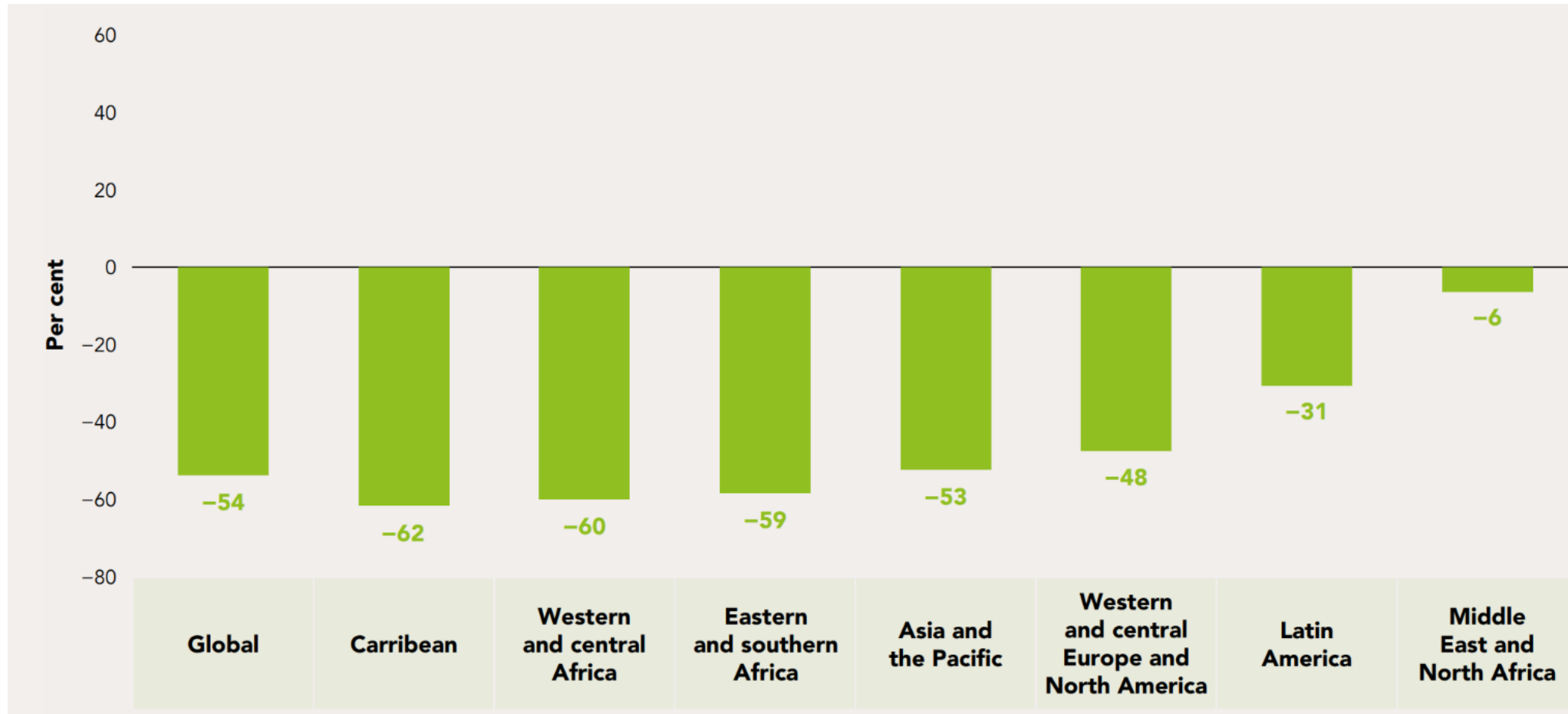
Type of TB Screening	No. of PLHIV screened for TB	No. of TB presumptive among PLHIV	No. of TB presumptive clinically evaluated	No. clinically diagnosed with TB	No. linked to care	% TB yield	No. needed to screen (NNS)	No. needed to test (NNT)
TB screening using A.I powered Digital CXR machine	1,128	203	203	47	47	23%	24	4
Symptom screening at other Secondary facilities	7,898	789	789	64	57	8%	123	12

TB screening outcomes, January-December 2024

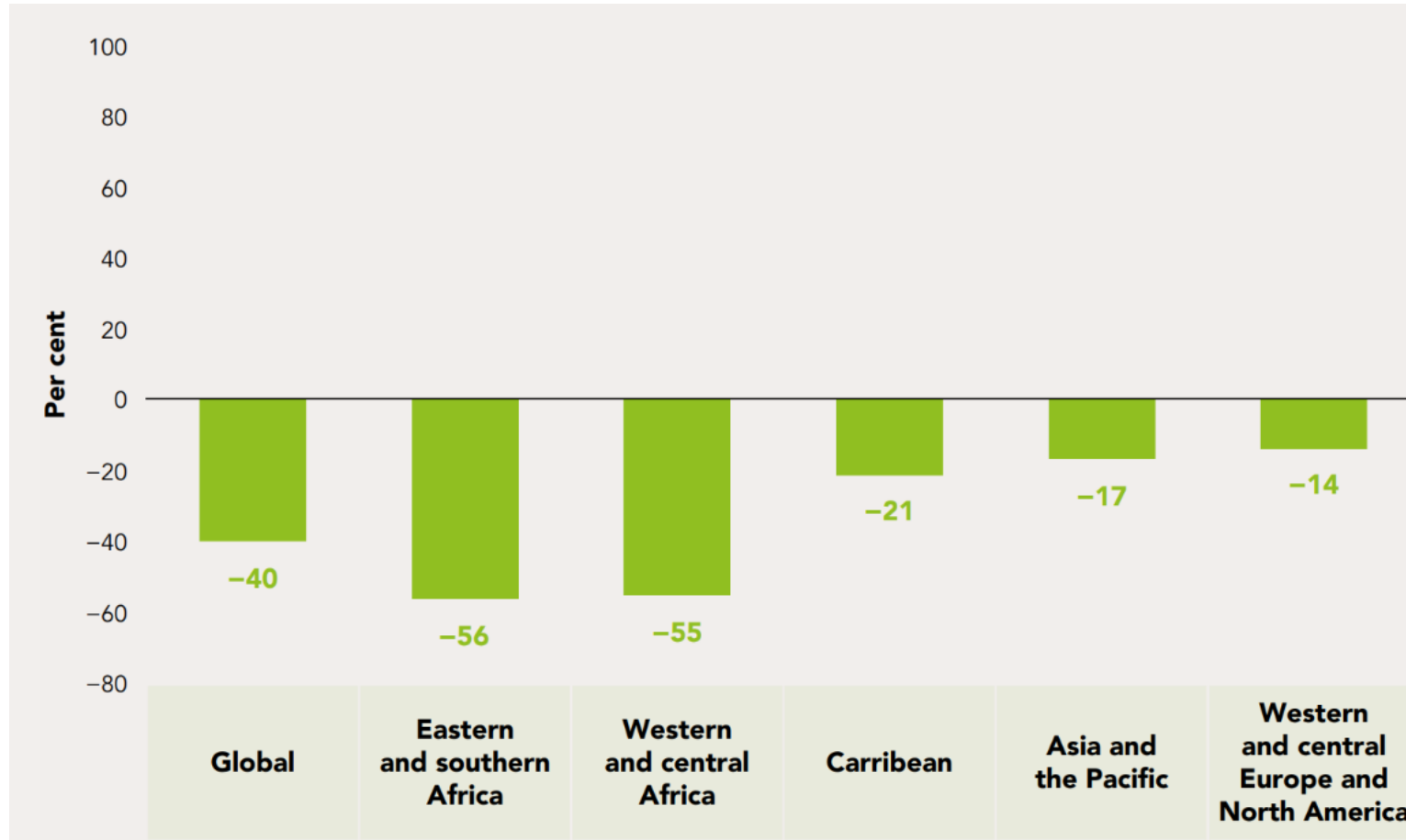
Blockchain

- ▶ Blockchain solutions enhance data security.
- ▶ Data is stored across a network of many computers, rather than in one central location – this makes it less likely that records are lost.
- ▶ Once information is written to the blockchain, any change made to the data is recorded permanently – this strengthens data integrity.
- ▶ Blockchain can replace paper-based client health records and enable real-time data tracking, improving the accuracy of client records.
 - In Kenya, this is combined with incentives to clients to encourage ARV adherence.
- ▶ Blockchain can enhance supply chains by making the movement of goods and information visible to all in the supply chain.
 - In Malawi, this reduced ARV stockouts from 25% to 12% and lowered counterfeit drug rates by 35%.
 - Integration with AI may improve analytics – predict demand fluctuations, optimize inventory.

Reduction in AIDS related deaths by region



Change in annual new HIV infections by region



Progress toward the 2025 targets

Combination HIV prevention for all

Reduce new HIV infections to under 370 000

Reduce new HIV infections among AGYW below 50 000

95% of people at risk of HIV access effective combination prevention

PrEP for (10 million) people at substantial risk of HIV

50% opioid agonist therapy coverage among people who are opioid-dependent

90% sterile injecting equipment at last injection

90% of 15+ men in 15 priority countries have access to VMMC

95–95–95 for HIV testing and treatment

Reduce annual AIDS-related deaths to under 250 000

34 million people are on HIV treatment by 2025.

95–95–95 testing, treatment and viral suppression targets

95–95–95 testing, treatment and viral suppression for key populations

90% of PLHIV receive preventive treatment for tuberculosis (TB) by 2025

Reduce numbers of TB-related deaths among PLHIV by 80%

End paediatric AIDS and eliminate vertical transmission

75% of children living with HIV have suppressed viral loads by 2023

100% of pregnant and breastfeeding women with HIV receive ART and 95% achieving viral suppression

Gender equality and empowerment

<10% of women and girls experienced physical or sexual violence from a male intimate partner in the past 12 months

<10% of key populations experience physical and/or sexual violence in the past 12 months

< 10% people support inequitable gender norms by 2025

95% of women and girls 15-49 get SRH-care service needs met

Realize human rights and eliminate stigma and discrimination

<10% of countries criminalize sex work, possession of small amounts of drugs, same-sex sexual behaviour and HIV transmission, exposure or non-disclosure

< 10% of countries lack mechanisms for PLHIV and KP to report abuse and discrimination and seek redress

< 10% of PLHIV and KP lack access to legal services

>90% of plhiv who experienced rights abuses have sought redress

< 10% of general population reports discriminatory attitudes towards PLHIV

< 10% of PLHIV report internalized stigma

<10% of key populations report experiencing stigma and discrimination

<10% of PLHIV experiencing stigma and discrimination in health-care and community settings

Community-led services

Community led orgs deliver 30% of testing and treatment services

Community led orgs deliver 80% of HIV prevention services for populations at high risk of HIV infection and women

Community led orgs deliver 60% of programmes to support societal enablers.

Universal health coverage and integration

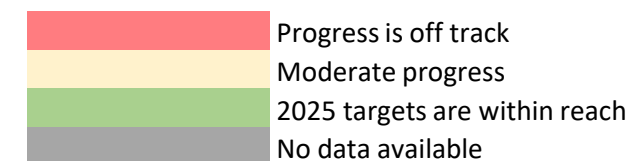
Systems for health and social protection that provide 90% of people living with, at risk of and affected by HIV with integrated HIV services

90% of people in humanitarian settings access integrated HIV services.

45% of people living with, at risk of and affected by HIV and AIDS have access to social protection benefits.

Investments and resources

Fully fund the HIV response by increasing annual HIV investments in low- and middle income countries to US\$ 29 billion



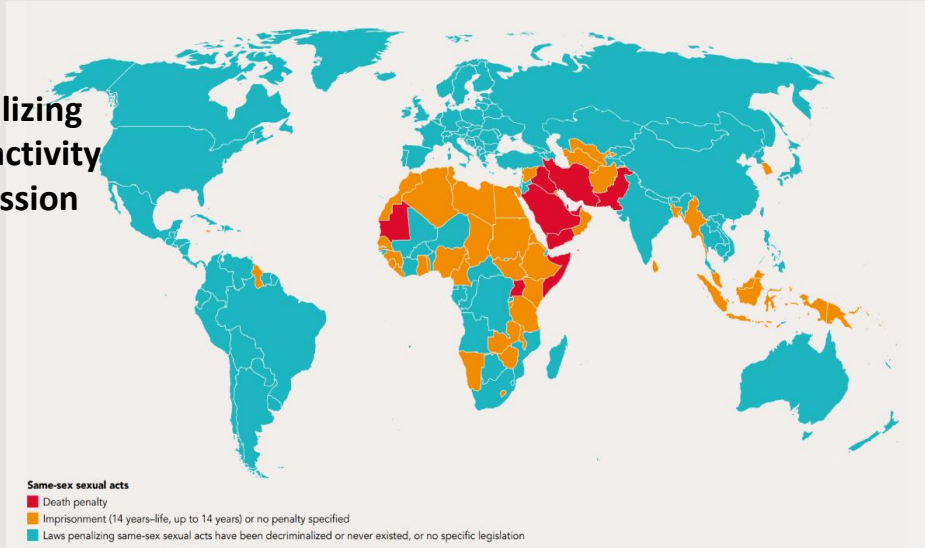
Linda-Gail Bekker's presentation

See UNAIDS 2024 Global AIDS Update report for details. Annex 1

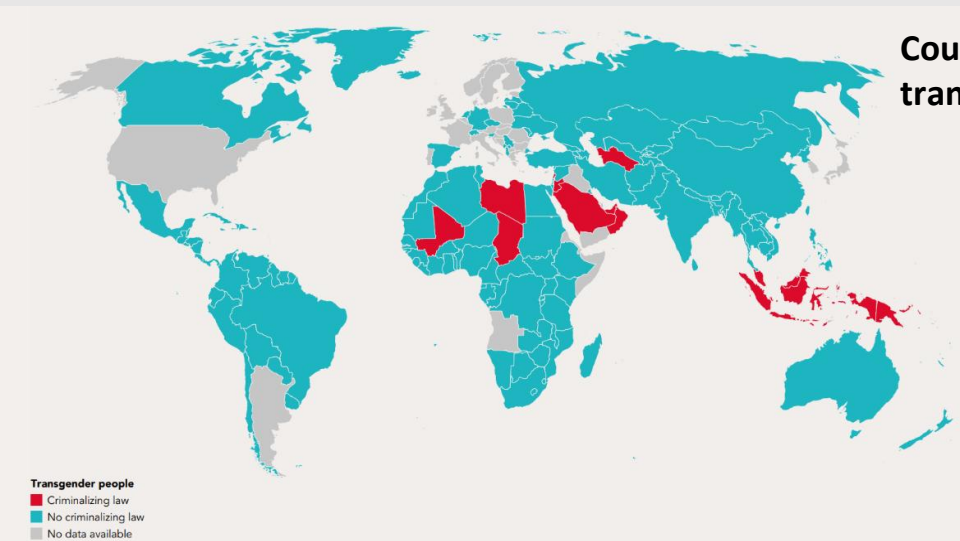


Almost all countries have punitive laws that criminalize at least one key population

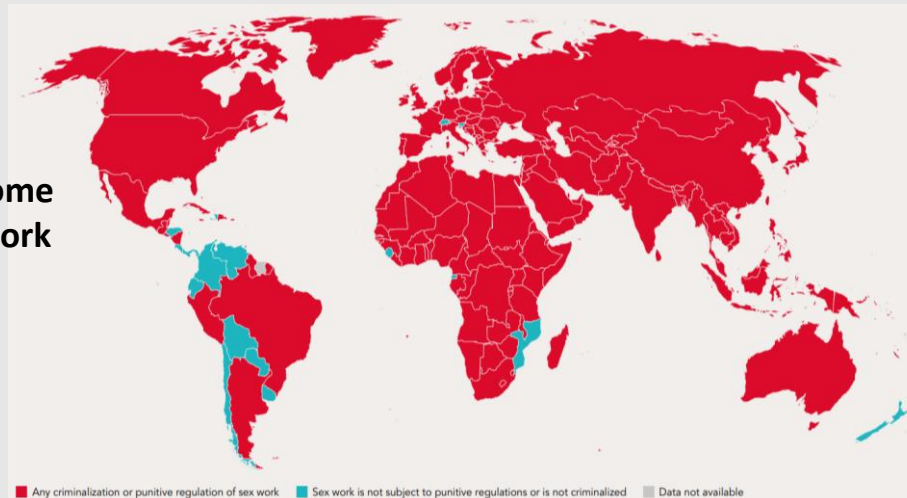
Countries criminalizing same-sex sexual activity and gender expression have increased



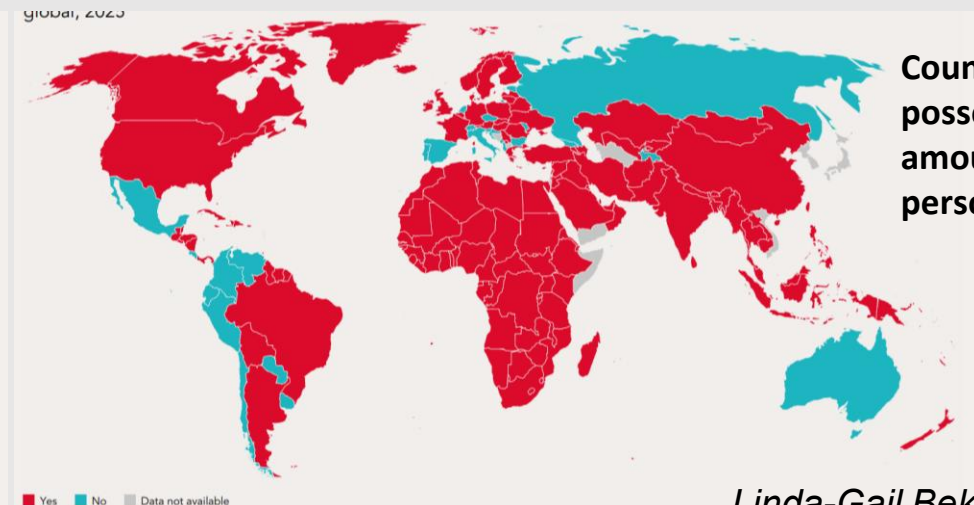
Countries criminalizing transgender people



Countries criminalizing some aspect of sex work



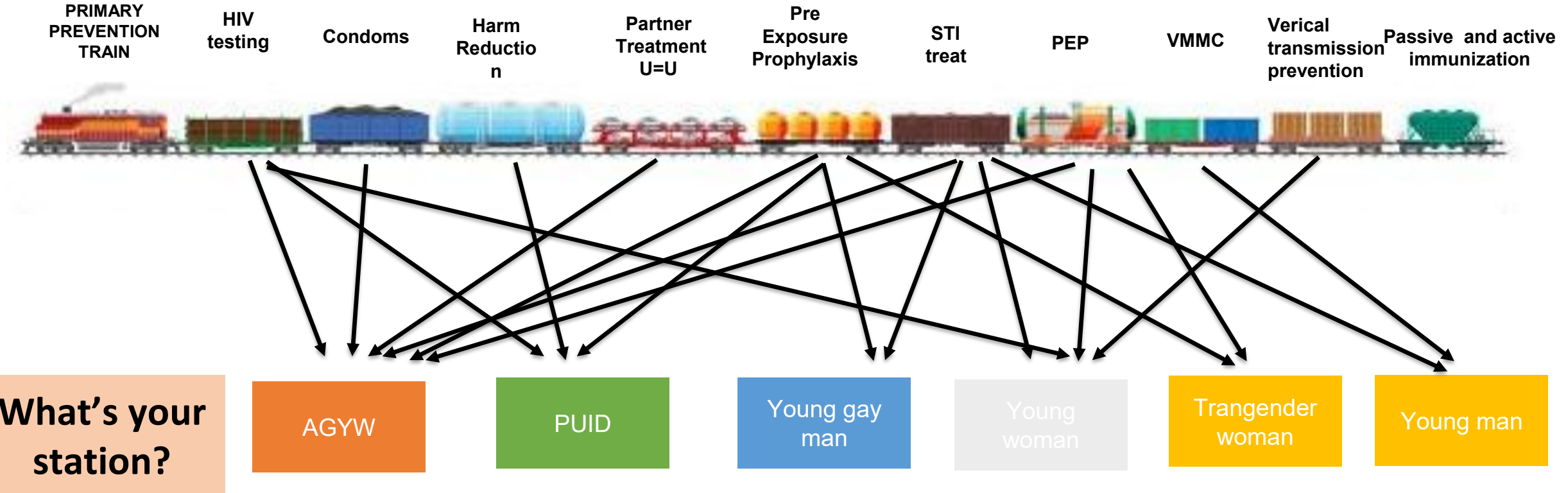
Countries criminalizing possession of small amounts of drugs for personal use



Linda-Gail Bekker's presentation

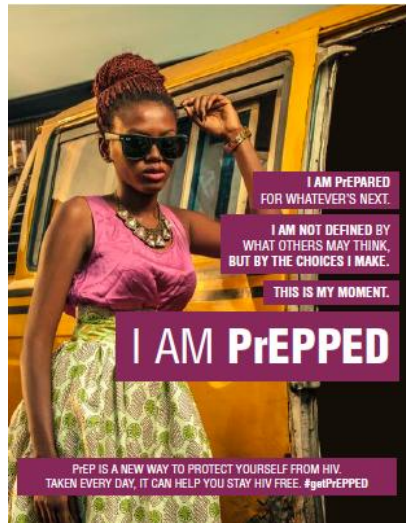
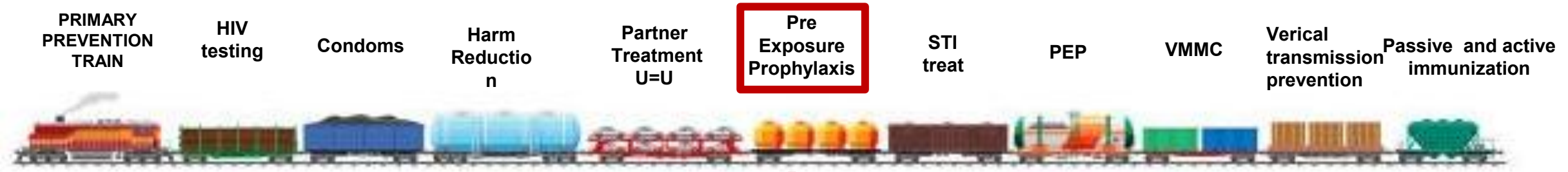
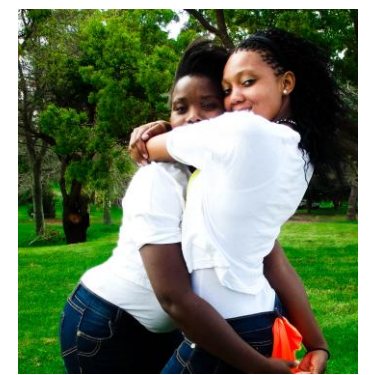








The HIV Prevention Train

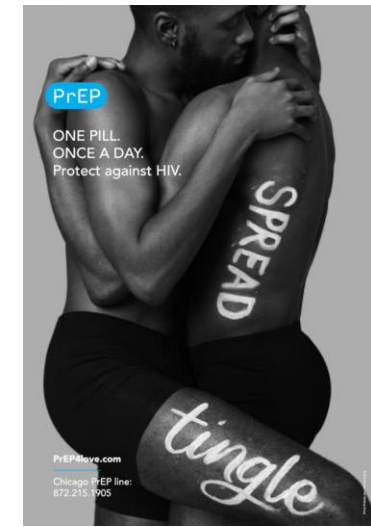


Tailored Prevention, Prevention Choice

The PrEP revolution



					
oral F/TDF	oral F/TAF	oral F/TDF oral F/TAF	Dapivirine Vaginal Ring	Cabotegravir	Lenacapavir
daily	daily	2-1-1	Monthly	2 monthly	6 monthly
All Many countries	Men/TGW only Many countries	Men only Many countries	Women African countries	all Many countries	all FDA licensed

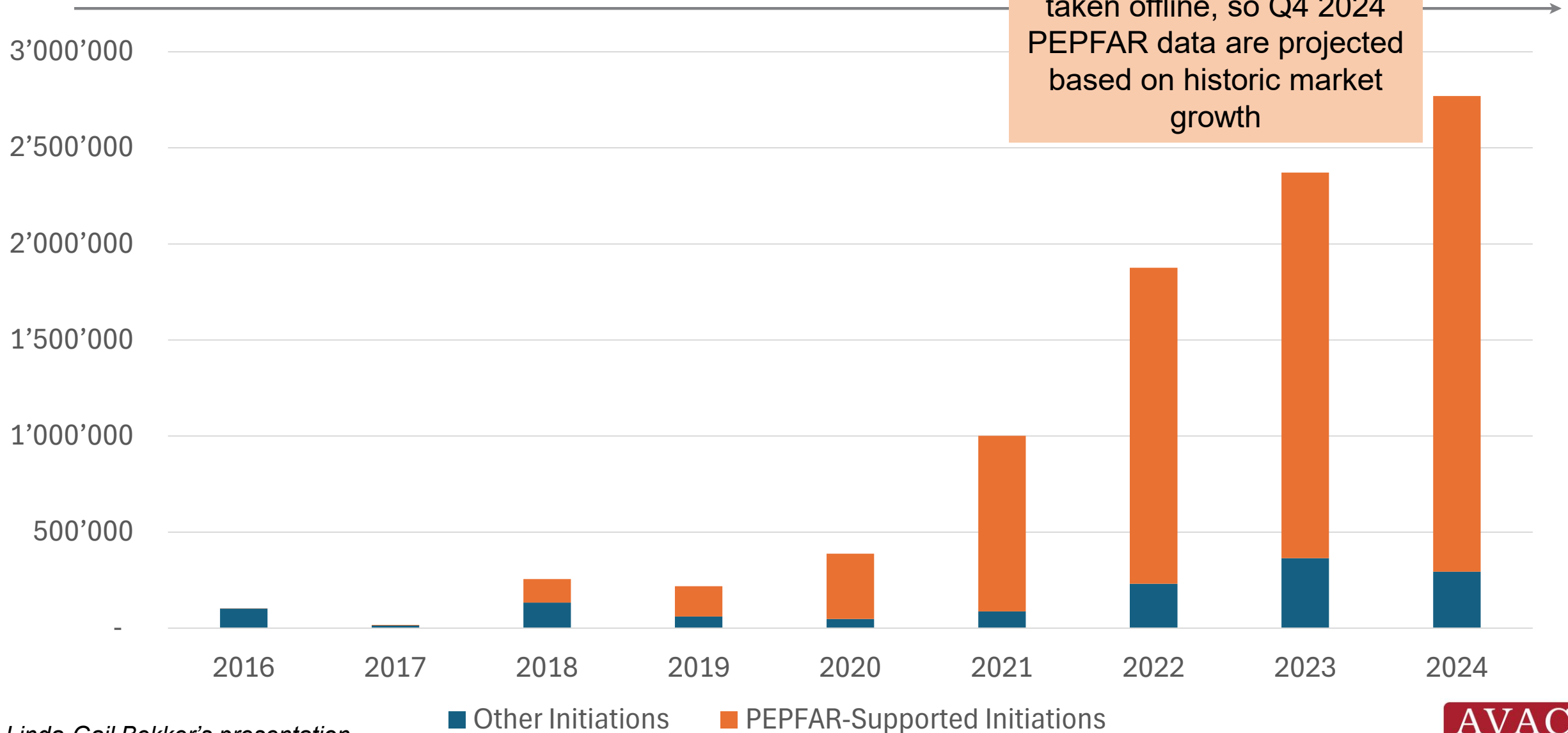


Shorter acting PrEP
Longer acting PrEP

Prevention Choice, PrEP choice

**Promise of:
Monthly pill PrEP
annual IM PrEP**

PrEP Initiations to 2024



#3. Recalibrate road to 2030: partnerships

Transitional funding from international donors allowing tailored plans to move towards country self reliance

Novel funding mechanisms (local and globally) for sustained epidemic control

New resolve to use funds efficiently, responsibly and reliably

Devise plans that keep all the lessons of **inclusion, community partnership, tailoring and choice** but add new tricks for efficiency such as **multi month dispensing, task shifting, artificial intelligence, digital health, behavioural economics** and more.

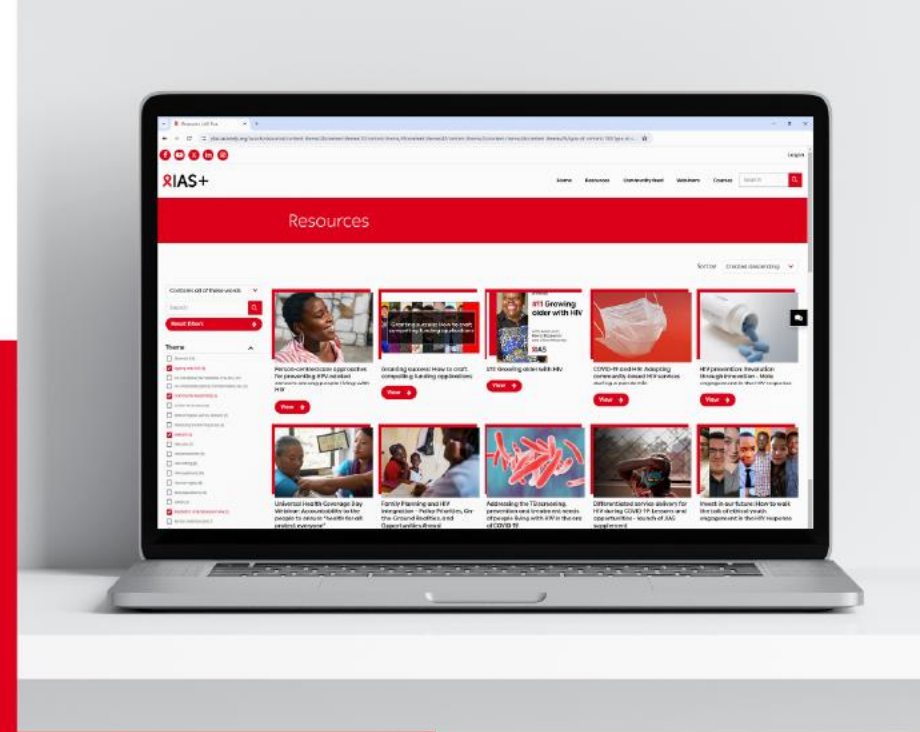




IAS+ is an interactive, open-access digital platform that offers free HIV-related educational resources and live events



plus.iasociety.org



Key highlights and messages from IAS 2025



IAS 2025 Knowledge Toolkit



Key messages from IAS 2025



Courses on IAS+

Expand your knowledge in HIV through our free, self-paced courses on IAS+ plus.iasociety.org/all-courses



Differentiated service delivery for HIV treatment and prevention



Gender and HIV



Mental health and HIV



Monitoring, evaluation and learning 101



Fundraising 101



Project management 101



Start your learning journey today!

Thank you

Produced by **IAS – the International AIDS Society**

Leading collective action on every front of the global HIV response through its membership base, scientific authority and convening power. www.iasociety.org

In collaboration with:

Gus Cairns, Amelia Jones, Roger Pebody, Beth Tunncliffe