Data Revealing the Impact of PEPFAR Disruptions and Advances in Long-Acting HIV Prevention and Treatment Announced Ahead of AIDS 2026

Convened by International AIDS Society, AIDS 2026 will take place at a crucial time in the HIV response.

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July 21, 2026, Rio de Janeiro, Brazil – Studies revealing the real-world impact of disruptions to the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and important advances in long-acting HIV prevention and treatment were announced ahead of AIDS 2026, the 26th International AIDS Conference, which will take place in Rio de Janeiro, Brazil, and virtually from 26 to 31 July.

Today's scientific highlights press conference previewed studies selected from thousands of abstracts that will be presented next week, including:

- A pair of studies that shed light on the real-world consequences of PEPFAR disruptions;
- Findings from the open-label extension phase of the PURPOSE 1 and two studies of twice-yearly injectable lenacapavir for HIV prevention;
- The first detailed results from the Phase 3 ISLEND-1 and ISLEND-2 trials of oral islatravir/lenacapavir, which has the potential to be the first complete once-weekly oral treatment for HIV;
- A study showing that HIV-specific immune activity may persist in the spinal fluid of adolescents with perinatally acquired HIV, even when the virus is suppressed in the blood.

Convened by IAS – the International AIDS Society – AIDS 2026 will take place at a crucial time in the HIV response. In the face of an unprecedented funding crisis and major cutbacks to HIV programmes, the conference will unite people living with HIV, researchers, policy makers, healthcare professionals, funders, media and communities with the theme Rethink. Rebuild. Rise.

“Science is moving fast, giving us more powerful HIV prevention and treatment tools. But these advances cannot save lives if they never reach the people who need them. That requires robust, stable financing and steadfast political commitment,” Beatriz Grinsztejn, IAS President, AIDS 2026 Co-Chair and Director of the HIV/AIDS Clinical Research Unit at the Evandro Chagas National Institute of Infectious Diseases - Fiocruz in Rio de Janeiro, said.

PEPFAR disruptions have had serious, far-reaching consequences worldwide

PEPFAR, the US global HIV programme, has saved more than 26 million lives since 2003 and changed the trajectory of the HIV pandemic. PEPFAR was a success under the first Trump administration, with major progress toward the 95-95-95 goals. Since the start of the second Trump administration, however, it has undergone major disruptions.

Two presentations at AIDS 2026 will demonstrate the real-world impact of these disruptions. The first is based on the PEPFAR Pulse Study – the first large-scale survey of PEPFAR implementing partners to document the scale and scope of PEPFAR disruptions globally. The survey reached 166 implementing partners in 46 countries.

The results are deeply concerning. More than half (52%) of all implementing partners had at least one terminated award, and 77% had been asked to restrict their work to comply with an additional US policy. Terminations led to 1,714 closed service sites, including 1,010 public health facilities, 325 access points and 126 drop-in centres. Locally based partners were particularly impacted.

Partners were most likely to have permanently stopped providing services for key populations, the groups most vulnerable to HIV. Among partners providing HIV treatment, more than one in five (21%) had permanently stopped at least one HIV clinical care activity. Many partners reported that they were unable to obtain condoms (23%), lab commodities (23%), PrEP (22%) or antiretroviral drugs (20%). Among partners with no terminated awards, the majority had censored language (61%), stopped a service (61%) or stopped services to specific populations (44%) to continue receiving funding.

According to presenter Elise Lankiewicz of amfAR, the results make it clear that US funding and policy changes have caused PEPFAR-wide disruptions, with a disproportionate impact on local organizations and the populations most vulnerable to HIV.

The second study, based on a rapid analysis of newly released PEPFAR data for fiscal year 2025, examined shifts in PEPFAR-supported paediatric treatment following a year of disruption. To get an accurate picture, the study team limited the analysis to PEPFAR-supported treatment, meaning site-level service delivery and technical assistance.

The team found that globally, 77,163 fewer children living with HIV received PEPFAR-supported treatment in fiscal year 2025 compared to 2024 – a decline of 14.2%. The team also examined data for 21 countries that have substantial numbers of children living with HIV on PEPFAR-supported treatment. Among those countries, all but one reported a decline in the number of children receiving site-level treatment support from PEPFAR, with proportional declines among

children living with HIV exceeding those among adults. South Africa recorded the largest absolute decline, with 30,880 fewer children receiving treatment support from PEPFAR – a 45% drop. The team also conducted an analysis that suggests that declines in five countries – Uganda, Haiti, Zambia, South Africa and Kenya – represent potential departures from historical trajectories.

According to presenter Ramona Godbole of Heidelberg Institute of Global Health, Heidelberg University Hospital and Clinton Health Access Initiative, these findings warrant urgent country-level investigation and restoration of public dissemination of routine age-disaggregated PEPFAR data.

“These studies provide compelling new evidence that PEPFAR disruptions have had negative, far-reaching consequences, particularly for those most vulnerable people,” Kenneth Ngure, IAS President-Elect and Associate Professor of Global Health at Jomo Kenyatta University of Agriculture and Technology in Juja, Kenya, said.

Abstracts and sessions: Measuring PEPFAR disruptions at scale: Results from a 46-country implementing partner survey, “AIDS 2026 Co-Chairs’ Choice”; Shifts in PEPFAR-supported pediatric treatment: rapid analysis of fiscal year 2025 PEPFAR program data; “People in crisis: Conflict, migration and sustaining HIV care”.

Open-label extension studies confirm that twice-yearly lenacapavir for HIV prevention is highly effective

Eagerly awaited new data from the PURPOSE 1 and 2 studies confirm that twice-yearly injectable lenacapavir for HIV prevention is safe and highly effective.

Based on data from the randomized blinded phases of PURPOSE 1 and 2, lenacapavir for HIV prevention has already been approved by regulatory authorities in many parts of the world, and global rollout has begun. At AIDS 2026, study teams will present results from the first 52 weeks of the open-label extension phase of both studies.

PURPOSE 1 enrolled cisgender women in South Africa and Uganda. Previously, data from the randomized blinded phase showed that twice-yearly lenacapavir for HIV prevention had superior efficacy to daily oral emtricitabine/tenofovir disoproxil fumarate (F/TDF) in cisgender women. Following the randomized blinded phase, eligible study participants could choose to continue receiving lenacapavir or switch from daily oral PrEP to lenacapavir in the open-label extension. Overall, 95.2% elected to receive lenacapavir in the open-label extension.

During the first 52 weeks of the open-label extension, there were zero new HIV acquisitions among participants receiving lenacapavir. Looking cumulatively from the start of the trial through week 52 of the open-label extension, with more than 7,178 person-years of follow-up among participants receiving lenacapavir, there was one HIV acquisition in a participant receiving blinded lenacapavir. An additional HIV acquisition occurred after a participant switched from blinded lenacapavir to open-label F/TDF. Adherence to injections at week 52 of the open-label extension was 96%, and no new safety concerns were identified. According to presenter Noah Kiwanuka of the Makerere

University School of Public Health, the results reinforce lenacapavir as a transformative PrEP option for cisgender women.

PURPOSE 2 enrolled cisgender men and gender-diverse individuals in Argentina, Brazil, Mexico, Peru, South Africa, Thailand and the United States. Previously, in the randomized blinded phase, twice-yearly lenacapavir for HIV prevention demonstrated superior efficacy to daily oral F/TDF in cisgender men and gender-diverse individuals. Following the randomized blinded phase, 95% of study participants chose to receive lenacapavir in the open-label extension.

Overall, from the start of PURPOSE 2, representing more than 5,295 person-years of follow-up among participants receiving lenacapavir, there were four HIV acquisitions in participants on lenacapavir. Three occurred during the randomized blinded phase (these were previously reported) and one occurred on open-label lenacapavir. The participant who acquired HIV during the open-label phase received all lenacapavir injections on time and lenacapavir plasma level assessment is ongoing. Adherence to injections at week 52 of the open-label extension was 92% among those who switched from active F/TDF.

According to presenter Marcelo Losso of Hospital General de Agudos Dr. José María Ramos Mejía, the results confirm that lenacapavir is a safe and effective HIV prevention option for cisgender men and gender-diverse people globally.

“If we deliver it where it is needed most, lenacapavir for HIV prevention has the potential to help curb the global pandemic,” Grinsztejn, a member of the PURPOSE 2 study team, said. “In Latin America, where many countries are excluded from generic licensing and lack PEPFAR support, access hinges on reaching affordable price agreements. We must resolve these pricing barriers now to ensure the region is not left behind.”

Abstracts and session: Zero HIV acquisitions with twice-yearly subcutaneous lenacapavir for PrEP during 52 weeks of open-label extension in PURPOSE 1; High efficacy of twice-yearly subcutaneous lenacapavir for PrEP through 52 weeks of open-label extension in PURPOSE 2, “Moving to long-acting PrEP”.

Phase 3 trials demonstrate that once-weekly oral islatravir/lenacapavir is efficacious and well tolerated in people with virologically suppressed HIV

While once-daily single-tablet regimens have transformed the outlook for millions of people living with HIV, daily pill fatigue and adherence challenges remain. Many people with HIV want the freedom of a long-acting option, but strict scheduling requirements are associated with injectable medications.

The Phase 3 ISLEND-1 and ISLEND-2 trials evaluated an oral single-tablet HIV treatment regimen taken once weekly that combines islatravir and lenacapavir. This combination has the potential to be the first complete, once-weekly oral single-tablet treatment regimen for people with virologically suppressed HIV.

Last month, Gilead and Merck (known as MSD outside of the United States and Canada) announced positive topline results from the first 48 weeks of ISLEND-1 and ISLEND-2. The announcement indicated that the companies plan to file ISLEND data with regulatory authorities globally. At AIDS 2026, the ISLEND-1 and ISLEND-2 study teams will present detailed findings for the first time.

Jürgen Rockstroh of University Hospital Bonn will present data from ISLEND-1, a double-blind, active-controlled trial that enrolled virologically suppressed adults with HIV taking bictegravir/emtricitabine/tenofovir alafenamide (B/F/TAF), also known by the brand name Biktarvy. Half of participants were randomly assigned to switch to a weekly pill combining islatravir and lenacapavir; the other half continued to take B/F/TAF daily. The study found that the weekly pill was efficacious, well tolerated and statistically non-inferior to B/F/TAF.

Amy Colson of Community Resource Initiative and the Zinberg Clinic at Cambridge Health Alliance will present findings from ISLEND-2, an open-label trial that enrolled virologically suppressed adults with HIV taking various standard of care oral daily antiretroviral regimens. Half of participants were randomly assigned to switch to the weekly pill, and the other half continued to take standard of care oral daily regimens. The weekly pill was efficacious, well tolerated and statistically non-inferior to standard of care oral daily regimens.

“Treatment needs to fit into people’s lives, not the other way around,” Ngure said. “People living with HIV need new treatment options that offer flexibility, and a weekly pill could broaden the choices available for adults with virological suppression. We are excited to share these results at AIDS 2026.”

Abstracts and sessions: Once-weekly oral islatravir/lenacapavir (ISL/LEN) versus daily bictegravir/emtricitabine/tenofovir alafenamide (B/F/TAF) in virologically suppressed adults with HIV-1: Week 48 results of the ISLEND-1 phase 3 trial, “ARTistic strategies 2: The long game”; Once-weekly oral islatravir/lenacapavir (ISL/LEN) versus daily standard-of-care therapy in virologically suppressed adults with HIV-1: week 48 results of the ISLEND-2 phase 3 trial, “AIDS 2026: Co-Chairs’ Choice”.

HIV-specific immune activity may persist in the spinal fluid even when the virus is suppressed in the blood

Finally, AIDS 2026 will include a study that explores a critical frontier in HIV cure research: the central nervous system. This study looked at a group of 79 adolescents in South Africa who acquired HIV around the time of birth and started antiretroviral treatment in infancy. They have been followed for 16 years, making them one of the earliest-treated and longest-followed paediatric HIV cohorts in the world.

The study team investigated whether suppressing HIV in the blood means the central nervous system is also “quiet” or shows no detectable HIV-specific immune activity. To find out, they took paired samples of each participant’s blood and spinal fluid.

Among the adolescents whose HIV was suppressed in their blood, 19% still showed persistent HIV-specific immune activity in their spinal fluid. Individuals in that subgroup tended to have a longer history of HIV treatment interruptions.

According to presenter Shalena Naidoo of Stellenbosch University, the findings suggest that monitoring HIV in the blood alone may not fully capture ongoing HIV-specific immune activity in the central nervous system. They also highlight the importance of including central nervous system-focused assessments in HIV cure and analytical treatment interruption studies.

Abstract: Plasma viral suppression does not ensure CNS immunological quiescence in early-treated adolescents with perinatally acquired HIV (poster exhibition).

The summaries above are based on conference abstracts. In some cases, study teams have provided updated information. Final data presented at the conference may change.

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http://beta.docker.poz.com/blog/data-revealing-impact-pepfar-disruptions-advances-longacting-hiv-prevention-treatment-announced-ahead-aids-2026