

Key messages from IAS and other international conferences and organizations

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Agenda

- What do we know?
- What is new?
- New WHO recommendations
- Where we go from here?



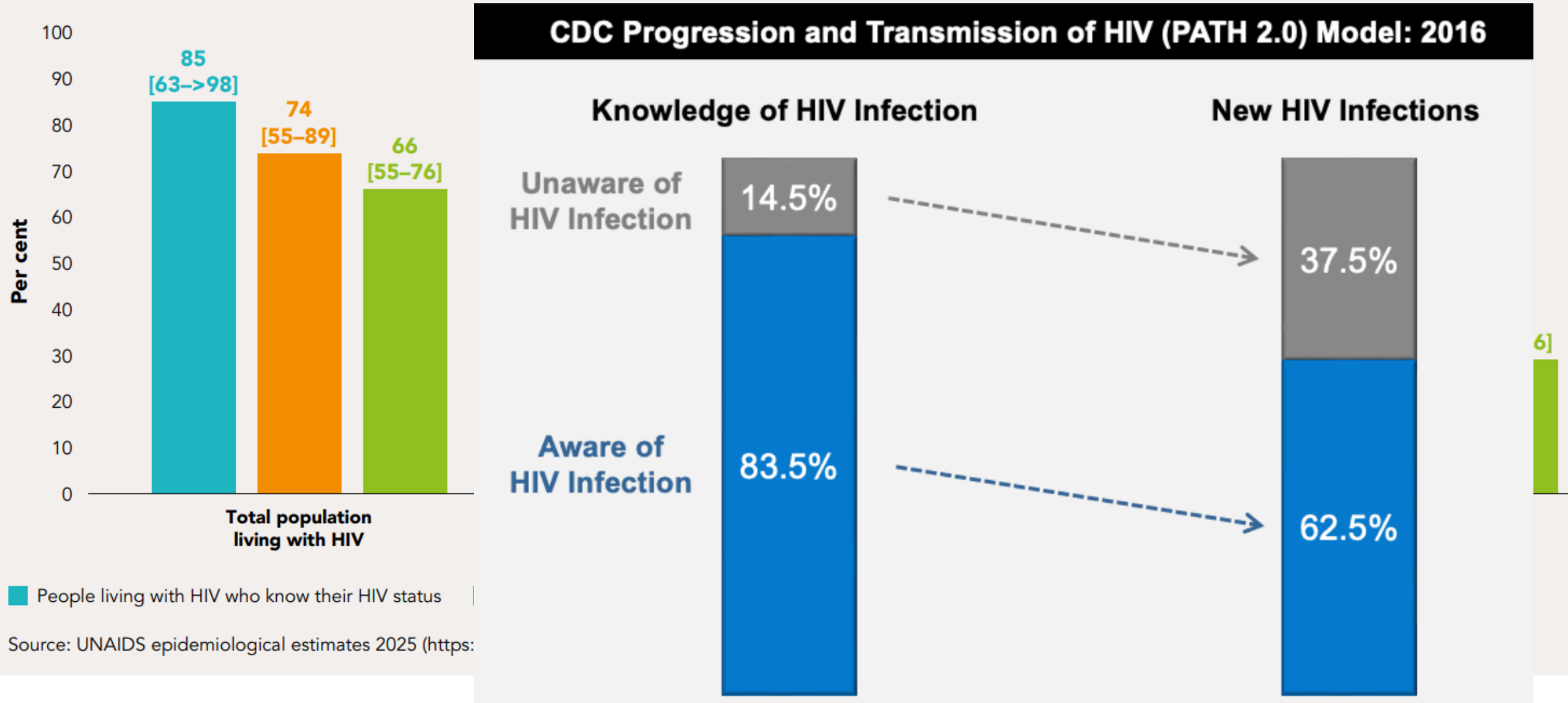
What do we know? Testing

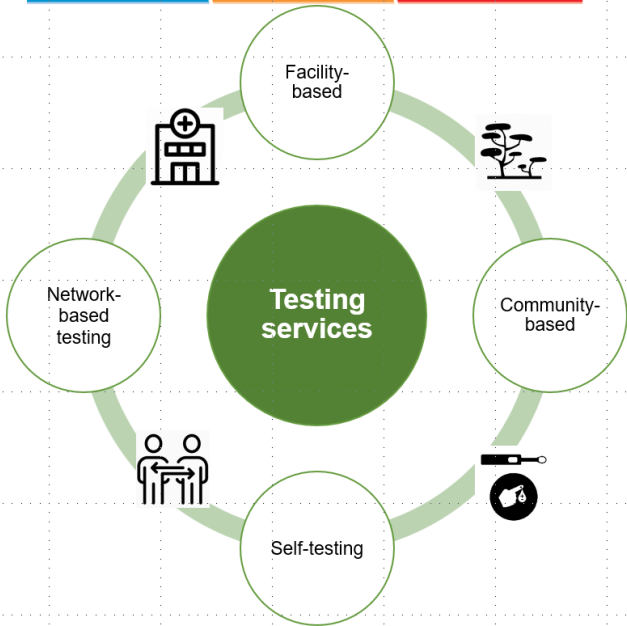
- A neutral approach facilitates the uptake
- Should be universal in countries with prevalence $>1\%$
- This includes at least one test to all sexually active people and periodic testing to people with potential HIV exposure
- Pregnant women services, TB, STI. Evaluate hospital wards, emergency room and outpatient clinics should offer HIV test to all individuals
- Community testing, mobile testing, and peer testing is critical for reach key population
- Self-test is a proven strategy for secondary distribution
- Partner services and notification should be offered

How much is enough?

HIV testing and treatment cascade, by age and sex, Caribbean, 2024

Figure 11.3. HIV testing and treatment cascade, by age and sex, Caribbean, 2024



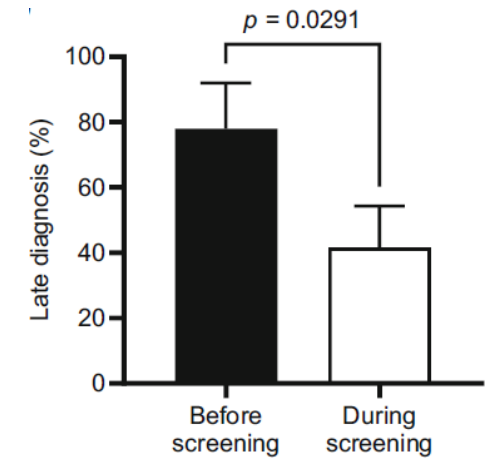


Developing an Accident and Emergency HIV Testing Program in Belize City: Recommendations from Key Stakeholders

Journal of the International Association of Providers of AIDS Care
 Volume 18: 1-10
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 DOI: 10.1177/2325958219856328
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JIAPAC 2019

Tess Wisel, MD¹, Roland Merchant, MD, MPH, ScD²,
 Marta Habet, MD³, and Joy Mackey, MD⁴



Increasing HIV early diagnosis by implementing an automated screening strategy in emergency departments

Inês Vaz-Pinto¹ | Ana Gorgulho¹ | Catarina Esteves¹ |
 Mafalda Guimarães¹ | Vanda Castro¹ | Alba Carrodegus² |
 Diogo Medina²

HIV Med. 2022;23:1153–1162.

Routine HIV Testing and Outcomes: A Population-Based Cohort Study in Taiwan

Yi-Hsuan Chen, PhD,¹ Chi-Tai Fang, MD, PhD,^{1,2} Ming-Chieh Shih, MD, PhD,¹
 Kuan-Yin Lin, MD, MS,^{1,2} Shu-Sen Chang, MD, PhD,^{3,4} Zong-Tai Wu, MS,⁵ Yu-Yao Lee, MS,¹
 Chang-Hsun Chen, MD, PhD⁶

80% Lower risk late Dx Am J Prev Med 2021
 37% Lower risk of death

The Forgotten Test: Missed Opportunities for HIV Diagnosis and Survival Outcomes in Advanced HIV Disease

Arianna Narducci¹, Alessandra Vergori^{1,*}, Paola Borrelli², Irene Francesca Bottalico¹, Sergio Maria Ferrara¹,
 Chiara Grillo¹, Francesco Rosario Paolo Ieva¹, Mariacristina Polisenò³, Annalisa Saracino³,
 Antonio Cianciaruso³, Riccardo Schiavoni⁴, Laura Mezzogori⁴, Antonio Di Biagio⁴, Andrea Santoro⁵,
 Giulia Carla Marchetti⁵, Camilla Tincati⁵ and Sergio Lo Caputo¹

Original research article

INTERNATIONAL JOURNAL OF
STD & AIDS

International Journal of STD & AIDS
 2022, Vol. 0(0) 1–6
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 DOI: 10.1177/09564624221132624
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“If I’m at home, I do it at home”: Qualitative study on HIV self-testing among transgender women in Argentina

Amalia De Luca¹, Virginia Zalazar¹, Diego Salusso¹, Emilia Frontini¹, Solange Fabian^{1,2}, Nadir Fernana Cardozo^{1,3,4,5},
 Carina Cesar¹, Pedro Cahn^{1,2}, Omar Sued¹ and Inés Aristegui^{1,7}

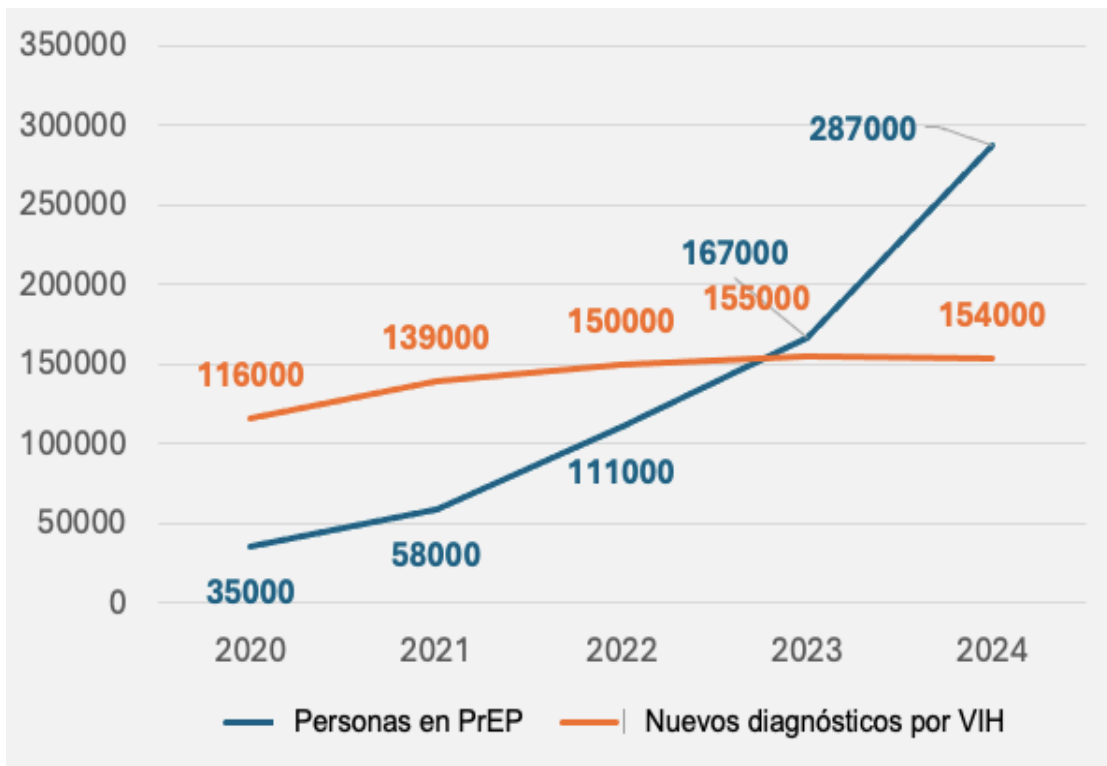
What do we know? PrEP

- Safe and effective
- Better if we offer different options
 - Daily or event driven
 - Preference for Long-Acting Oral or Injectable (but not available yet)
- Acceptability is good but demand needs to be generated
- Multiple differentiated models function better
 - TelePrEP, mobile PrEP, community distribution, pharmacy PrEP

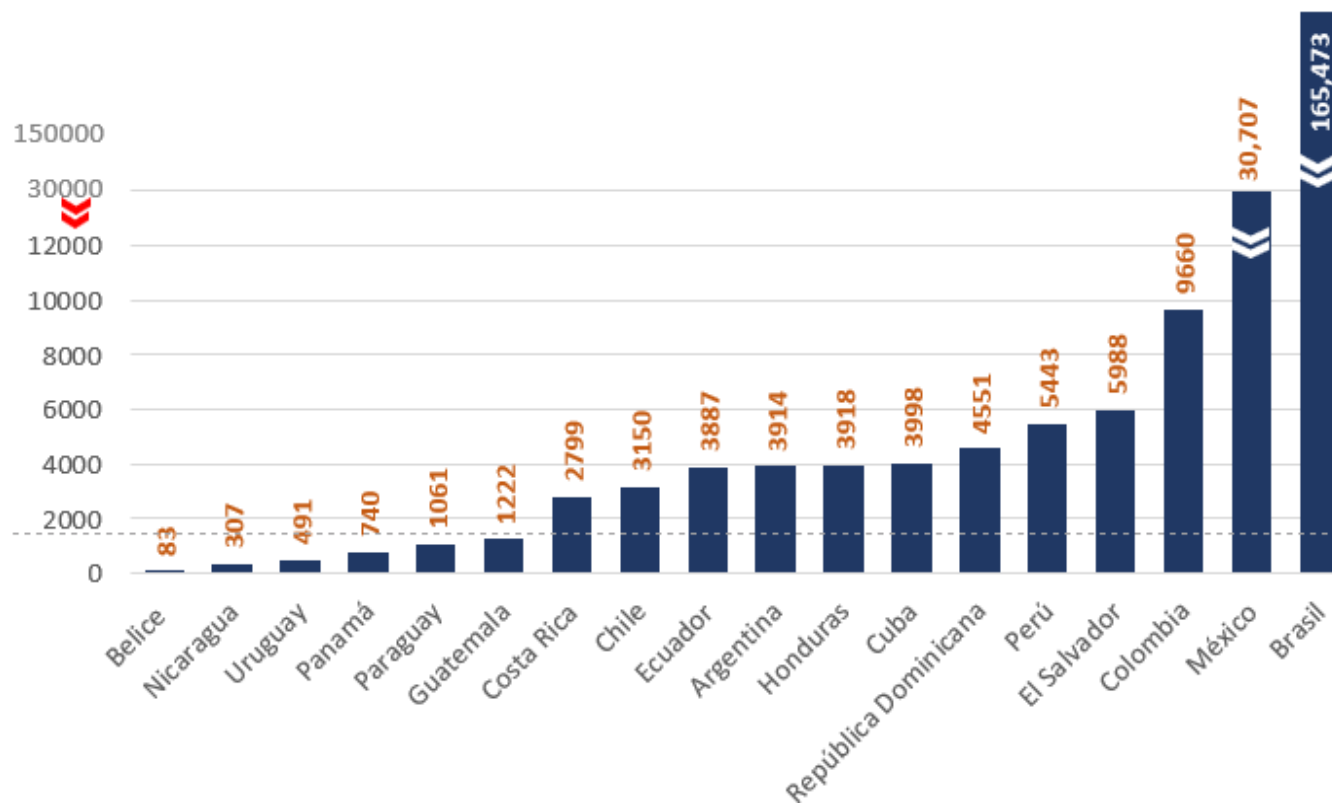
How much PrEP to do?

- Public health impact with at least $>3/1$ PrEP/NewDx
- Higher ratios ($>10/1$) could be needed for specific scenarios

Number of people in PrEP, Latin America and the Caribbean, 2020-2024



Number of people on PrEP by country, 2024



EXPERIENCES IN LAC



BRASIL

- HIV selftest and condoms in metro stations.
- PrEP and PEP distribution in vending machines.
- TelePrEP for prescription
- Mobile units for testing, PrEP and PEP.



ECUADOR

- Combined mixed financial model implemented by civil society and ministries of health.
- Services are integrated through an electronic system.
- TelePrEP for prescription



JAMAICA

- Mobile One Health Units: expands HIV and syphilis testing.

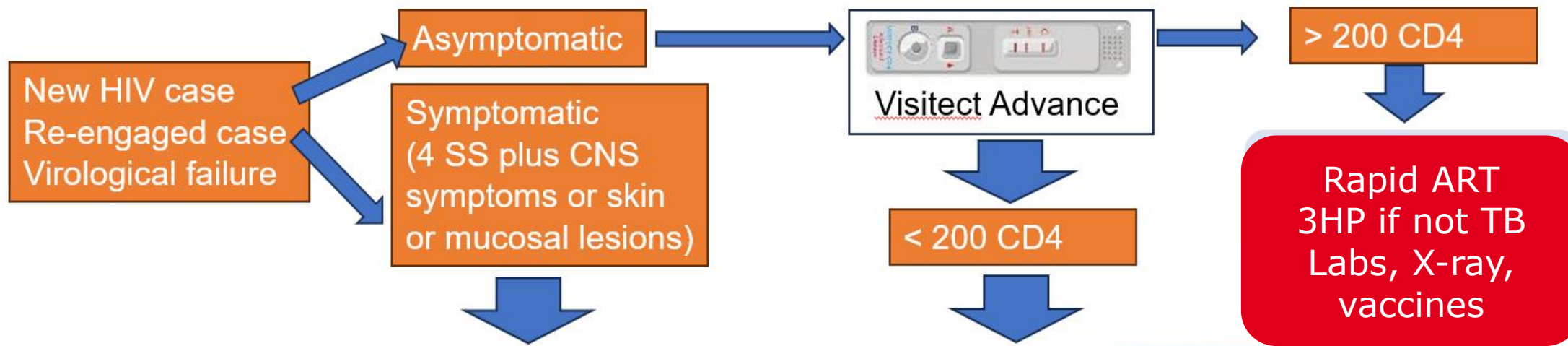


Fuente: OPS 2025. Información brindada por representantes nacionales en GAM /entrevistas.

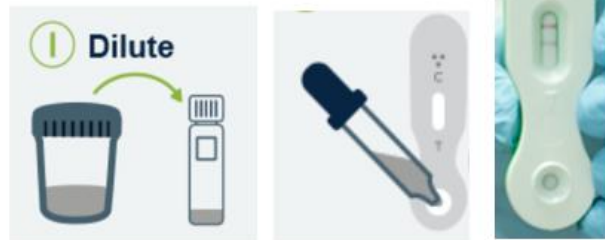
What do we know? ART

- **Same day treatment** improve retention, viral suppression and mortality
- **DTG based regimens** are more acceptable, tolerated and durable, transition improved virological suppression
- The only reason to **delay ART** is Crypto or TB meningitis
- Same day evaluation of advanced HIV diseases and opportunistic infections.

So, **rapid** test, **rapid** staging and **rapid** ART



LFA Histo
Urine, 40'



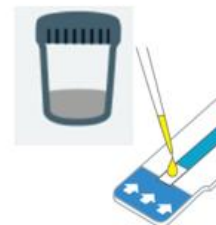
+ L.AmB + itraconazole
TMP/SMX

LFA Crypto



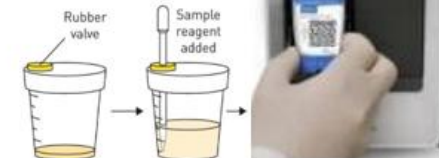
+ LP for Cmeningitis & L.AmB + flucytosine + fluconazole or Fluconazole alone if CSF is (-). TMP/SMX

TB-LAM
Urine, 25'



+ TB treatment
TMP/SMX

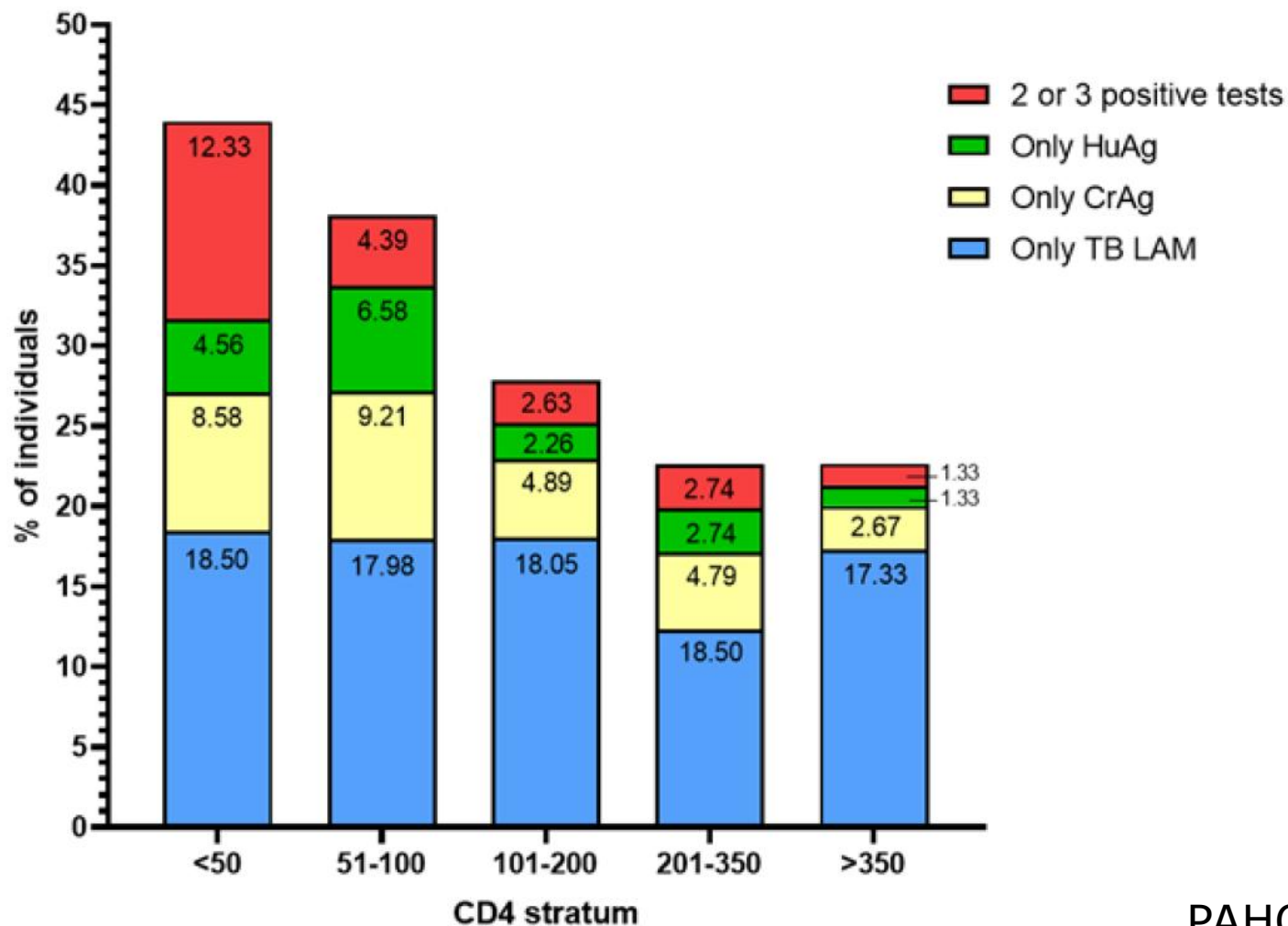
Xpert pulmonary
and extra-pulmonary
samples 90'



Prevalence of OI among individuals with symptoms or CD4<200

PAHO Advanced HIV project

Figure 1. Proportion of people with positive antigen tests by CD4 stratum, excluding overlapping tests



Immediate treatment of OIs can reduce mortality up to 7% in the first year.

Unfortunately, at this stage mortality is still high

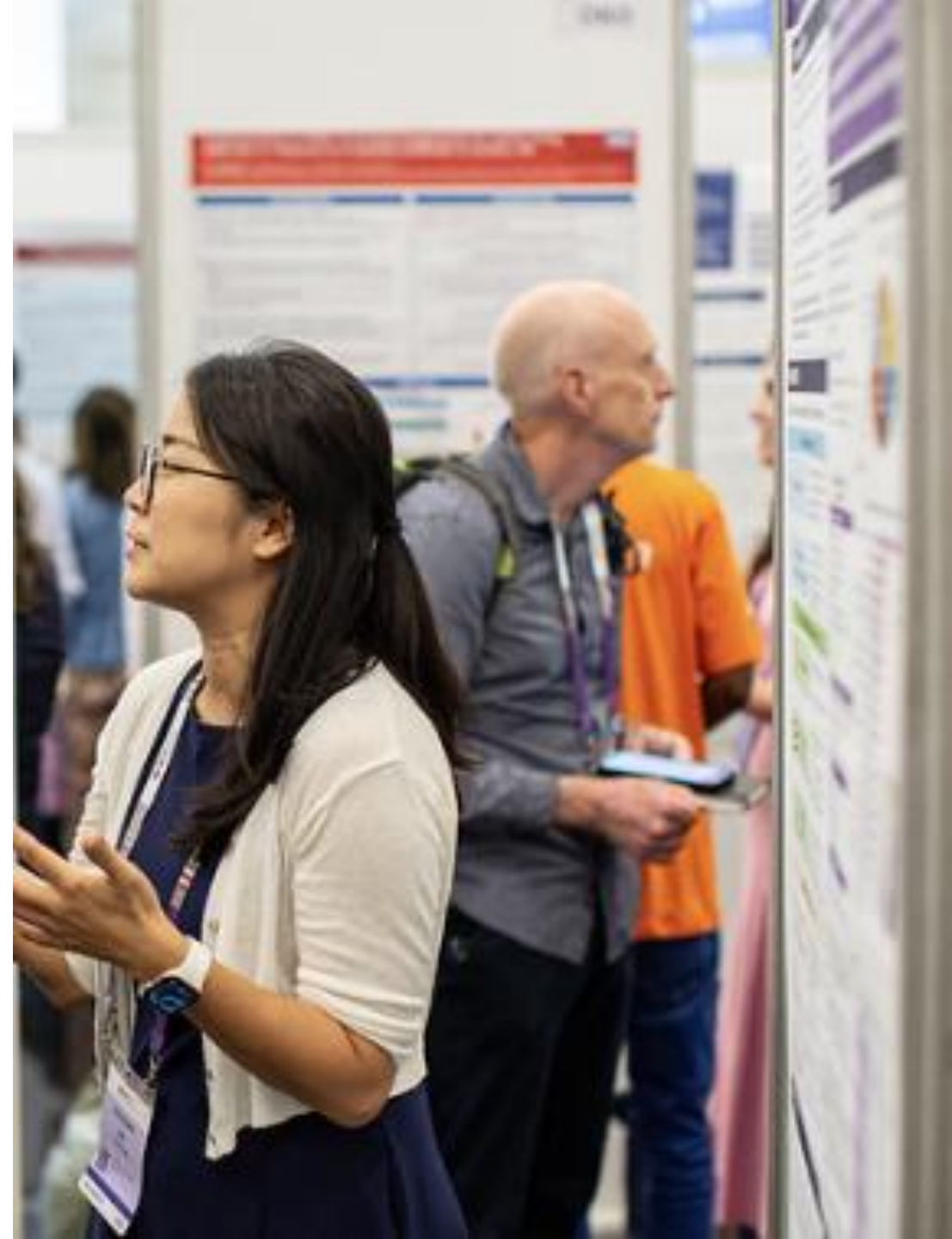
At 1 month: 10%
But >25% with people with fungal diseases



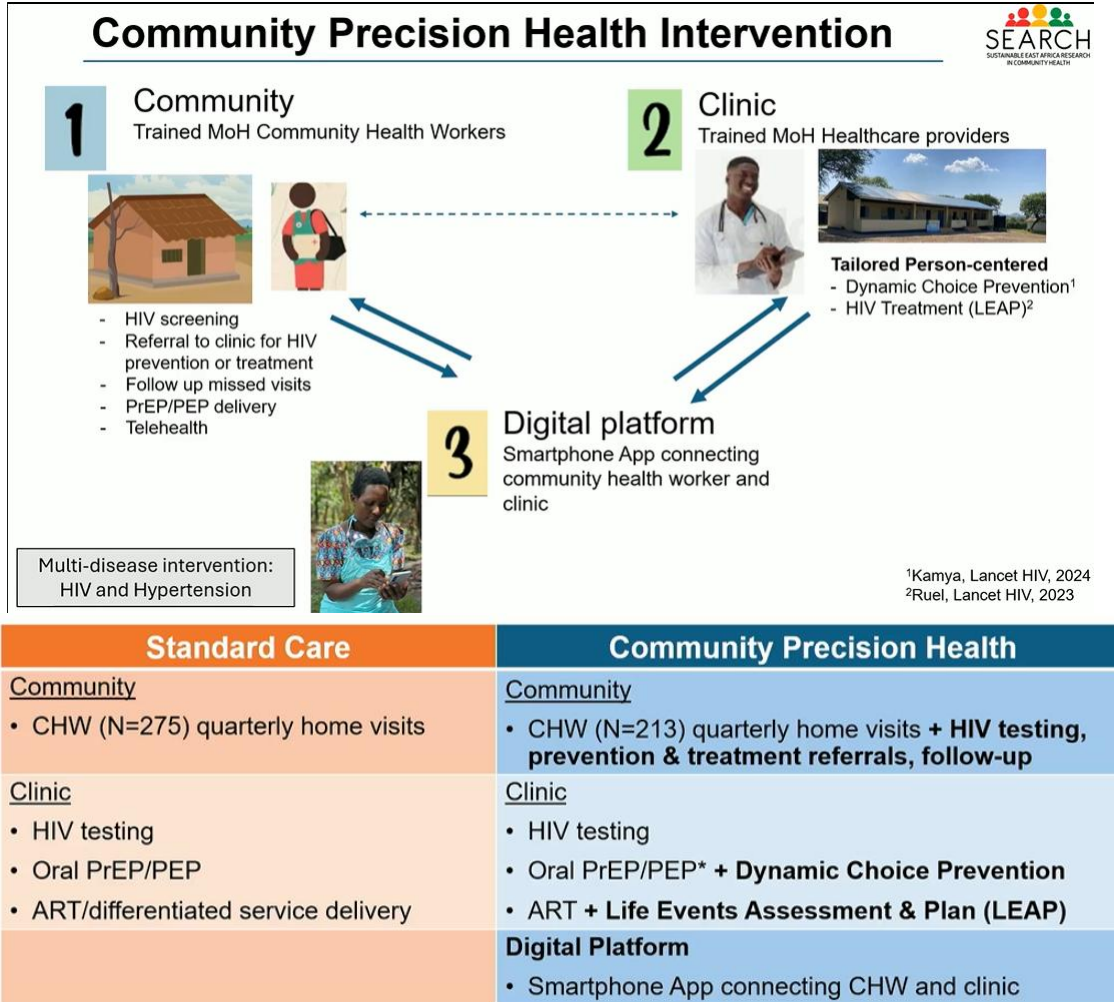
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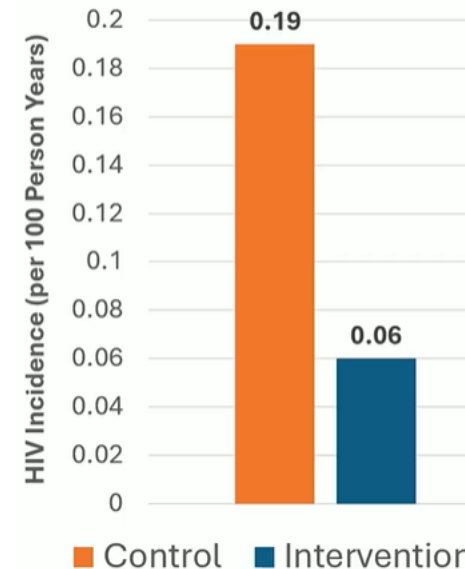
What is new?



What is new?: Community work



- Health promotors + testing at home + Smartphone App + and referral for PrEP or ART at clinics + counselling.



- 70% reduction of HIV incidence
- 4 times more PrEP uptake

What is new?: PrEP

- Daily or on demand PrEP equally effective
- **MK-8527** can maintain protective levels with a monthly dose. EXPrESSIVE-10 and 11 are enrolling 8000 individuals to demonstrate efficacy. PrEP dose 11 mg/month.
- Cabotegravir U Long dosed every 4 months
- **Lenacapavir** as the gamechanger (Dr Moti)
- Important protection of **doxyPEP** for syphilis and chlamydia

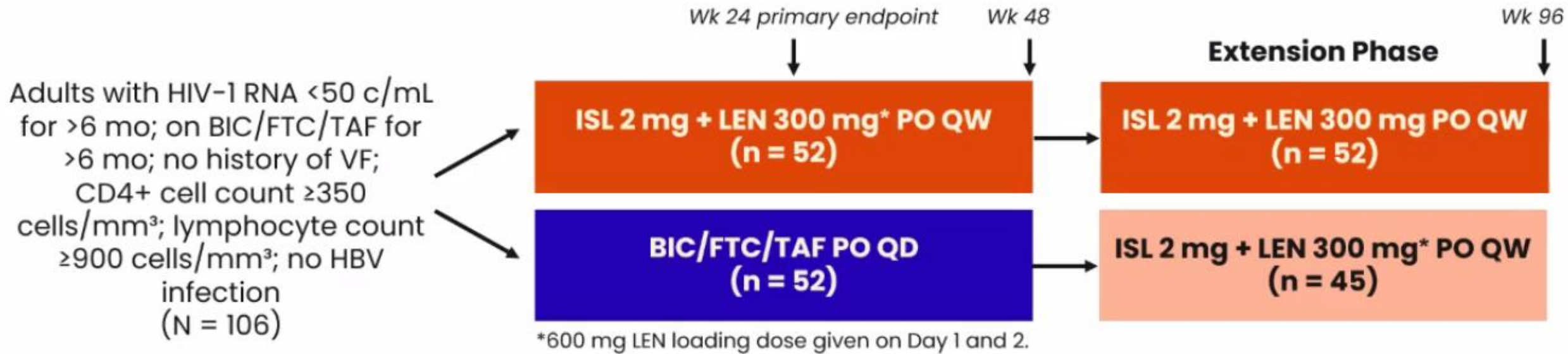


What is new?: ART

- **Pediatric** prophylaxis and treatment simplified: **Odyssey** study demonstrated superiority of pediatric DTG.
- **IMPALA Study**: CAB/RPV injectable every 2 months can work well in people that discontinued ART previously in Africa.
- Similar findings in drug users and people who cannot take oral medications.
- CAB/RPV generic expected to be available in 2028
- At CROI several ART new development and options were presented (BIC-lena, DOR-islatravir, Lena or Cab + monoclonal antibodies)

Once-Weekly ISL + LEN in People With Virologically Suppressed HIV: Study Design

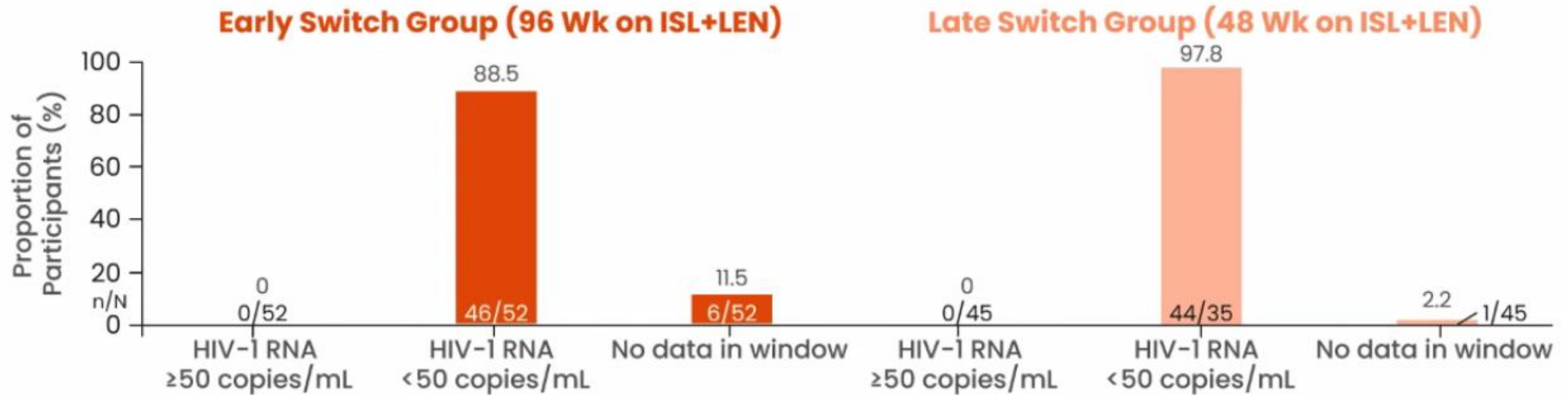
- Open-label, active-controlled, randomized phase II study



- Primary endpoint:** HIV-1 RNA ≥ 50 c/mL at Wk 24 by FDA Snapshot analysis
- Current analysis:** HIV-1 RNA ≥ 50 c/mL or <50 c/mL at **Wk 96**, AEs, change in CD4+ cell count, adherence, change in BMI and body weight



Once-Weekly ISL + LEN: Virologic Outcomes



- **Early switch group:** All participants who remained on ISL + LEN through Study Wk 96 had HIV-1 RNA < 50 c/mL at Wk 96 of treatment

- Of participants with available data, none had HIV-1 RNA ≥ 50 c/mL at Wk 96 or discontinuation

- **Late switch group:** All participants who remained on study after Wk 48 had HIV-1 RNA < 50 c/mL on ISL + LEN

- Of participants with available data, none had HIV-1 RNA ≥ 50 c/mL after Wk 48 or at discontinuation

What is new?: Cure efforts

10 people declared cured after BM transplantation

Still, no a safe strategy identified to scale up cure among people who do not require a transplantation

Cases of HIV long remission using stem cell transplant (2008-2026)

HIV long remission case (reported year)	Type of transplant	Type of malignancy	CCR5 mutation profile	Time on HIV remission	Comments
Berlin patient (2008)	aHSCT	Acute myeloid leukemia	homozygous	14 years	Died of recurrent leukemia in 2020
London patient (2019)	aHSCT	Hodgkin Disease	homozygous	8.5 years	
Dusseldorf patient (2019)	aHSCT	Acute myeloid leukemia	homozygous	7 years	Prolonged use of ART before interruption
New York patient (2022)	hBCT	Acute myeloid leukemia	homozygous (2 donors)	5 years	Female case (mixed ancestry). Cord blood and stem cell transplant
City of Hope patient (2022)	aHSCT	Acute myeloid leukemia	homozygous	4.5 years	63 years old and CD4 < 100 at the time of transplant
Geneva patient (2023)	aHSCT	Extramedullary myeloid tumor	no mutation (wild type)	4.5 years	Used ruxolitinib for GVHD (potential impact on size of the HIV reservoir)
New Berlin patient (2024)	aHSCT	Acute myeloid leukemia	heterozygous	7 years	
Chicago patient (2025)	aHSCT	Acute myeloid leukemia	homozygous	1.5 years	Temporary rebound 15 months after 1 st ATI (reintroduction of ART during 2 years before current ATI)
Oslo patient (2025)	aHSCT	Myelodysplastic syndrome	homozygous	2 years	Used ruxolitinib for GVHD (potential impact on size of the HIV reservoir)
Toronto patient (2026)	aHSCT	Acute myeloid leukemia	homozygous	9 months	Burkitt lymphoma in 1999 (complete remission). Myelodysplastic syndrome in 2020, followed by AML in 2021.

aHSCT = allogeneic hematopoietic stem cell transplant; hBCT = haplo cord blood transplant; ATI = analytical treatment interruption, GVHD = graft versus host disease



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New WHO recommendations





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Testing, PEP and PrEP

HIV self-testing can be used for PrEP. Syphilis ST also.

Network-based testing services and social network testing services should be implemented

Lenacapavir can be included as one of the PrEP options

TLD should be offered to all adults that require PEP, while ABC/3TC/DTG be used in children

PEP to PrEP

Consolidated guidelines
on differentiated
HIV testing services

Guidelines on
lenacapavir for HIV
prevention and testing
strategies for
long-acting injectable
pre-exposure
prophylaxis

Guidelines for
HIV post-exposure
prophylaxis

Treatment

TLD or TAFED is the preferred treatment for adults

ABC/3TC/DTG for children since day 0 adjusted to weight (every other day during first 2 weeks of life)

Darunavir is the preferred PI for 2nd and 3rd line

3TC-DTG can be used for simplify therapy in patients suppressed and without hepatitis B

All sites should have SOPs for adherence and reengagement, and post discharge protocols

WHO guideline on HIV service delivery

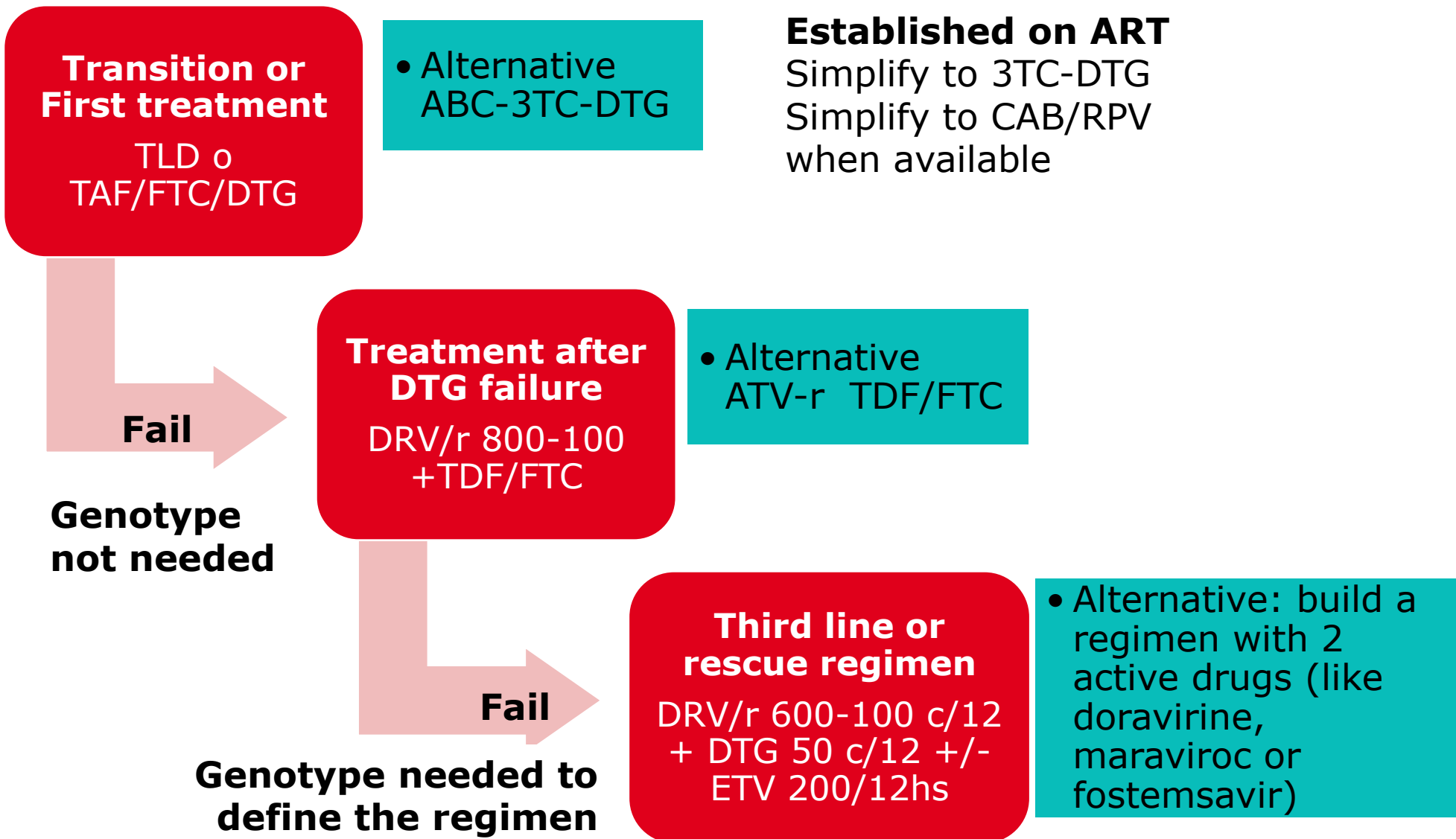
Updated guidance on the integration of diabetes, hypertension and mental health services, and interventions to support adherence to antiretroviral therapy



WHO updated recommendations on HIV clinical management: recommendations for a public health approach



ART sequence





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Advanced HIV

Compendium and Update of previous guidance

CD4 should be used in any new patient or reengagement or in patients failing ART. Also to stop TMP/SMX or secondary prophylaxis (itraconazole or fluconazole)

First recommendation on KS treatment (paclitaxel or pegylated liposomal doxorubicin)





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/ PAHO launches Regional Alliance to accelerate HIV elimination in the Americas

PAHO launches Regional Alliance to accelerate HIV elimination in the Americas



5 Dec 2025



Where we go from here?

PAHO Alliance for HIV Elimination

The Alliance for the Elimination of HIV in the Americas is a strategic platform that drives political leadership and fosters collaboration among countries and key partners, accelerating progress toward ending HIV as a public health issue.



Timely and expanded diagnosis

Diagnosis is the gateway to elimination.

- **The strategy:** to scale up HIV self-testing, index testing and social network approaches, and rapid testing at the point of care.
- **The impact:** bringing testing into everyday settings reduces stigma, improves confidentiality, and dramatically shortens the time from exposure to treatment initiation.



A new era of combination prevention

- **The innovation:** the introduction of long-acting injectable options alongside the large-scale expansion of oral PrEP.
- **The potential:** regional models suggest that this combined strategy could reduce new infections by more than 70% by 2030.



Optimized and integrated treatment (U=U)

Undetectable = Untransmittable

- **The priority:** immediate initiation of antiretroviral treatment upon diagnosis.
- **The benefit:** early diagnosis and treatment can reduce care costs by up to 20 times compared to advanced HIV disease.

Goal to reduce >90% new HIV infections and HIV related deaths

Path to HIV elimination



Verification
reduction cases
and deaths



Program review



Laboratory
assessment



Human rights,
gender and
community
participation



BRONZE

- Rate inc. HIV ≤ 15 per 100k
- Death rate. HIV ≤ 5 per 100k



SILVER

- HIV Inc. Rate ≤ 10 per 100k
- Death rate. HIV ≤ 4 per 100k



GOLD

- HIV inc. rate ≤ 5 per 100k
- Death rate. HIV ≤ 3 per 100k



Certification

- HIV Inc. Rate ≤ 2.5 per 100k
- Death rate. HIV ≤ 1.5 per 100k

Also fulfilling programmatic performance indicators and EMTCT elimination

“La utopía está en el horizonte. Camino dos pasos, ella se aleja dos pasos y el horizonte se corre diez pasos más allá. ¿Entonces para qué sirve la utopía? Para eso, sirve para caminar”

Eduardo Galeano

“Utopia is on the horizon. I take two steps, it moves two steps away. I walk ten steps and the horizon shifts ten steps further on. So what is utopia for? That’s what it’s for: to keep us walking.”

Eduardo Galeano



**We have the tools
We have the
experience
We did it before**

**We really can
eliminate HIV as a
public health
problem**

Elimination Initiative 3.0

Best Buys to Accelerate
Disease Elimination
in the Americas

Routine testing,
selftesting, partner
and network testing,
telehealth, simplified
and differentiated
PrEP, nPEP, same
day ART, AHD
management,
sexual education

**Congratulations
to Belize**
on eliminating
Mother-to-Child
Transmission
of HIV and
Syphilis!

PAHO **unicef** **UNAIDS**



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**Muchas gracias!
Thank you very
much!**

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