



Key Messages from AIDS 2026

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**Science, policy and
community: The next
priorities for a sustainable
HIV response in Malawi**

19-20 October 2026
Lilongwe, Malawi

Scientific Highlights on bnAbs, vaccines and cure

The Kansas City case (OAA1506LB)



Sustained HIV-1 remission following CCR5 Δ 32/ Δ 32 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 CCR5 Δ 32/ Δ 32 allogeneic HSCT despite prior mixed-tropism (CXCR4-using) virus.



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



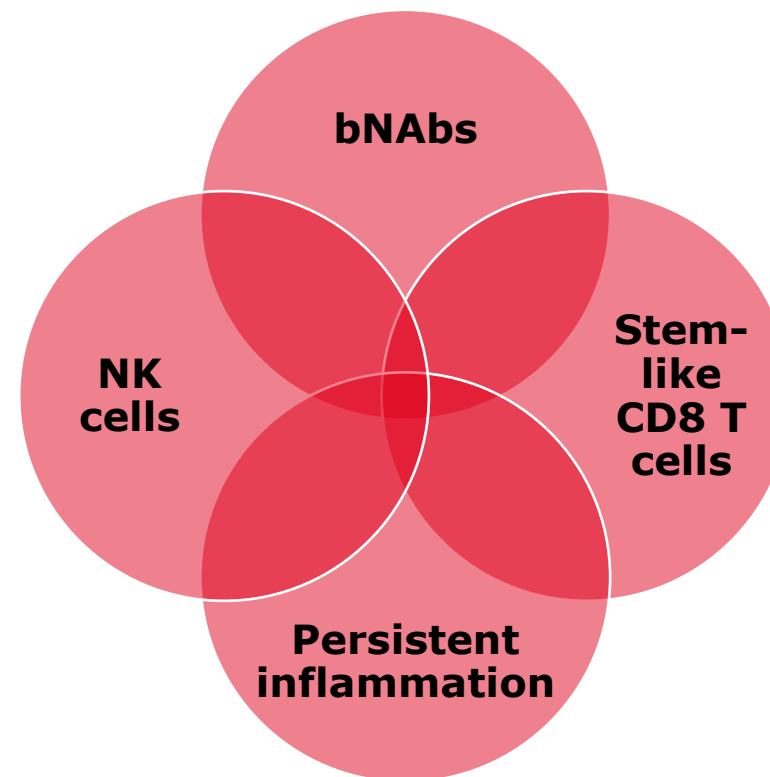
What these cases show

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

- **Combined strategy is probably the way towards achieving a functional cure**





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.

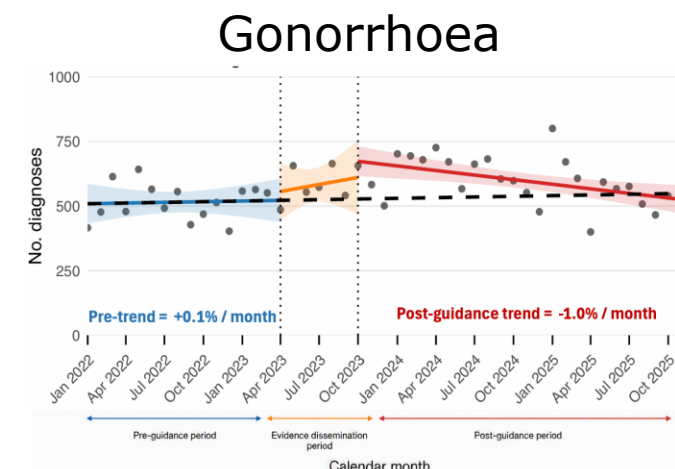
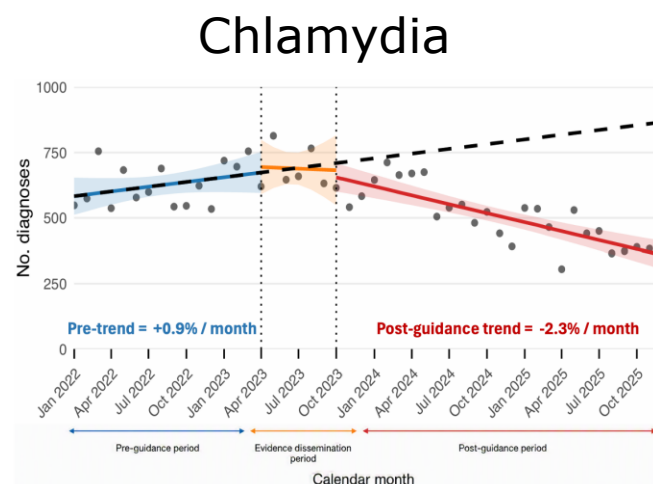
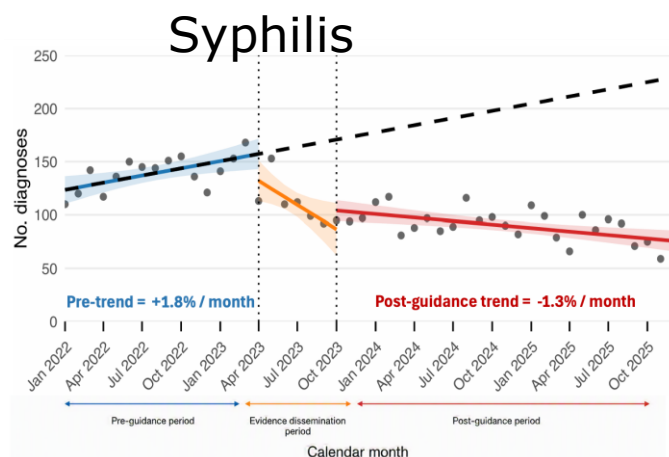
Innovation is transforming HIV prevention

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.

Expanding prevention choices: DoxyPEP



- Growing evidence shows population-level reductions in syphilis and chlamydia incidence, e.g. Australian data.



- Brazilian modelling shows targeted prescribing (e.g. initiation after any positive STI test) can avert up to 44% of STIs, respectively, while decreasing overall antibiotic consumption by 58%, balancing prevention with antimicrobial stewardship.

Bringing prevention closer to communities

Pharmacy Delivery

*Pharm PrEP Trial
Kenya*

Public-private pharmacy-based PrEP and PEP delivery. Private pharmacies with government commodities

Dating App

*Vínculo seguro
Mexico*

Free HIV self-test kit promoted via Grindr with home delivery.

Social Media Outreach

*Stand By You
Thailand*

Risk assessment and HIV self-test mailing via major social media networks.

GPS devices

*BLISS Cohort
Oakland, San Francisco*

Location-enabled devices for people who inject drugs to maintain contact for retention.

IMPACT

Increased PEP initiation and PEP-to-PrEP transition, even when clients paid for services (250 KES or ~2 USD).

30% were first-time testers, 86% were aware of PrEP but only 3% were current users - a **critical linkage gap**.

Reached >28k being at risk for HIV and received HIVST kits since Aug 2022, **nearly half of the 15-24 age group** were first-time testers.

61% were willing to carry a GPS device. **GPS devices could improve retention for PWID**, provided concerns about privacy and loss of devices are addressed.

Connecting services around people

- **Door-to-Door Integration (Pakistan)**
 - 49 trained mobile teams conducted door-to-door testing for 27645 individuals in 2 weeks.
 - For every person living with HIV identified, **2 HBV** and **25 HCV** cases were identified.
- **Same-Day Treatment Boosts Coverage (Zimbabwe)**
 - Nurse-led static and outreach models for cervical cancer.
 - Integrating screening with immediate thermal ablation achieved **98.5% treatment rates** in eligible women living with HIV.
- **Dual HIV/syphilis testing in antenatal care (South Africa)**
 - **Congenital syphilis** increased more than **5-fold** in South Africa between 2020 and 2023, rising from 37 to 198 cases per 100,000 live births.
 - Persistent gaps in antenatal screening and timely treatment, despite the availability of effective, low-cost interventions to prevent mother-to-child transmission.

Closing the gaps in vertical transmission

BRAZIL



94,690 pregnant women living with HIV.

Viral suppression at delivery increased from **59%** in 2015 to **77%** in 2025.

Black women, and residents of the North and Northeast experienced the lowest rates of viral suppression, particularly where age and education overlapped.

INDIA

Decentralising HIV testing through community-led delivery and expanded access in rural and hard-to-reach areas.

HIV testing: 34% → 92%

Early ART initiation: 79% → 88%

Mother-to-child HIV transmission: **25%** → **12%**

UGANDA

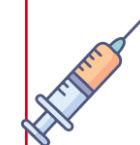


In an audit of infants exposed to HIV, 43% of their mothers were diagnosed with HIV during breastfeeding.

71% did not know their partner's HIV status.

49% had undocumented or missing postnatal prophylaxis.

MALAWI



vs



62% of pregnant women chose CAB-LA over oral PrEP.

No significant difference in adverse pregnancy outcomes.

Supports ongoing evaluation of CAB-LA safety during pregnancy.

Beyond the clinic: Structural drivers of HIV



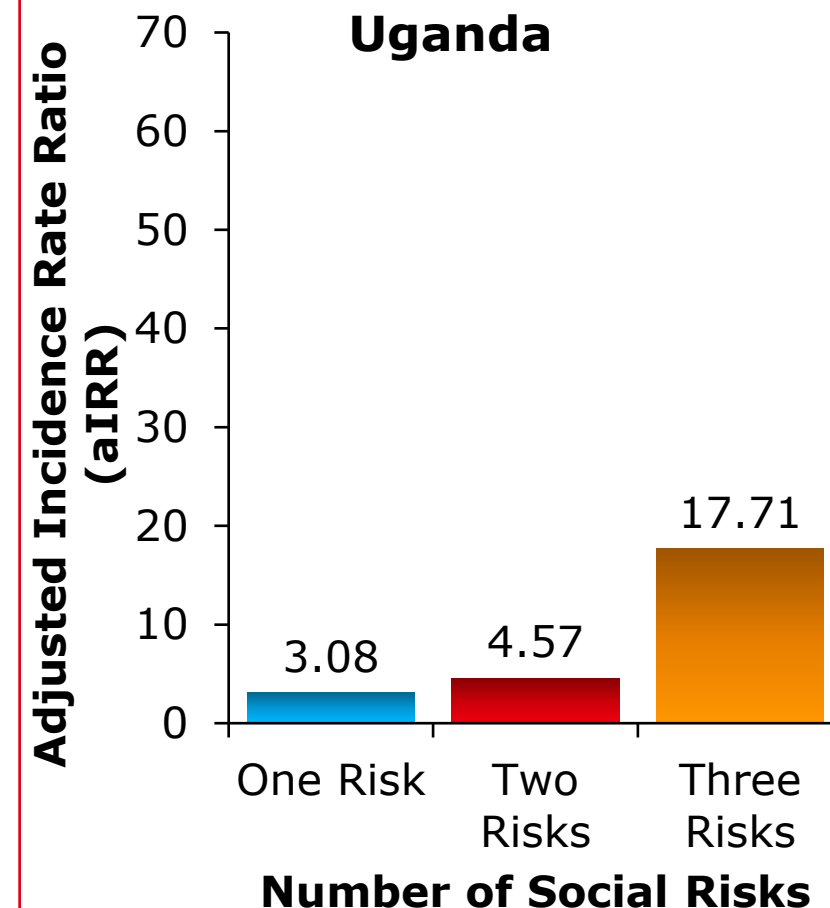
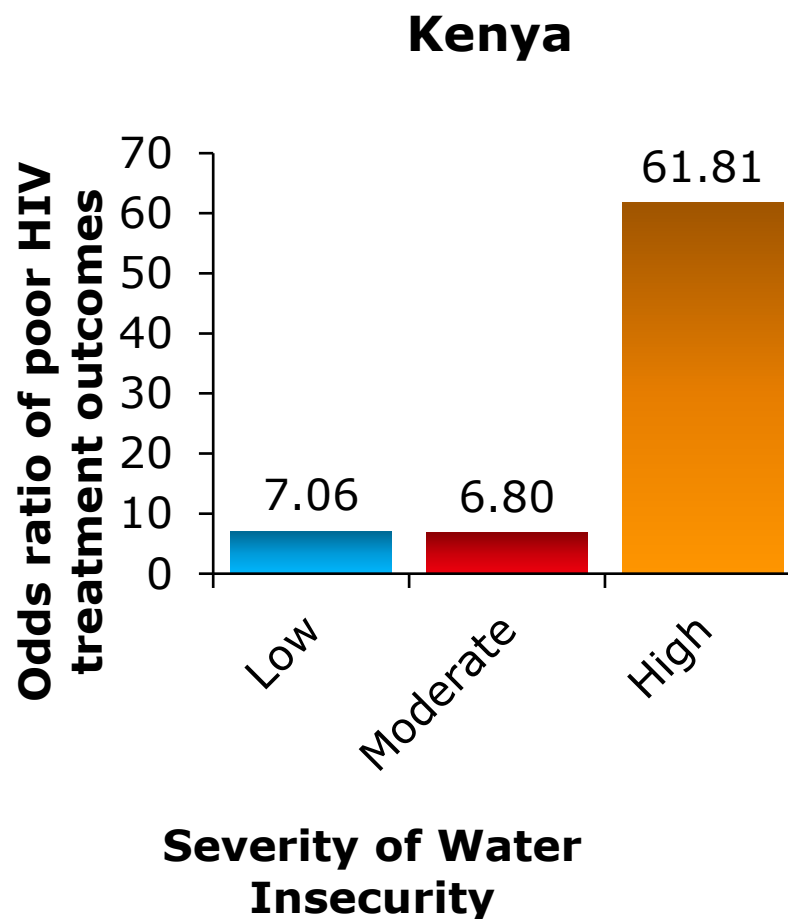
**Water
Insecurity**



**Food
Insecurity**



**Intimate
Partner
Violence
(IPV)**



Dealing with multi-layered vulnerabilities and inequities: community innovations at the centre



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Culturally sensitive mobile HIV/STI testing with Indigenous communities in the Peruvian Amazon (OAD24).

Drone medication delivery in riverine Nigeria (OAD24).

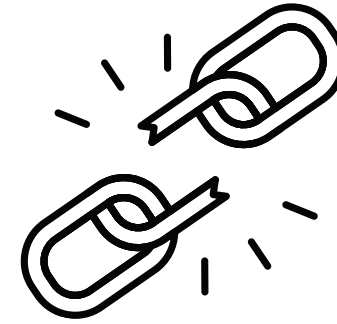


Ashinze's presentation: Drone medication delivery in riverine Nigeria (OAD24).

In Brazil, a conditional cash transfer cohort of 22.7 million people reduced AIDS incidence by 41%, mortality by 39%, and case fatality rates by 25% (PL03).

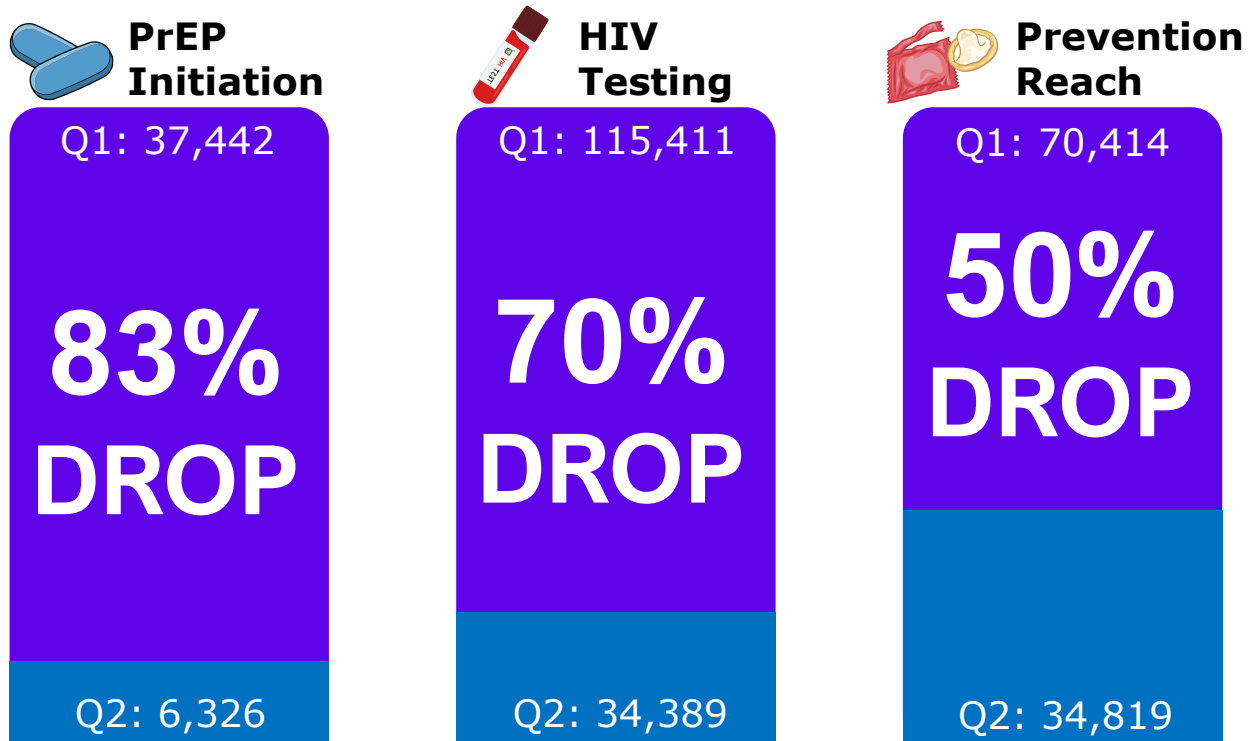
Participatory co-design: enabled acceptable, feasible, and high-fidelity integration of mental health services into youth HIV clinics in Nigeria; moderate-to-severe depression declined, ART adherence, viral suppression, and retention in care improved (OAD36)

The impact of funding transitions



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NIGERIA: COLLAPSE OF PREVENTION REACH



EAST AFRICA: BARRIERS TO ENTRY

**58%
DROP**



In newly diagnosed with HIV enrolled in HIV care and treatment programs

**30%
DROP**



In viral load testing

» "Implementation Science is
the People's Science."

Rethink. Rebuild. Rise.

Rethink

- Rethink HIV prevention by offering people choice through long-acting PrEP, DoxyPEP and person-centred service models.

Rethink

- Rethink where care is delivered, moving beyond clinics to pharmacies, communities and digital platforms.

Rethink

- Rethink success by addressing the structural drivers of HIV, including poverty, food and water insecurity, stigma and gender inequities.

Rethink. **Rebuild.** Rise.

01

Rebuild resilient HIV programmes that can withstand funding transitions and political change.

02

Rebuild integrated health services by combining HIV, STI, viral hepatitis, cervical cancer and maternal health care.

03

Rebuild partnerships with communities and other key partners to ensure services are accessible, trusted and equitable.

Rethink. Rebuild. **Rise.**

01

Rise through innovation, translating scientific advances into real-world public health impact.

02

Rise by closing persistent gaps, ensuring no population is left behind in prevention, diagnosis or treatment.

03

Rise together, with sustained investment, community leadership and global collaboration to end HIV as a public health threat.

Acknowledgements

- Slides are courtesy of:
- AIDS 2026 Rapporteurs for tracks A to E
- Rayner Kay Jin Tan



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