



3RD AFRICAN WORKSHOP ON
WOMEN & HIV 2026

HER POWER, HER POSSIBILITY: ENDING HIV
CAPE TOWN, SOUTH AFRICA | 12-13 MARCH

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ABSTRACT BOOK

3rd African Workshop on Women & HIV 2026
Cape Town, South Africa | 12-13 March 2026



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ORAL ABSTRACT PRESENTATIONS

African Workshop on Women & HIV 2026

Hybrid Meeting

12 – 13 March 2026
Cape Town, South Africa



1

Empowering Men, Strengthening Families: Early Lessons from the Mentor Brothers Program in South Africa

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Background: Historically, men have been largely excluded from maternal and child health (MCH) spaces. However, growing evidence demonstrates that engaging men is crucial for improved maternal, newborn, and child health outcomes and for gender equality - all critical components in HIV prevention. The One to One Africa Enable program, which provides MCH care in the rural Eastern Cape through its Mentor Mother program, has recently introduced a Male Engagement intervention called Mentor Brothers, to address the gap in male involvement.

Materials and Methods: The Enable Male Engagement intervention aims to actively engage men to protect, promote, and support the health of themselves and their families. The program seeks to address social and gender norms that contribute to discrimination and inequality, aligning with global recommendations to involve men in maternal health. Utilizing a positive deviant model, Mentor Brothers, who are respected role models within their communities, are trained to facilitate group sessions on topics such as active involvement in their partners' health, responsive caregiving, engagement in their children's health and development, and gender-based violence. These sessions occur over a 6-month period engaging the same group of men. The intervention also includes home visits, linkage to care, and broader community engagement. Crucially, extensive work with traditional leadership was undertaken to foster program acceptance and uptake.

Results: Drawing on the experiences of the Mentor Brothers themselves, and initial feedback from the men involved in the program, the initial

implementation of the Mentor Brothers program yielded several critical insights:

A significant gap exists in addressing men's health needs and their engagement in women's and children's health. The gap identified in addressing men's health needs underscores that MCH programs must also acknowledge the health challenges that men face. Ignoring men's health needs can undermine their ability to be actively involved in their families' health and wellbeing. Engaging traditional leaders is essential for facilitating program acceptance and community buy-in.

The positive deviant model, utilizing exemplary fathers as role models, is effective in facilitating social and gender norm change, and promotes men's involvement in maternal health.

Creating safe spaces for men to share experiences and discuss their roles as men and fathers fosters productive engagement and positively influences their involvement in their own and their families' health.

Conclusions: Positive male engagement in women's and children's health has the potential to bring multiple benefits to their own health, and to the health of their families, including sexual and reproductive health and HIV. This represents a critical next step for MCH interventions and promotes a gender-transformative approach. The program's focus on the health of the entire family has the potential to contribute to healthier and more resilient communities.



2

Communities' Voices on Sexual and Gender-Based Violence among Adolescent Girls and Young Women to Reduce Barriers and Improve Access to Services through Community-Led Monitoring in Yaoundé, Cameroon

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Background: Communities are at the heart of sustainable HIV responses, yet women and girls living with or affected by HIV in Cameroon continue to face entrenched barriers related to gender inequality, stigma, and sexual and gender-based violence (SGBV) (UNAIDS & WHO, 2023; Global Fund, 2023). In 2022, approximately 979,000 individuals in Cameroon required GBV-related services, 94% of them women and girls highlighting the urgency of community - centered, gender-transformative interventions (WHO Cameroon GBV Report, 2023). Despite the high prevalence of SGBV, significant underreporting persists due to fear, stigma, and cultural norms that discourage many women and girls from seeking help or reporting incidents further complicating efforts to provide adequate care and justice (Afrobarometer, 2024). 52% of women who experienced violence never sought help, and Global Fund projects have shown limited progress in addressing HIV-related gender discrimination. To better understand and address these issues, HEDECS women led community monitoring study was conducted in 2023 focusing on adolescent girls and young women (AGYW) aged 15-24 in four districts of Yaoundé.

Material and Methodology: Experimental, statistical analyses and Community-Led Monitoring (CLM). Had multi-step approach; problem identification, identify gender markers, design/validation of tools, capacity building, mobilisation, data collection/validation, evidence generation (quantitative and qualitative),

advocacy, feedback, follow up and monitoring and evaluation. Data collected from four Health Districts via key informant interviews, 16 focus group discussions of 10 - 12 participants each (to assess knowledge, availability, accessibility, acceptability, affordability and relevance of existing services) analyses through descriptive, Nvivo, and pattern coding. Materials used were questionnaires, kobo collect, dashboard.

Results: Sexual violence among 200 Adolescent Girls and Young Women (AGYW) aged 15–24 years in Biyemassi, Nkolbisson, Soa Rural, and Soa Urban health districts of Yaoundé, Cameroon. 66.67% were AGYW living with HIV. 39% had experienced sexual violence, at home 30.8%, family members 17%, neighbors 12.8%. Within the family/home 47.8%. High underreporting revealed in qualitative data as participants were scared to talk about SGBV for reasons; stigma, threat to life and livelihood, culture of silence among others. Of 200 respondents, 88 were aware of available SGBV services and 19 had accessed to at least one. Barriers included cost, discrimination, confidentiality, and lack of trust . Need to strengthen safe spaces for survivors, expand psychosocial and judicial support, increase GBV awareness, and ensure affordable, confidential, and child-appropriate care. Sustainable empowerment of women living with HIV requires national policy reform and sustained community engagement and leadership. SGBV especially from the family and communities has consequences of increase post-traumatic stress, self-stigmatization, and self-harm. Evidence is indicative of GBV having the face of a women/girls exacerbated with underreporting, “the culture of silence” and protection of perpetrators that enables the vicious cycle of SGBV. Empowering communities voices jitters the safe spaces of perpetrators, women and girls to lead and take ownership of issues affecting them; health, social initiatives and advocacies bridges service gaps, promotes accountability, reduces human rights barriers. The CLM approach proved a practical model for amplifying community voices and ensuring Global Fund supported programs are inclusive, equitable, and effective



5

The Effect of Group-Antenatal/Postnatal Care on Uptake of Maternal and Sexual Reproductive Health Services among Adolescent Girls and Young Mothers Living with HIV in Uganda, 2021-2023. A Quasi Experimental Design

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Background: Pregnant adolescent girls and young mothers (AGYM) are less engaged in maternal and sexual reproductive health (SRH) care, making it difficult to mitigate the increased risk of poor maternal and neonatal outcomes. To address these challenges, the Uganda Ministry of Health piloted the group-antenatal/postnatal (G-ANC/PNC) model at 33 health facilities and later expanded it to 685 facilities nationally. The evidence-based G-ANC/PNC model consists of cohorts of 6–12 AGYM with similar gestational or infant age that receive standard health assessments and group psychosocial support and counselling led by trained peers or health workers. We assessed the benefits of the model for AGYM.

Methods: We measured the effect of G-ANC/PNC model on ANC and PNC attendance, delivery at facility where they attended first ANC, and use of modern methods of postpartum contraception. A total of 144 health facilities were randomly selected; 72 implemented the G-ANC/PNC model (intervention group) and 72 never implemented (control group). Data were abstracted from health facility registers for pregnant AGYM aged 10–24 years living with HIV enrolling in ANC between July through December 2021 to compare between the intervention and control groups. To measure the effect of the model, a modified poisson regression model was applied.

Results: A total of 243 AGYM living with HIV were included, 152 (62.6%) in the control and 91 (37.4%) in the intervention group. AGYM in the intervention group were more likely to attend four

or more ANC visits (67.0% vs 46.7%; incident rate ratio [IRR] 1.64, 95% confidence interval [CI] 1.25–2.15), deliver at the health facility of first ANC (68.1% vs 23.0%; IRR 2.55, 95% CI 1.77–3.68), attend PNC at six weeks at facility of first ANC (38.5% vs. 11.8%; IRR, 2.57, 95% CI 1.49–4.72), and use a modern method of postpartum contraception (44.0% vs 17.1%; IRR 2.54, 95% CI 1.32–4.95).

Conclusion: Our results show that the G-ANC/PNC model was associated with improved continuity of ANC and PNC, facility delivery, and uptake of modern postpartum contraception among AGYM living with HIV. National programs may consider scaling up the model to improve outcomes among this group.



6

From Research to Reality: Outcomes and Insights from a Multi-Prong Referral System for Adolescent Mothers Living with and Affected by HIV in South Africa (2018-2025)

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Background: Adolescent mothers in Eastern and Southern Africa face compounding vulnerabilities, including high rates of HIV acquisition, gender-based violence, food insecurity, and mental health challenges. While longitudinal research identifies these risks, standard research protocols struggle to provide immediate, actionable support. Within the HEY BABY (Helping Empower Youth Brought up in Adversity with their Babies and Young children) cohort study in South Africa's Eastern Cape, we designed, adapted and implemented a comprehensive referral protocol to respond to the immediate needs of adolescent mothers and their children across three waves of data collection, spanning pre-pandemic and COVID-19 contexts.

Methods: We analyzed referral data from a longitudinal community-based cohort of N=1,045 adolescent mothers (aged 10–24 at baseline), including N=398 adolescent mothers living with HIV. Data were collected across three waves: Wave 1 (in-person, 2018–2019), Wave 2 (remote/phone-based during COVID-19, 2020–2022), and Wave 3 (2023–2025). The study utilized a referral protocol distinguishing between "Emergency" (immediate action required within 72 hours, e.g., suicidality, recent sexual violence, grave illness) and "Non-Emergency" (e.g., official documents such as birth registration/ certificates, social grants and food insecurity). The protocol was co-designed in partnership with Departments of Health, Social Development and service-providing NGOs (Masithethe for psychosocial support and Masimanyane for GBV/ safety concerns) to facilitate linkage to psychosocial support and other specialised services. Descriptive

statistics were used to analyze the frequency and typology of referrals stratified by participant HIV status and data collection wave.

Results: Over the three waves, a total of 593 referrals were initiated, 85% of which were completed, 1% were discontinued, 11% were lost-to-study follow-up, and 4% were still on-going. The demand for referrals fluctuated significantly by wave (189, 139 and 265), with over half being repeat referrals (57%). The most frequent referrals were food security (50%), counselling (40%), access to social protection grants (4%) and official documentation (2%). Fifteen participants received emergency referrals linked to suicidal ideation or behavior. Among adolescent mothers living with HIV, n=11 (5%) required clinic re-engagement or treatment adherence support, and were more likely to have repeated referrals (45% vs 40%). The shift to remote research and referrals during the pandemic revealed that psychosocial support referrals increased from 12% of all referrals in Wave 1, to 74% in Wave 2 (during the pandemic) and to 43% in Wave 3. Food security referrals decreased during the pandemic, likely due to limited ability to deliver food during lock-down periods, and increased again to 44% in Wave 3.

Conclusion: Conclusions: Adolescent mothers in resource-constrained settings require support beyond standard HIV prevention and care. The high volume of non-clinical referrals (specifically food and documentation) highlights the burden of structural barriers for this population. Research programs can act as a bridge to statutory services, provided there are robust, adaptable safeguarding protocols in place, providing important insights for the integration of violence prevention, social protection and psychosocial support into HIV programming for adolescent mothers in South Africa.



7

Community-Led Interventions to Improve HIV and SRH Access, Reduce SGBV and Stigma among Adolescent Girls and Young Women in Jos, Nigeria

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Background: Adolescent Girls and Young Women (AGYW) living with HIV in Nigeria face profound structural barriers to their health and well-being. Unmet HIV, Sexual and Reproductive Health (SRH) needs, pervasive social norms, low socio-economic status, stigma, inadequate adolescent-friendly services, and deep-rooted gender inequality perpetuate a cycle of vulnerability and repeated Sexual and Gender-Based Violence (SGBV), particularly among adolescent mothers who lack empowerment to speak out/seek justice.

Materials and Methods: Tearfund and its partners have implemented "My Health, My Right; Empowering Adolescent Mothers, Fathers and the Community" in Jos, Plateau State, Nigeria, from June 2021 to November 2024. This multi-faceted approach aims to improve HIV, SRH access and reduce stigma and SGBV risks among AGYW through four primary components:

- 1) Shifting harmful social norms via evidence/faith-based gender transformative models like Transforming Masculinities (TM) and Journey to Healing (J2H) which supports trauma healing;
- 2) Strengthening healthcare providers and addressing service-related stigma;
- 3) Community HIV testing and comprehensive SRH knowledge dissemination
- 4) Providing access support (livelihood, transport, kits) for those testing positive.

Results: 12,067 AGYW have been reached with HIV, SRH, sustainable livelihood programmes, contributing to a 94% increase in knowledge and engaged 77,386 community members in norm-shifting activities. Quantitative data from endline evaluation shows an increase in access to SRH services from 28% to 83%. HIV testing increased to

76.6% from 23%, with a reduction in HIV related stigma from 58% to 33%.

Qualitative data reinforces these shifts: an AGYW, once a school dropout due to pregnancy, now pays her children's fees and saves for her own education through livelihood support. Another AGYW said; "I prefer condoms because they also protect me from diseases.". An AGYW said "I now take my antiretrovirals regularly, attend my PMTCT appointments and give birth in the clinic". Another AGYW expressed understanding of Treatment as Prevention (TasP): "Taking antiretrovirals consistently keeps the viral load undetectable, so the virus cannot be transmitted." An AGYW once stigmatised now experiences great acceptance and reported increased self esteem. A faith leader, transformed by TM training, advocated successfully for a widow's land inheritance against cultural norms, and actively promoted gender equality in his congregation, supporting survivors and handing over perpetrators to the police.

Key lessons learned: Integrating adolescent friendly SRH/ HIV services significantly increased access and uptake. Clinics with trained staff saw 83% service utilization among AGYW. Sustainable outcomes require a holistic approach, combining service delivery with livelihood support and empowerment to address underlying gender inequalities. Structured peer-led support groups were also effective for knowledge sharing, motivation, and sustained engagement.

Conclusion: The intervention achieved significant improvements in social norms, behaviors, and access to HIV and SRH services, showing strong potential for replication across Nigeria. Key success factors included integrated, respectful service delivery, community-led norm change, peer-led psychosocial support, and economic empowerment. To sustain and scale impact, the project recommends strengthening referral systems, expanding adolescent-responsive services, scaling livelihood initiatives, and institutionalizing stigma-reduction measures.



14

From Dependency to Sustainability: Reimagining the HIV Response in an Era of Funding Decline

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Introduction: The global HIV response has achieved historic progress in prevention, treatment, and care—transforming HIV from a fatal disease into a manageable chronic condition and significantly reducing AIDS-related deaths. However, the sustainability of these gains is under threat. As donor funding declines, particularly from key partners such as PEPFAR and the Global Fund, and as domestic budgets face competing health priorities, many low- and middle-income countries risk losing ground. The financial strain challenges the continuity of services, especially for vulnerable populations such as adolescents, people living with HIV (PLHIV), and key populations. This paper examines how the global community can sustain and strengthen the HIV response amid such funding constraints, emphasizing innovation, efficiency, and community resilience as core drivers of sustainability.

Purpose: The purpose of this study is to explore practical and evidence-based strategies that ensure the continuity and effectiveness of HIV programs despite reduced financial resources. It seeks to identify how governments, civil society, and development partners can optimize existing funds, mobilize domestic resources, and implement innovative mechanisms to sustain prevention, treatment, and care interventions. The paper also aims to highlight successful models and lessons from countries that have transitioned from donor dependency to self-reliance, thereby contributing to global dialogue on sustainable HIV financing and program delivery.

Method: The study adopts a qualitative and analytical approach, drawing from secondary data, global HIV financing reports, and case studies from sub-Saharan Africa—the region most dependent on external HIV funding. A thematic analysis was

conducted to identify common patterns in successful sustainability practices. The research focuses on three key dimensions: (1) resource optimization through integrated service delivery and data-driven planning, (2) community ownership and participation in program design and implementation, and (3) innovative financing and partnerships, including private sector engagement and technology-driven solutions. Comparative analysis was used to assess how different countries have managed to maintain or improve HIV outcomes despite fiscal limitations.

Results: Findings reveal that sustainability is achievable through a combination of policy reform, innovation, and community empowerment. Countries that integrated HIV services with broader health systems—such as maternal, reproductive, and primary care—recorded improved efficiency and service uptake. Community-led initiatives enhanced trust, adherence, and local accountability, ensuring that programs remained effective even when external funding declined. Additionally, innovative financing mechanisms, such as domestic health taxes, social health insurance, and corporate partnerships, emerged as viable alternatives to traditional donor support. The evidence underscores that financial constraints can, in fact, stimulate creativity and reform in how HIV programs are managed and delivered.

Conclusion: Sustaining the HIV response amid funding constraints requires a paradigm shift, from dependency to resilience, from fragmented interventions to integrated systems, and from donor-driven models to country-owned solutions. It is not solely a financial challenge but a call for smarter investments, stronger political commitment, and empowered communities. By optimizing resources, leveraging innovation, and fostering partnerships, countries can preserve the gains made in the fight against HIV and accelerate progress toward ending AIDS as a public health threat by 2030. Ultimately, resilience, not resources alone—will define the future of global HIV response.



15

Viral Load Suppression among Pregnant and Breastfeeding Women Living with HIV in Ghana: A Prospective Longitudinal Study

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Background: The post-partum period is a critical window for sustaining maternal viral suppression to prevent vertical transmission of HIV during breastfeeding. Despite Ghana's national-scale-up of dolutegravir-based antiretroviral therapy, limited data exist on viral load suppression and infant outcomes in the postpartum year.

Methods: We conducted a prospective longitudinal cohort study among 122 women living with HIV and receiving antiretroviral therapy across two tertiary hospitals in Ghana. The study aimed to determine the proportion of women who achieved and maintained a suppressed viral load (≤ 1000 copies/mL) and an undetectable viral load (< 20 copies/mL) at 12 months post-partum, and to examine the associations between maternal characteristics and viral load categories. Women were enrolled during late pregnancy or early postpartum and followed up at 6 weeks, and at 3, 6, and 12 months postpartum. Maternal viral load was monitored at each visit, and infants' HIV DNA-PCR test results were documented at 6 weeks and 9 months in accordance with national guidelines. Our primary outcome was maternal viral load at 12 months.

Results: At 12 months post-partum, 66 women (54.1%) had documented viral suppression, and out of this, 25 (33.6%) had an undetectable viral load. Among those without documented viral suppression, 49 (40.2%) had missing viral load data. Two cases of vertical transmission of HIV were documented: one at 6 weeks (maternal viral

load 669 copies/mL) and another at 6 months (maternal viral load 64 copies/mL), underscoring the transmission risk even with low-level viremia. Women on the tenofovir/lamivudine/dolutegravir regimen were more likely to achieve suppression than were those on the regimen without an integrase inhibitor, $p=0.04$.

Conclusions: A high rate of lost to follow-up at 12 months and infant infections at low maternal viral loads highlight critical gaps in care. Strengthening viral load monitoring and enhancing post-partum support to maintain undetectable viral load in breastfeeding mothers are essential for achieving the elimination of HIV in Ghana and similar settings.



16

Enhancing HIV Care Retention through Male Partner Engagement among Pregnant Women in Kwale, Kenya

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Background: Retention in HIV care during pregnancy is essential for achieving viral suppression and preventing mother-to-child transmission (PMTCT). However, in many rural African settings, women face structural, social, and interpersonal barriers to sustained care, particularly in the postpartum period. Male disengagement remains a critical but under-addressed factor affecting retention. This study evaluated whether a structured, community-based model of male partner engagement could improve HIV care retention among pregnant women living with HIV in Kwale County, Kenya.

Materials and Methods: A quasi-experimental, mixed-methods study was conducted between March 2023 and March 2024 across three public health facilities in Kwale County. A total of 138 pregnant women living with HIV were enrolled during antenatal care visits, along with their male partners. Participants were assigned to an intervention group (n=72) that received enhanced male engagement services or a comparison group (n=66) that received standard HIV care. The intervention included couple-focused health education during antenatal visits, peer-led male engagement forums, and SMS appointment reminders targeting both partners. The primary outcome was retention in HIV care, defined as attending all scheduled ART and PMTCT visits through six months postpartum. Quantitative data were analyzed using descriptive statistics and logistic regression. Qualitative data from focus group discussions (n=6) and key informant interviews (n=10) were analyzed thematically to provide contextual insights into barriers, facilitators, and behavior change. Ethical approval was obtained from the Kenya Medical Research Institute (KEMRI), and all participants provided informed consent.

Results: Six-month postpartum retention was significantly higher among women in the

intervention group (89%) compared to the comparison group (63%) ($p < 0.01$). Women with engaged partners reported higher self-reported ART adherence (78% vs. 54%) and a greater likelihood of disclosing their HIV status to their partners (92% vs. 67%). Male partners reported increased understanding of HIV care responsibilities, and women described improved couple communication and support in managing clinic visits. However, barriers such as inconsistent male attendance due to work obligations and stigma from extended family members were noted. These results confirm that structured male involvement significantly improves retention outcomes for pregnant women living with HIV.

Conclusions: Community-based male partner engagement significantly improves retention in HIV care among pregnant women in resource-limited settings. This approach, which integrates couple-based education, peer support, and mobile technology, addresses both interpersonal and structural barriers to continuity of care. The intervention aligns with global and national strategies promoting family-centered HIV care and offers a scalable, low-cost model for improving maternal health outcomes and reducing vertical transmission. While results are promising, limitations include the study's modest sample size, limited geographic scope, and reliance on self-reported adherence. Further research is needed to explore long-term maternal and infant health outcomes, as well as to develop strategies for scaling and sustaining male engagement initiatives in PMTCT programs.



17

Youth Sexual Behaviors and Condom Use Patterns: Insights from Eswatini

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Background: The HIV pandemic remains a global health and human rights challenge, with sub-Saharan Africa experiencing disproportionately high prevalence rates. Eswatini (formerly Swaziland) is among the most affected countries, where youth face heightened vulnerability to HIV and AIDS compared to other population groups. In response, Young Heroes Organization implements a layered community and digital intervention model to support the Government of Eswatini in reducing new HIV infections and unintended pregnancies among adolescents and young people aged 15–24. This program seeks to improve knowledge, strengthen risk perception, and encourage health-seeking behaviors.

Aim: To examine condom use patterns and associated risk behaviors among youth in Eswatini aged 15–35 years.

Methods: Between July and September 2025, 135 youth were screened for HIV-related risk behaviors. The exercise was conducted by trained community volunteers, known as Ambassadors, who provided HIV prevention education and referrals for clinical services during community-level activities and door-to-door household visits. Data were analyzed to assess marital status, living arrangements, sexual practices, and condom use.

Results: Of the 135 participants, 10% were married and 90% were single, with the majority (81%) residing with parents or relatives. Condom use at last vaginal sexual encounter was low, with 71% reporting non-use. Among these non-users, 91% lived alone, 72% lived with parents, and 63% lived with a partner. Furthermore, 80% of those who did not use condoms reported having one or two sexual partners. Multivariate analysis revealed that inconsistent condom use was strongly associated with living arrangements, with those living alone demonstrating the highest levels of risk ($p < .003$). Having one or two sexual partners

was four times more likely among inconsistent users (80.0%) compared to consistent users (21.1%).

Conclusion: The study demonstrates that condom non-use remains a significant challenge among youth in Eswatini, with living arrangements—particularly living alone—emerging as a critical determinant of sexual risk behavior. Despite most respondents reporting few partners, inconsistent condom use places youth at high risk of HIV infection and unintended pregnancies. This results demonstrate the need for interventions to prioritize tailored, youth-friendly, and community-based approaches that normalize condom use, expand access to prevention services, and address structural vulnerabilities that drive risk behaviors.



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Contraceptive Choice, Pregnancy Incidence, and Management in a Multicenter Phase 3B Trial of Long Acting Cabotegravir and Rilpivirine Antiretroviral Therapy (IMPALA): A Descriptive Analysis

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Background: Long-acting (LA) antiretroviral therapy (ART) introduces new opportunities and ethical considerations in HIV care and research, particularly for women of reproductive potential who remain under-represented in ART trials globally. Ensuring women are ethically included in trials, while maintaining reproductive autonomy, necessitates a clear understanding of how often pregnancies arise, how contraception is used, and how trial protocols support women who become pregnant. This analysis examines contraceptive use at conception, pregnancy incidence and management in the context of the ongoing IMPALA trial, an open-label, multicenter phase 3b randomised controlled trial evaluating the efficacy and safety of long-acting injectable cabotegravir (CAB) and rilpivirine (RPV) compared to standard ART (SoC) NCT05546242.

Materials and Methods: Women of reproductive potential received standardized contraceptive

counselling before randomisation. Owing to the limited data on LA-CAB+RPV in pregnancy, and prolonged pharmacokinetic tail of these drugs, women randomised to the LA arm were required to use a highly effective contraceptive method throughout the 24-month study and for 12 months post-study. Pregnancy was permitted in the SoC arm (oral dolutegravir-based ART). Routine urine pregnancy testing was conducted at scheduled visits. Women who became pregnant in the LA arm underwent an informed discussion about the limited data on LA-CAB+RPV in pregnancy and were permitted to continue LA-CAB+RPV in a pregnancy sub-study with enhanced viral load monitoring (2-monthly). Descriptive statistics were used to summarise pregnancies by study arm and site. Pregnancy incidence during the first 48 weeks was calculated as the number of pregnancies per 100 person-years.

Results: A total of 228 women were included in the analysis at 48 weeks: 125 (54.8%) in the LA-CAB/RPV arm and 103 (45.2%) in the SoC arm. Participant age ranged from 18 to 51 years (median 35; IQR 30–40). Baseline characteristics were broadly similar between arms. By week 48, 10 (4.4%) participants became pregnant: of these, 6 (60%) in the LA-CAB+RPV arm and 4 (40%) in the SoC arm. All women in the LA-CAB+RPV arm provided informed consent for the pregnancy sub-study. Most pregnancies occurred among women aged 19–34 years (7/10; 70%). The overall pregnancy incidence rate was 4.3 per 100 person-years (95% CI:2.1–8.1). Incidence was slightly higher in the LA arm (4.8 per 100 person-years; 95% CI:1.8–10.5) than the SoC arm (3.9 per 100 person-years; 95% CI:1.1–9.9). At time of conception, 3 (30%) of the women who became pregnant, all in the LA arm, had discontinued contraceptives; 2 (20%) in the SoC arm were using injectable contraception; 1 (10%) on SoC was using combined oral contraception; and 4 (40%) (3 LA, 1 SoC) reported abstinence. Pregnancy outcomes included 6 (60%; 4 LA, 2 SoC) elective terminations and 4 live births (40%; 2 LA, 2 SoC). All participants remain on treatment. All infants tested negative on first neonatal PCR.

Conclusions: Pregnancies occurred frequently despite counselling, and many women on LA-CAB+RPV chose to continue treatment, showing strong preference for injectables. These findings highlight the need to embed pregnancy tracking and support into LA-ART trials to uphold reproductive autonomy and inclusivity.



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Pre-ART Vertical HIV Transmission Rates in Uganda Vary by Sex of Child and Maternal Viral Subtype

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Introduction: In adults, HIV-1 subtype A is associated with higher rates of heterosexual transmission, whereas subtype D is linked to faster disease progression. Less is known about the impact of subtype in perinatal transmission, although data indicate a greater susceptibility of female infants to perinatal acquisition. Here, we evaluated the impact of infant sex and maternal HIV-1 subtype on perinatal transmission and subsequent infant mortality in a Ugandan cohort from the pre-antiretroviral therapy era.

Methods: We analyzed the proportion of HIV-1 perinatal transmission during the pre-ART era by maternal HIV-1 subtype and infant sex in 131 mother-child pairs known to be infected with subtype A or D from the Rakai Community Cohort Study. Transmission risk was assessed using risk ratios (RRs) reported with 95% confidence intervals (CIs) and p-values calculated using Fisher's exact tests. Analyses were stratified by infant sex and maternal viral subtype. Infant mortality was evaluated for two years post-birth using Cox's proportional hazards and Kaplan-Meier analysis.

Results: Most infants (104/131) were born to mothers living with HIV-1 subtype D, while 27/131 had subtype A. Regardless of the HIV-1 subtype they were exposed to, female infants had a higher

risk of infection than males (RR=2.70, CI=1.19-6.13, p=0.02). Among all children, if the mother was infected with subtype A there was a nearly 3-fold increased risk of perinatal transmission as compared to subtype D (RR=2.96, CI=1.46-6.01, p=0.008). When stratifying infants by both sex and maternal subtype, significantly more female (56.3% [9/16]) than male (9.1% [1/11]) infants born to mothers with subtype A were infected (RR = 6.19, CI=0.91-42.12, p=0.02). In contrast, among infants born to mothers with subtype D, transmission rates were more comparable across sex: 15.9% (7/44) in female infants versus 10.0% (6/60) in males (RR=1.59, CI=0.57-4.41, p=0.39). There was no significant difference in two-year mortality by subtype in the infected infants.

Conclusions: HIV subtype A had a higher rate of perinatal transmission than subtype D. When stratifying by infant sex, this trend was only observed among female infants, highlighting the importance of disaggregating sex and subtype when analyzing perinatal transmission.



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HIV Outcomes among Menopausal Women in Kenya

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Background: As the population of women living with HIV (WLHIV) in Kenya ages, menopause has become an important period influencing treatment outcomes. Physiological, hormonal, and psychosocial changes during menopause can affect adherence to antiretroviral therapy (ART) and viral suppression (Cooper et al., 2017; UNAIDS, 2024). This analysis examined ART coverage and viral load (VL) suppression among women in peri- and post-menopausal age categories.

Methods: A secondary analysis of program data from Kenyan counties and sub-counties was conducted, focusing on women aged 45 years and older receiving ART. Menopausal status was inferred from age: peri-menopausal (45–49 years) and post-menopausal (≥50 years). The primary outcome was VL suppression, defined as <1,000 copies/mL. Suppression rates were computed by age group and compared across menopausal categories.

Results: Among women aged ≥45 years on ART, 118,842 were peri-menopausal and 253,594 were post-menopausal. Viral suppression was achieved in 64.7% of peri-menopausal and 65.5% of post-menopausal women. The difference in suppression between the two groups was less than 1%. County-level analysis demonstrated variation in performance, reflecting differences in service delivery quality, access to care, and program implementation.

Conclusion: Approximately two-thirds of menopausal WLHIV in Kenya are virally suppressed. Comparable suppression rates between peri- and post-menopausal women indicate consistent ART outcomes across menopausal stages. However, the overall suppression rate remains below national targets (NASCOP, 2023). Targeted, age-responsive interventions—including enhanced adherence support, regular viral-load monitoring, and strengthened differentiated care—are necessary

to improve viral suppression and health outcomes among older women living with HIV.

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Empowering Women to Improve HIV and Maternal Outcomes: Evidence from the Enable Mentor Mothers Programme

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Introduction: Women in rural and last-mile communities in South Africa face persistent barriers to HIV prevention, care, and treatment, shaped by geographic isolation, poverty, gender inequities, and limited health services. The Enable Mentor Mothers Programme—a community-based, peer-delivered model—aims to address these challenges by providing women with sustained, culturally grounded HIV and maternal health support. Strong partnerships with traditional leadership have been central in ensuring local ownership, trust, and programme sustainability.

Methods and Materials: Since 2016, the programme has trained and deployed local women as Mentor Mothers to deliver integrated HIV, PMTCT, and maternal and child health services through home visits, health education, adherence support, psychosocial counselling, and referrals to health facilities. Mentor Mothers work in collaboration with traditional leaders to mobilise households, uphold cultural norms, and facilitate acceptance of HIV-related services. A complementary Male Engagement initiative, introduced in 2022, expanded the programme to include dialogues with male partners on HIV prevention, treatment adherence, positive fatherhood, shared caregiving, and gender-based violence.

Results / Lessons Learnt: Lessons learnt included: Embedding the programme within traditional governance structures improved community acceptance, participation, and retention in care. Traditional leaders enhanced the credibility of Mentor Mothers and supported ethical, culturally aligned programme delivery. Engaging men

alongside women strengthened household support for HIV disclosure, care-seeking, and adherence. Mentor Mothers from the areas in which they work fostered empathy, cultural resonance, and improved follow-up, contributing to reduced loss to care and stronger maternal and HIV outcomes.

Conclusion: The Enable Mentor Mothers Programme demonstrates promising findings on a community-led, gender-responsive HIV programming for women in rural South Africa. Integrating traditional leadership and engaging both women and men are critical strategies for strengthening trust, supporting sustainable health behaviours, and improving HIV outcomes. This model offers a scalable, culturally relevant approach for advancing HIV equity among women in underserved communities.



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Mapping Experiences of Early Unintended Motherhood and HIV Care: Emerging Findings from the Masana Young Moms Project

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Background: Adolescent girls in South Africa are at high risk of HIV, unintended pregnancy, and motherhood. These intersecting risks can adversely affect their HIV-related outcomes during a pivotal life stage. Younger mothers have poorer HIV outcomes than older mothers, and may struggle to access care due to stigma and social isolation. However, little is known about the experiences of young mothers living with HIV (YMHIV) who give birth before the age of 18, as they are often omitted from programming and research. The Masana Young Moms Project, supported by an International AIDS Society CIPHER grant, aimed to explore social, psychological, and structural barriers to retention in HIV care and sexual and reproductive health services in this group, to inform strategies to improve engagement.

Methods: Following sensitive recruitment strategies conducted in tandem with two community-based organization partnerships, our research team recruited adolescent mothers living with HIV (n=18) across two sites (one rural, one peri-urban) in the Eastern Cape Province, South Africa. Individual interviews were conducted by a highly experienced, trained Xhosa-speaking female researcher, and paired with a 'journey mapping' activity where participants were asked to depict their healthcare-seeking experiences during pregnancy and after giving birth.

Results: All participants described their pregnancies as unplanned. In almost all cases, becoming pregnant meant that adolescent girls shouldered family blame, boyfriends denying paternity, and peer isolation and school dropout.

Participants also narrated the journey maps they had created, revealing multiple missed opportunities for sensitive, responsive care. For many participants, antenatal appointments were the first time they tested for HIV, and many received diagnoses at the same time as they learned they were pregnant. Counseling at the time of diagnosis was often rushed and inadequate. Even for participants who had been born with HIV, disclosure was often incomplete, or glossed over, leading to adolescent mothers' difficulty in accepting their status. The visual representations captured by journey maps depicted interpersonal and structural gaps at the health facility level, particularly with regard to quality of healthcare worker interactions, as well as broader social factors shaping access to care.

Conclusions: For at-risk populations living with HIV, such as young adolescent mothers, exploratory research combining arts-based and narrative approaches can elicit rich data in a supported space. Our findings respond to a gap in what we know about this specific group, and call attention to the interpersonal, societal and environmental forces that can shape access to necessary services for young adolescent girls who experience intersectional marginalization on the basis of their HIV status, their motherhood status, and their age.



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Fostering Resilience and Improving Mental Health in Adolescents in a Resource-Limited Setting: Lessons from a Peer Support Initiative in Rural South Africa

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Background: Adolescents living with chronic conditions such as HIV (ALWCC) in resource-limited settings face significant stigma, social isolation, and barriers to accessing healthcare and social support. These challenges negatively impact their mental health, social well-being, and resilience. Peer support has emerged as a promising strategy to improve psychosocial outcomes, reduce stigma, and foster resilience among adolescents navigating chronic illnesses. In rural South Africa, where healthcare access and socioeconomic challenges are pronounced, peer-led initiatives tailored to adolescents' needs are crucial. This study reports on lessons from a peer support program implemented by One to One Africa, aimed at enhancing mental health and resilience among ALWCC.

Methods: The program, initiated in urban areas in 2018 and expanded to rural South Africa in 2023, involves structured peer support groups and Teen Clubs for adolescents aged 10–19 years living with HIV and other chronic conditions. The intervention provides safe spaces for sharing experiences and psychosocial support, facilitated by youth peers and supervised by social workers. Individual and family counseling support parents on disclosure and communication. Group discussions promote self-acceptance, resilience, and self-worth. Additionally, Youth Champions lead community awareness campaigns addressing stigma in schools and health facilities. The program also assists participants in overcoming structural barriers such as obtaining identity documents, accessing social grants, and addressing food insecurity.

Results: By December 2024, 814 adolescents enrolled in the program. Key findings include persistent stigma as a major barrier affecting mental health, yet participation in support groups fostered emotional safety and peer connection. Adolescents reported increased confidence in managing their conditions and improved communication with parents. Youth Champions effectively reduced community stigma, facilitating greater acceptance in schools and healthcare settings, encouraging disclosure. The program's support in navigating social services led to improved access to essential resources, contributing to overall well-being.

Conclusion: This peer-led initiative demonstrates the vital role of psychosocial support in rural resource-limited settings, enhancing resilience and mental health among ALWCC despite ongoing stigma and socioeconomic challenges. Combining peer support with family engagement and community advocacy reduces stigma and promotes positive health behaviors. However, broader structural barriers such as food insecurity and healthcare access must be addressed through integrated multisectoral approaches. Scaling and integrating this model into existing health and social systems is key for sustainable impact. Future research should explore long-term effects and strategies to further reduce stigma and strengthen resilience in adolescents with chronic illnesses.



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Stakeholders' Perspectives and Experiences on Implementing Community-Based Integrated Care Management of HIV, Diabetes, and Hypertension in Uganda

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Background: Women living with HIV often experience compounded health and social challenges, making integrated care models particularly relevant for addressing gender-specific needs. We explored stakeholders' experiences and perspectives on implementing a community-based integrated care clinics for managing women and men living with HIV, diabetes, and or Hypertension in Uganda.

Materials and methods: We conducted qualitative longitudinal study that involved focus group discussions, key informant and in-depth interviews, and observations. The larger study, INTE-COMM was a multi-country pragmatic cluster-randomised controlled trial that compared community-based integrated care with facility-based integrated care for HIV, diabetes and hypertension. Eligible patients at primary healthcare facilities living in the same area were grouped into clusters of about 8-14 patients, in an approximate ratio of 2:1 of those living with diabetes and/or hypertension to those living with HIV. With google maps and landmarks as reference points, we found the addresses of patients who did not have physical addresses. Groups held monthly meetings at the agreed community locations, and the participants were often given reminder phone calls to attend the group meetings some days prior. At each meeting, a nurse provided the health education sessions and carried out clinical assessments of blood pressure

and glucose measurements. Adherence Counselling, lifestyle education and support were provided by the trained lay community health worker under the supervision of the nurse. Referrals were made to the health facility for conditions that required specialist. Any participants who missed their community group meeting received a reminder phone call and advised them to collect their medicines from the health facility. We used a purposive sampling technique to select patients from the community study arm, healthcare providers, policymakers, researchers, community leaders, and representatives from NGOs and international organizations to participate in these qualitative interviews. Data collected was managed using NVivo 14 and analyzed thematically.

Results: Patients benefited from interactive health education, simplified clinic navigation, and personalized services such as in-person consultations and counseling. Discreet drug packaging enhanced privacy, confidentiality, and reduced stigma. The model fostered efficient time management, effective communication, coordinated care, and streamlined follow-ups, while enabling patients with coexisting conditions to receive simultaneous care in the same setting. These elements contributed to improved medication adherence, better self-efficacy among patients, and strengthened relationships between patients and healthcare providers. Patients also reported lower healthcare access costs and appreciated the convenience, particularly for elderly patients, due to reduced travel and waiting times. Additionally, the waiting environment encouraged peer-to-peer psychosocial support, further enhancing patient well-being. Despite the model's success in offering patient-centered care and being perceived as more effective than facility-based integrated care services, many participants, especially patients, advocated for the inclusion of care for other common communicable diseases like cough, flu, ulcers, and malaria.

Conclusion: The findings highlight that community-based integrated care significantly improved patient care-seeking experiences and health outcomes. It presents a viable strategy for improving chronic disease management in low-resource settings and may enhance health outcomes for men and women living with HIV by reducing stigma and improving access to services and social connections.



MINI-ORAL ABSTRACT PRESENTATIONS

African Workshop on Women & HIV 2026

Hybrid Meeting

12 – 13 March 2026
Cape Town, South Africa



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A 48-Week Comparative Analysis of Weight and BMI Changes in Patients on Long-Acting CAB/RPV Versus Oral Antiretroviral Therapy in the IMPALA Trial

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Background: Long-acting injectable cabotegravir plus rilpivirine (LA CAB/RPV) given every 2 months may improve adherence and treatment satisfaction compared with daily oral antiretroviral therapy (ART). African women living with HIV have experienced more weight gain than men with the integrase-inhibitor dolutegravir (DTG), but evidence on weight effects in women on cabotegravir is limited. Using data from the IMPALA trial, we compared 48 week weight change among adults living with HIV randomised to LA CAB/RPV versus continuation of oral ART.

Methods: IMPALA (NCT05546242) is a phase 3b trial in Uganda, Kenya and South Africa investigating the efficacy of LA CAB/RPV in virally suppressed adults with prior history of suboptimal adherence and/or engagement in care. A total of 540 adults on dolutegravir-based oral ART were randomized either to switch to LA CAB/RPV (n=271) or continue with oral ART (n=269; 266 on Tenofovir based regimen). Body weight was measured at week 0, 24 and 48, and body mass

index (BMI) calculated at the same time points. We descriptively analysed changes in weight and BMI from baseline to week 48 and compared differences by study arm (LA vs. oral ART) and by sex. Logistic regression was used to determine factors associated with $\geq 10\%$ weight gain at week 48.

Results: The median (IQR) age of participants was 40.0 (33.0-48.0) years, and 60% (n=324) were female. At 48 weeks, the overall percentage increase in weight was 2.8% (mean change 1.94kgs; 95% CI 1.40 – 2.51) in LA arm and 2.0% (mean change 1.38kgs; 95% CI 0.87 – 1.88) in the oral ART arm. Among women, weight gain was 3.2% (mean change 2.33kgs; 95% CI 1.56 – 3.1) in the LA arm vs. 2.4% (1.68kgs; 95% CI 0.95 – 2.41) in the oral arm.

Overall, 53 participants experienced weight gain of $\geq 10\%$ by week 48, of whom 79% (42/53) were women. The LA arm accounted for 59% (31/53) of these cases, compared to 41% (22/53) in the oral arm. Being a woman was significantly associated with $\geq 10\%$ weight gain at week 48 (adjusted Odds Ratio 2.48, 95% CI 1.27-4.85; p=0.004). Incident obesity (BMI <30 at baseline and ≥ 30 at M12) occurred in 16 participants (12 women, 4 men), with three-fold more cases in the LA arm than in the oral arm (12 vs 4 cases).

Conclusion: Switching to the LA arm was associated with a modest overall weight gain. Participants on the LA arm were more likely to experience $\geq 10\%$ weight gain, particularly among women, and incident obesity was also more frequent in this group. These data suggest that, while the overall magnitude of weight change is modest, individuals, particularly women, initiating LA CAB/RPV in African settings should be monitored for clinically relevant weight gain and obesity. Weight gain may be due to cessation of tenofovir disoproxil fumarate, which is known to be weight suppressive, rather than related to the change in integrase-inhibitor from DTG to CAB.



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Caregiving Experiences, Concerns, Challenges and Needs of Mothers for Their Young Children Who Are HIV Exposed and Uninfected from Worcester, South Africa - A Qualitative Exploration through Nurturing Care Framework

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Background: Pregnancy and early childhood can be stressful periods for mothers living with HIV due to fear of HIV transmission, breastfeeding concerns, poor physical and/or mental health, and socio-economic challenges, particularly in high HIV prevalence settings. Most existing research on caregiving for children in the context of HIV, focuses on either HIV affected children in general or children living with HIV. Not much is known about how caregivers, especially biological mothers of young children who are HIV exposed and uninfected (HEU), experience caregiving, before and beyond confirmation of final HIV negative status.

Aim: Using the Nurturing Care Framework for early childhood development (ECD), this qualitative study aims to explore caregiving experiences, concerns, challenges, and support needs of mothers living with HIV raising children who are HEU during early years of their child's life.

Methods: Conducted in the Western Cape province of South Africa, the study involved in-depth interviews with 20 mothers whose children were HIV exposed, over one year old, and tested HIV negative at 12 months. Reflexive thematic analysis guided the data analysis.

Results: Mothers' worries and concerns for their children who are HEU, persist beyond a final HIV negative status determination, to encompass the overall health, growth, and development of the child during their early years of life. While their nurturing care practices are hindered by the lack of an enabling environment and structural challenges such as financial constraints, high burden of caregiving responsibilities, their own poor physical/mental health, and lack of partner or family support, their own diagnosis with, and their child's exposure to HIV adds an additional layer of complexity and exacerbates the adverse effects of these challenges.

Conclusion: The study highlights that mothers of children who are HEU represent a vulnerable group with some unique concerns, challenges, and needs, and require responsive support in their caregiving role. Existing efforts to operationalize the nurturing care framework in high HIV prevalence settings like South Africa need to consider the specific needs and vulnerabilities of this group. Comprehensive interventions which improve nurturing care during early childhood, promote caregiver health and wellbeing, offer them additional support to improve their caregiving role and create an enabling environment for caregiving, can benefit children who are HEU and improve ECD outcomes by mitigating the effect of additional risk factors related to HIV, antiretroviral therapy exposure, and wider ecosystemic risks which they and their caregivers face.



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Engaging Men in HIV Prevention: A Game-Changer in Adolescent & Young Mothers HIV Prevention Under the UNICEF - Funded AYM Project in Seven Districts of Zambia

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Background: Studies in Zambia have shown gaps in men's access to HIV services. According to the 2018 Zambia Demographic and Health Survey, 52% of men aged 15 to 59 had tested for HIV compared to 64% of women aged 15 to 49. This disparity increases their risk of HIV acquisition and diminishes their ability to support their partners and children in maintaining healthy behaviors. Addressing this gap is crucial for improving overall health outcomes within communities. Coalition Health Zambia with support from UNICEF, on the Adolescent and Young Mothers (AYM) Project, aimed at bridging this gap by engaging male champions to positively influence their peers and champion good health.

Material and methods: Between June and October 2025, the project engaged 224 male champions across seven districts, who played a pivotal role in raising awareness and creating demand for HIV prevention services. The approach employed was mixed-methods, integrating quantitative data from monitoring and evaluation systems with qualitative interviews involving AYM and their male partners. The peer-led strategy included mentor mothers actively engaging AYM and involving male champions to challenge gender norms, promote positive health-seeking behaviors, and encourage men to access services such as HIV testing, PrEP, and VMMC.

Results: The engagement of male champions significantly increased uptake of HIV prevention services among males. Data showed that the number of males accessing services rose from 729 in June to 3,885 in October 2025, indicating a

substantial growth in male participation. This increase was driven by efforts to challenge social and cultural barriers, foster positive attitudes toward health services, and promote shared responsibility within relationships. Male participation contributed to a supportive environment that encouraged men to seek HIV testing and reproductive health services, thereby enhancing the overall effectiveness of the HIV prevention efforts.

Conclusion: Engaging men in HIV prevention is essential for reducing HIV transmission among adolescent and young mothers and improving broader community health outcomes. The peer-led approach offers a valuable opportunity to address social and cultural barriers that prevent men from participating in health services. This approach demonstrates that male participation is a critical component in reducing HIV transmission. Promoting male involvement not only increases acceptance and adherence to prevention strategies but also encourages supportive relationships and shared responsibility. Future HIV prevention programs should prioritize male engagement and develop targeted interventions that foster active participation among men. Such strategies are vital for fostering gender-equitable norms, expanding access to health services, and ultimately strengthening community health and well-being.



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Navigating Cabotegravir Use Disclosure during the Perinatal Periods; Qualitative Insights from Lilongwe, Malawi

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Background: Long-acting therapeutics, such as Cabotegravir (CAB-LA), could change the HIV vertical transmission landscape, but sharing about one's decision to use CAB-LA during the perinatal period can be complex. In some studies, non-pregnant women preferred not to disclose their CAB-LA use, leveraging on its discrete nature. Other evidence shows that disclosure to supportive partners or family members can enhance women's adherence to oral HIV prophylaxis. However, little is known about the motivations behind CAB-LA disclosure or non-disclosure among pregnant and breastfeeding women (PBWs), their disclosure experiences, and the impact of those decisions. We therefore sought to explore PBWs' motivations for CAB-LA disclosure and non-disclosure, and their lived experiences, through a qualitative sub-study nested within the PrIMO prospective cohort study, which is evaluating the safety of CAB-LA among PrEP-eligible PBWs in Malawi.

Methods: We conducted in-depth interviews with 45 participants aged ≥18 years: 30 high-risk PBWs on CAB-LA in the PrIMO study and male partners (N=15). Some were partners to PBWs interviewed in this sub-study, and others were partners to PBWs taking CAB-LA under the PrIMO study but not part of this sub-study. We asked PBWs to share their experiences, motivations, and the impact of disclosure or non-disclosure on their relationships. Male partners were asked whether they disclosed their partner's CAB-LA use and the reasons behind their choice. All interviews were

audio-recorded and transcribed into English. Data were thematically analyzed in NVivo.

Results: All women had disclosed their CAB-LA use to someone; most commonly their partner (n=25) and/or mother, with a few also informing siblings or friends. The reasons for disclosure included a desire for transparency in their relationship, seeking advice or affirmation on the decision and receiving appointment reminders. A few disclosed to family as precaution for CAB-LA use "in case something happened to them". Some participants shared about their HIV risk, including STI diagnosis, motive for CAB-LA use in person, others used the informed consent form, whilst others sought help from medical personnel to aid their disclosure. Most had a positive disclosure experience, which involved receiving transport money from partners and receiving CAB-LA appointment reminders and words of encouragement affirming their CAB-LA use from both partners and family members. However, a few PBWs with a recent STI diagnosis had negative or mixed reactions from partner(s), which raised trust issues in the relationship. The common reason for non-disclosure to people who were not family or partners was the misconception that CAB-LA treats people living with HIV. Some PBWs did not disclose to their partners because of anticipated negative reactions and perceived lack of support. Only one man had disclosed his partner's CAB-LA use to someone. Most men considered their partner's CAB-LA use a private family matter.

Conclusion: The content, process and motives for disclosure varied amongst our participants and so did their experience. Positive disclosure experiences were common, though some had negative experiences and mistrust from partners. Selective disclosure reflects ongoing community misconceptions regarding CAB-LA use and HIV and highlights the need for awareness and partner-inclusive approaches.



GUIDED POSTER TOUR ABSTRACT PRESENTATIONS

African Workshop on Women & HIV 2026

Hybrid Meeting

12 – 13 March 2026
Cape Town, South Africa



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Decoding Prevention Behavior: Education's Impact on PrEP and HIV Testing Uptake among Female Sex Workers in Southern Nigeria's IDP Camp

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Background: Female sex workers (FSWs) in internally displaced persons (IDP) camps are disproportionately affected by HIV, with very high prevalence rates. Despite the availability of PrEP and HIV testing, there's low uptake in these camps due to limited access, stigma and low health literacy. While education and knowledge critically inform preventive behaviors, their impact on PrEP use and HIV testing in FSWs within IDP camps remains underexplored. This study examined the knowledge of PrEP and HIV testing and the impact of varying educational levels on female sex workers' access in Calabar.

Methods: A cross-sectional study was conducted on 108 randomly selected FSWs in Calabar from December 2024 to January 2025. A three-part validated 17-item questionnaire that measured educational level, knowledge of HIV service locations, and frequency of accessing HIV prevention services was used for data collection from FSWs. Data analysis involved frequencies, cross-tabulations, chi-square tests, and regression analysis using IBM SPSS (vs-27), with significance set at $p < 0.05$.

Results: Among 108 FSWs who participated in the study, more respondents, 25(23.1%), were 25-34 years old. There were 39(36.1%) respondents who had six years of experience in sex work. Those who had received primary, secondary, tertiary and no formal education were 27(25%), 33(30.6%), 6(5.6%) and 42(38.9%), respectively. Majority ($n=94$; 87%) of the respondents reported that they did not know where to access PrEP or HIV testing in their area, while 10(9.3%) knew where to access these services. Respondents with secondary and tertiary levels of education accessed HIV testing regularly, while those with no formal education

reported no use ($n=32$, $p=0.003$). Regression analysis confirmed that both education and knowledge of these HIV prevention service locations independently influenced regular access to PrEP ($p=0.001$) and HIV testing ($p=0.009$), while no knowledge of these access points emerged as a significant barrier to utilization ($p=0.001$)

Conclusion: There was poor knowledge of PrEP and HIV testing locations among FSWs and increased access to HIV prevention services among more educated FSWs, suggesting a need for more enlightenment and improved service visibility among female sex workers. Strengthening these efforts will contribute to increased results in the global HIV prevention target.



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HIV Pre-Exposure Prophylaxis Uptake and Continuation among Adolescent Girls and Young Women Enrolled in the DREAMS Urban Model Program in Masaka-Wakiso, Uganda 2024-2025

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Background: Adolescent girls and young women (AGYW) aged 15-24 years have the highest HIV incidence in Uganda. The Determined Resilient Empowered AIDS-free Mentored Safe (DREAMS) is an HIV prevention program aimed at reducing HIV infections among AGYW. We present the experiences and lessons learned from providing Pre-Exposure prophylaxis (PrEP), an HIV prevention strategy to AGYW most at risk of acquiring HIV in Masaka-Wakiso region of Uganda

Material and Methods: The program was implemented from October 2024 to September 2025 in 11 districts. We screened AGYW aged 15-24 years for HIV, STIs and PrEP eligibility using Ministry of Health (MoH) recommended screening tools if they fulfilled criteria for being most at risk of HIV acquisition; namely, a history of: - irregular condom use, multiple sexual partners, transactional sex, recurrent sexually transmitted diseases, early pregnancy. Eligible AGYW were offered PrEP and those who accepted were initiated at the health facility, community safe spaces or outreaches. Additional stakeholder-informed interventions to improve uptake and adherence included: peer-to-peer support and reminders, use of PrEP ambassadors, health educations/sensitization, home delivery, male partner engagement, and keeping PrEP drugs at the safe spaces for those who feared intimate partner violence. Follow up for continuity was done monthly by the PrEP champion through phone calls and home visits. Data was entered in the Uganda DREAMS Tracking system, we analyzed PrEP uptake as proportion of AGYW enrolled and

retained on PrEP through PrEP registers and Ms Excel.

Results: A total of 21,938 AGYW were enrolled 15-19 years, of which 14,253 (65%) were screened and all tested HIV negative. A total of 1,414 (9.6%) were eligible for PrEP with more than one risk; 521 (36%) were engaged in transactional sex, 242 (17.1%) had multiple sexual partners, 446 (31.5%) had ever had an STI, 181 (12.8%) had irregular condom use, and 603 (42.6%) had history of pregnancy. Of AGYW eligible for PrEP, 989 (69.9%) were initiated on PrEP. However 591 (59.7%) continued with PrEP while 398 (40.2%) discontinued PrEP due to perception of reduced HIV risks (108, 27.1%), behavioral change (203,51%) and fear of daily pill burden (87,21%).

Conclusions: The tried interventions were effective for PrEP uptake, there is need to intensify engagement of PrEP champions to conduct adherence counselling, improve the drug package and consider Roll out of injectable Cabotegravir for all AGYW in the DREAMS program.



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Exploring Barriers and Facilitators Influencing Women's Willingness to Access Integrated HIV Post-Exposure Prophylaxis and Emergency Contraception Services in Private Pharmacies in Gauteng and the Western Cape

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Background: Women in South Africa face overlapping vulnerabilities to HIV infection and unintended pregnancy. Integrating counselling on, and provision of, HIV post-exposure prophylaxis (PEP) with emergency contraceptive pills (ECPs) could simultaneously reduce the risk of both HIV infection and unintended pregnancy following episodes of unprotected sexual intercourse. Although pharmacies are preferred locations for accessing HIV prevention and sexual and reproductive health (SRH) services, little is known the drivers and barriers that shape women's willingness to access integrated PEP and ECP services in these settings. This qualitative study explored perceptions, barriers and facilitators influencing women's willingness to access integrated PEP and ECP services in private pharmacies.

Methods: Three in-person focus group discussions (FGDs) were conducted between June and August 2025 in Gauteng and the Western Cape with 17 women aged 18-49 who had previously accessed ECPs from pharmacies. Discussions were facilitated by an experienced researcher fluent in English and South African local languages (IsiZulu, IsiXhosa and Setswana). FGDs lasted 45-60 minutes and were stratified by age (18-29; 30-49), with maximum of 6 participants per group. The FGD guide explored

women's prior experience with ECP access at pharmacies and their perceptions around receiving HIV prevention counselling and PEP while accessing ECPs. User journey mapping identified pain points and motivators of accessing integrated services at pharmacies across the patient journey. Transcripts were translated into English and analysed thematically using deductive and inductive approaches in ATLAS.ti. Saturation was reached after analysis of all three FGDs, with no new themes emerging.

Results: Participants were interested in accessing PEP alongside ECPs in pharmacies. User-journey mapping highlighted key pain points and motivations shaping women's experiences of accessing integrated services at pharmacies, which aligned with themes identified in the FGDs. Structural barriers included concerns around staff shortages, negative pharmacy staff attitudes and the cost of the integrated service would be high. Similarly, some of the individual level-barriers cited by individuals included concerns around the affordability of the integrated PEP and ECP service and the fear of being judged or seen while seeking these services. Structural facilitators included discreet packaging and service labelling, non-judgemental interactions with pharmacy staff, including cashiers and pharmacists and engaging with a male pharmacist. Individual-level facilitators included peer support and the desire to prevent HIV and unintended pregnancy. Women emphasized the need for integrated PEP and ECP service to be delivered in a private consultation room rather than at the pharmacy counter. Pharmacies were often as "drive-thru" environments where people move quickly in and out, expressing discomfort with receiving services they considered private or time-consuming the pharmacy counter in front of other customers.

Conclusion: Participants expressed greater willingness to access integrated PEP and ECPs in pharmacies when this integrated service was affordable and delivered by friendly and supportive pharmacy staff. Participants also highlighted the importance of offering this combined service in a private space rather than at the counter. Addressing these barriers and strengthening the facilitators could encourage women to access HIV and pregnancy prevention services when needed.



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Awareness and Acceptability of Longacting Injectable Pre-Exposure Prophylaxis for HIV Prevention among Female Students at Tertiary Learning Institutions: A Multi-Center, Institution-Based Cross-Sectional Study

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Background: Adolescent girls and young women (AGYW) in Zambia face an elevated risk of acquiring HIV. Longacting injectable pre-exposure prophylaxis (LAI-PrEP) is an effective scientific method to prevent new HIV infections. However, awareness and acceptability of LAI-PrEP among AGYW remain limited. Thus, we aimed to assess awareness and acceptability of LAI-PrEP among female students.

Methods: This multi-center, institution-based cross-sectional study involved 760 female students from three universities in Lusaka, Zambia. Data were collected using a structured, self-administered questionnaire. Questions on acceptability and awareness were presented in a yes/no format. Data analysis was performed using STATA version 15.1.

Results: Of the 760 participants, less than half, 349 (45.9%), were aware of injectable PrEP, with lectures being the most common source of information. In terms of acceptability, 531 (69.9%) of respondents indicated they would be willing to take LAI-PrEP once available. Biomedical science students were significantly less likely to accept injectable PrEP (AOR = 0.10, CI: 0.01–0.94, p = 0.044), as were those not at risk of HIV in the past three months (AOR = 0.41, CI: 0.21–0.81, p = 0.011). Conversely, knowing a partner's HIV status (AOR = 2.52, CI: 1.27–4.98, p = 0.0001) and being at risk of HIV in the past three months (AOR = 3.4, CI: 1.78–7.81, p = 0.011) were significantly associated with LAI-PrEP acceptability.

Conclusion: The study revealed a notable gap in awareness of LAI-PrEP among participants, with less than half being informed about its existence. Despite this low awareness, a significant majority expressed a willingness to accept LAI-PrEP if it were made available to them. This indicates a strong potential for adoption of LAI-PrEP, contingent upon improved education and awareness efforts.

In addition, awareness of long-acting injectable PrEP was low among female students but participants found it acceptable and worth considering to take once available. There is a need to encourage, emphasize and build on the growing momentum of injectable PrEP information dissemination to female students as well as young women with stakeholder-led and all-encompassing PrEP implementation strategies.



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Understanding Women's Perceptions of PrEP Following Adverse Obstetric Outcome in Malawi: A Qualitative Study

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Background: Pregnant and breastfeeding women (PBFW) are at heightened risk of acquiring HIV, and seroconversion during pregnancy or breastfeeding increases the risk of vertical HIV transmission when viral loads are elevated. Pre-exposure prophylaxis (PrEP) has emerged as a critical component of combination HIV prevention for PBFW to reduce HIV acquisition and eliminate mother-to-child transmission of HIV. Despite its known efficacy, concerns persist regarding PrEP use during pregnancy and the postpartum period, largely due to the potential for adverse pregnancy and birth outcomes associated with in-utero PrEP exposure. Women who experience pregnancy loss while using PrEP represent an important group, as pregnancy loss may increase fear about medication safety and influence future decision-making about HIV prevention. Exploring their perceptions and concerns about these provides critical insights into how such experiences affect future PrEP use among PBFW.

Materials and methods: We conducted seven in-depth interviews (IDIs) between May 2024 and May 2025 with PBFW who experienced an adverse obstetric outcome while using oral PrEP (TDF/3TC or FTC/3TC) or CAB-LA. Participants were drawn from a safety cohort of pregnant women receiving oral PrEP or CAB-LA at Bwaila District Hospital, Malawi. The parent study enrolled pregnant women at least 15 years old who were HIV-negative, eligible for PrEP per Malawi guidelines, and willing to initiate PrEP. Using a semi-structured guide, we explored women's experiences with PrEP use during pregnancy and their reactions to adverse outcomes. Interviews

were translated and transcribed into English. Rapid analysis of interview summaries was conducted to identify emerging themes, followed by coding and thematic analysis in NVivo version 14. Interrater reliability checks were conducted to ensure coding consistency, and analytical memos were developed.

Results: Of the 7 women interviewed, six were on CAB-LA and 1 was on oral PrEP. Three experienced spontaneous miscarriages, two had neonatal deaths following premature deliveries, and two had stillbirths. All women understood their HIV risk due to partner distrust, sero-different relationships, or prior STI diagnoses and chose oral or injectable PrEP as a protective option. All believed PrEP safeguarded them, reinforced by consistent negative test results at monthly visits. Four participants did not associate adverse pregnancy outcomes with PrEP use, instead attributing them to STIs, healthcare providers' negligence during labor and delivery, prolonged labor, or marital stress. Only one participant suspected PrEP contributed to the loss, although she still linked the event to STIs. Despite these experiences and concerns, all participants expressed willingness to use PrEP in future pregnancies and said they would recommend it to others. Others reported that their willingness to use PrEP in future pregnancies was reinforced by encouragement from fellow women who were also using PrEP and had a live child.

Conclusion: Despite experiencing adverse outcomes and seroconversion, participants maintained confidence in the protective value of PrEP, attributing negative outcomes to partner behavior, prior STI diagnoses, stress, and providers' negligence during labor and delivery. Their continued willingness to use and recommend PrEP highlights its perceived importance as an empowering HIV prevention tool during pregnancy and breastfeeding.



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Enablers and Barriers of Antiretroviral Therapy Uptake Among Adolescents and Young People in Nairobi, Kenya

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Background: Human immunodeficiency virus (HIV) remains a significant global public health issue with the uptake of antiretroviral therapy (ART) among adolescents and young people living with HIV (AYPLHIV) continuing to be a major public health challenge in the control of the epidemic. Despite the recognized and proven effectiveness of ART in reducing viral loads and preventing HIV/AIDS, young people often face unique challenges in accessing and adhering to treatment. This study aimed to investigate the factors that enable and limit ART uptake among young people aged 15-24 years living with HIV in Nairobi City.

Materials and methods: A cross-sectional study design with a multistage sampling technique was adopted and conducted in all sub-counties and within 51 health facilities in Nairobi between February and March 2024 . Standardized and validated structured questionnaires were used. Data was analyzed using SPSS version 25.0.

Results: Out of 322 respondents included in the study, majority were female (60.5%), aged above 18 years (93.2%), attained the secondary school level of education (57.8%), and were out of school (69.9%). ART uptake among AYPLHIV was recorded at 68.6%. Those who knew the type of ART regimen had significantly having lower odds of missing appointments (aOR= 0.598, 95% CI: 0.329-1.087, p = 0.039) compared to counterparts who did not know their ART regimen. Alcohol/drug abuse tripled the likelihood of drug regimen skipping (aOR = 3.410, 95% CI=1.723-6.750, p<0.01). Adolescents and young people (AYPs) living >10 km (aOR=1.931, 95% CI=1.045-3.568, p=0.036) from health facilities were more likely to skip their medications, while monthly ART counseling reduced medication skipping (aOR=0.325, 95% CI=0.108-0.981, p=0.046).

Conclusions: In conclusion, ART adherence among AYPLHIV is relatively low, with long distance, substance abuse, and lack of support hindering adherence, while awareness and knowledge of ART regimen, monthly counseling, and non-alcoholism/drug abuse promote adherence. To promote ART uptake among AYPLHIV in Nairobi County, tailored and targeted education, supportive peer networks, improved access and proximity to healthcare and medications, and regular counseling could significantly improve adherence to medication amongst adolescents and young people living with HIV in Nairobi, Kenya.



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Describing Location of Maternal ART and Infant HIV Testing and Associations with Retention in Care through 6 Months Postpartum in Gugulethu, South Africa (2021-2022)

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Background: Postpartum disengagement from HIV care remains a challenge. Integration of maternal and child services has been shown to support vertical HIV transmission prevention and care continuity in resource limited settings. We describe co-location of maternal ART and infant HIV testing and explore associations with maternal ART retention and early infant diagnosis (EID) completion.

Methods: We conducted a secondary analysis of routine medical record data from 325 mother-infant pairs (MIPs) enrolled in the REMInD study (March 2021–April 2022) at a large Midwife Obstetric Unit in Gugulethu, South Africa (antenatal HIV prevalence ~29%). At around 10 weeks (6-16 weeks) and 6 months (16-36 weeks) postpartum, location of evidence for maternal ART and EID completion were categorised as (i) integrated care (same facility on the same day, ±2 days), (ii) non-integrated (different facilities or same facility on different days), or (iii) not in care (no evidence of ART and/or infant HIV testing per guidelines). We used descriptive statistics to summarise care patterns, and multivariable logistic regression to explore associations between care location at 10 weeks and maternal ART retention and EID completion through 6 months.

Results: At 10 weeks postpartum, 8% of MIPs received integrated care, 54% were in non-

integrated care, and for 38% either the mother and/or the baby were not in care. By 6 months, integration declined to 6%, and for 49%, either mother and/or baby were not in care. Overall, 42% of mothers were retained in care through 6 months, and 59% of infants completed both 10-week and 6-month EID.

There was no difference in retention and EID completion between those in integrated on non-integrated care at 10 weeks, but compared with MIPs not in care at 10 weeks, those receiving either integrated or non-integrated care had significantly higher odds of maternal ART retention (integrated: aOR 46.55, 95% CI 14.69–170.35; non-integrated: aOR 34.86, 95% CI 15.33–94.89) and EID completion through 6 months (integrated: aOR 3.57, 95% CI 1.42–9.62; non-integrated: aOR 3.55, 95% CI 2.13–6.02). Income above R5,000 per month was inversely associated with maternal retention (aOR 0.27; 95% CI 0.09-0.75) and EID completion (aOR 0.41; 95% CI 0.17-0.99) through 6 months.

In a sub-analysis of 218 mothers with evidence of ART at 10 weeks, 78% received HIV services at the same primary care facility before and after delivery; there was no statistically significant difference in evidence of ART at 6 months between those remaining at the same facility and those moving facilities (65% vs 64%, p=0.832).

Discussion: Despite evidence of benefit, policy recommendations and service availability for integrated maternal and child HIV care, less than 10% of MIPs received ART and EID completion at the same clinic on the same day. These findings highlight missed opportunities to understand individual and health system barriers to integrated care. Strategies to enhance integration, such as coordinated MIP scheduling, and to ensure completion of VTP steps for MIPs choosing non-integrated care, such as linked medical records, are urgently needed to strengthen VTP and improve postpartum care continuity.



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Predictors of Antiretroviral Therapy Adherence and Health Outcomes among Older Women Living with HIV in Kampala, Uganda

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Background: The population of older women living with HIV in sub-Saharan Africa is increasing, yet this group faces unique challenges that can compromise adherence to antiretroviral therapy (ART) and overall health outcomes. Age-related comorbidities, cognitive decline, caregiving responsibilities, social stigma, and psychosocial stressors are key barriers that may influence ART adherence. Despite national efforts to expand ART access in Uganda, adherence rates among older women remain suboptimal. Understanding the biological, psychological, and social determinants of adherence and their impact on health outcomes is essential for developing targeted interventions to improve quality of life, sustain treatment, and reduce HIV transmission.

Methods: Guided by the biopsychosocial model, this cross-sectional quantitative study was conducted among 572 older women (≥ 50 years) living with HIV and attending ART services at six Kampala Capital City Authority health facilities: Kiswa HC III, Kawaala HC IV, Kitebi HC III, Komamboga HC III, Kisugu HC III, and Kisenyi HC IV. Stratified random and purposive sampling ensured proportional representation across age, socioeconomic status, and facility type while capturing diverse adherence experiences. Data were collected using structured questionnaires and verified with clinical records, including ART adherence, CD4 counts, viral load levels, and comorbidities. Descriptive statistics, Pearson correlations, and multiple regression analyses were performed to examine the relationships between biological, psychological, and social factors and ART adherence, and to assess the effect of adherence on health outcomes.

Results: Biological factors were positively but not significantly associated with ART adherence

($\beta=0.029$, $p=0.461$), indicating limited independent influence. Psychological factors ($\beta=0.227$, $p<0.001$) and social factors ($\beta=0.202$, $p<0.001$) were significant predictors. Women with greater emotional resilience, access to mental health support, lower internalized stigma, and stronger family and community networks demonstrated higher adherence. ART adherence was significantly associated with improved health outcomes ($\beta=0.271$, $p<0.001$), including physical health, mental well-being, viral suppression, reduced opportunistic infections, and enhanced quality of life. These findings underscore the interdependence of psychological and social support systems in sustaining adherence and achieving favorable clinical and psychosocial outcomes.

Conclusion: Psychological and social dimensions are central determinants of ART adherence among older women living with HIV. Interventions that integrate mental health services, promote family and community engagement, reduce stigma, and tailor HIV care to the specific needs of aging women can enhance adherence, empower women, and improve overall quality of life. Strengthening these strategies is critical for sustaining long-term treatment success and optimizing health outcomes in this growing population.



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Beyond the Pill Burden: Improving Service Accessibility for Young People Transitioning from PrEP to ART

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Background: Oral Pre-Exposure Prophylaxis (PrEP) is highly effective for HIV prevention, yet seroconversion among users persists, often linked to inconsistent use. This rare event requires transitioning to lifelong Antiretroviral Therapy (ART). This study explores the experiences of adolescent girls and young women (AGYW) navigating this transition from PrEP to HIV care.

Methods: FastPrEP is an implementation science project offering PrEP within routine sexual and reproductive health services at community-based mobile clinics and government public health clinics in Cape Town, South Africa. When a participant tests HIV-positive at follow-up, PrEP is discontinued, and they are referred to ART services, supported by follow-up calls. In-depth interviews were conducted from May 2024 to September 2025, capturing the seroconversion journey and subsequent HIV care experiences among AGYW who tested positive while on or shortly after stopping PrEP. Data were analysed using thematic analysis.

Results: Between January 2023 and September 2025, 62 AGYW tested HIV positive at the mobile clinic during follow-up visits. Of those, 18 were interviewed, with an average age of 24 years. All participants were provided with referral letters for linkage to care, except one who initiated ART at the mobile clinic. Participants described shock, crying, disbelief, and disappointment after diagnosis. Fear of disclosure and HIV-related stigma were major barriers to ART initiation, leading some to delay treatment or hide medication. Public clinics also contributed to delayed treatment because of long queues, extended waiting times, and unfriendly staff. In contrast, the mobile clinics where participants initiated PrEP were regarded as “safe spaces”,

providing quick, comfortable, and non-judgmental care. This supportive environment, along with proactive measures such as counselling and follow-up phone calls, was identified as crucial in enabling participants to disclose their status and begin ART promptly. Many participants reported a significant shift in adherence motivation after diagnosis, demonstrating consistent ART use driven by fear of sickness or death, a clear contrast to their inconsistent PrEP use. Despite this high motivation, the pill burden persists, with some reporting that ARVs were worse or larger than their previous PrEP medication and caused side effects such as nausea and fatigue. Consequently, many participants expressed a strong preference for long-acting injectable options for PrEP and ART to overcome the daily pill burden.

Conclusion: Transitioning from PrEP to ART for young people requires accessible, non-judgmental care models, such as mobile services, to address stigma-related barriers. While fear of illness motivates ART adherence, reducing pill burden through expanded access to long-acting injectable options is critical for improving long-term HIV management and well-being among seroconverting youth.



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Enhancing Women's HIV Testing Access through Targeted Community HIV Self Testing Interventions in Anambra State

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Background: Despite the progress in facility-based HIV testing, many women in rural areas of Anambra State face barriers to accessing these services such as long travel distance, stigma and limited clinic hours. This gave rise to the emergence of HIV self-testing which allows women to test privately and at their convenience. Between 2021 and 2024, community-based HIVST program was implemented in Anambra State which targeted women in those areas. This study aims to evaluate the impact of the program on testing uptake, positivity yield and linkage to care among women in Anambra State.

Methods: Between 2021 and 2024, HIVST kits were distributed in the community through the community outreach teams and HIVST facilitators and focal persons. Program data from DHIS2 was used to track these achievements for the total kits distributed, total results returned, total positive results identified and the total linked to care. Trends analysis was carried out using Microsoft Excel and R to assess uptake, positivity yield and linkage rates over time.

Results: A total of 244054 HIVST kits were distributed to women in Anambra over the study period. The annual distribution increased gradually from 2718 in 2021 to 51641 in 2024 which revealed the expansion of distribution from the facilitators. Of the kits distributed, 88.9% had results returned which revealed the growing trust

of the community members. Among these, 1123 women tested positive with a positivity yield of 0.5% across the program. Lastly, linkage to ART improved from 96.8% in 2021 to 97.7% in 2024 indicating that the efforts of the community outreach teams and HIVST facilitators improved timely treatment initiation.

Conclusion: Community-based HIV self-testing played a significant role in increasing access to HIV testing among women in Anambra State which also improved early detection of positive cases and facilitated timely linkage to care. Such targeted interventions should be scaled up to other communities and states to further reduce the testing gaps and achieve epidemic control in underserved rural areas.



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Missed in Pregnancy: Postpartum Diagnosis of Advanced HIV with Disseminated Tuberculosis after a Negative Antenatal Test — A Case Report from Lilongwe, Malawi

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Background: Late diagnosis of HIV has become increasingly rare due to widespread testing initiatives and early treatment strategies. In Malawi, provider-initiated testing and counselling (PITC) during pregnancy is routine and recommended at least three times. False-negative HIV results are uncommon with standard antibody tests but have been reported to occur during seroconversion, in advanced disease, or due to test limitations.

We present a case of a multiparous woman who, because of socioeconomic constraints, attended only one antenatal visit. Her routine HIV test at that visit was negative. One month later, she delivered preterm and was admitted postpartum with severe illness. Repeat testing confirmed HIV, and she was diagnosed with disseminated tuberculosis (TB). The advanced stage of disease raised important clinical and public health questions regarding antenatal HIV screening and the need for strengthened retesting strategies in high-burden, low-resource settings.

Case Presentation: A 32-year-old para 5 presented nine hours after a spontaneous preterm delivery with a three-month history of productive cough, dyspnea, fevers, night sweats, and significant weight loss. These symptoms had persisted throughout pregnancy. She had attended a single antenatal visit at 28 weeks, where she was treated for an upper respiratory tract infection and underwent routine HIV and syphilis testing, both documented as negative. Her medical history included four prior uncomplicated term vaginal deliveries and consistently negative HIV tests. She

reported household exposure to TB. The HIV status of her children was unknown.

At admission to Kamuzu Central Hospital, she appeared chronically ill, cachectic, and hypoxic, with generalized lymphadenopathy. Vital signs revealed hypotension and tachycardia. Respiratory examination demonstrated diffuse crepitations and reduced air entry, while abdominal assessment showed ascites. She had recurrent hypoglycemia and persistent hypotension suggestive of adrenal involvement. Chest X-ray revealed diffuse ground-glass opacities consistent with miliary TB, and FASH findings supported disseminated TB, with suspicion of TB adrenalitis. Repeat HIV testing was positive and confirmed on gold standard retesting. Her CD4 count was critically low at 11 cells/ μ L, and viral load measured 57,000 copies/mL, indicating advanced immunosuppression. She was initiated on antiretroviral therapy, anti-tuberculous treatment, and prophylaxis for pneumocystis pneumonia, with close monitoring for immune reconstitution inflammatory syndrome (IRIS). Her preterm infant, weighing 2000 g, was admitted to the nursery and commenced on high-risk ART prophylaxis. Despite treatment efforts, she died on day 5.

Conclusion: This case underscores persisting gaps in antenatal HIV screening despite national protocols. A documented negative test late in pregnancy led to delayed recognition of advanced HIV and disseminated TB. The possibility of a false-negative result highlights the need to re-evaluate testing algorithms, strengthen quality assurance, and emphasize repeat testing—particularly in symptomatic pregnant women or those with limited antenatal attendance. While late HIV diagnosis in pregnancy is now uncommon, this case illustrates that it remains a significant public health concern in Malawi, with serious consequences for both the mother and infant.



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Gender-Transformative and Community-Led Monitoring of Global Fund Programmes for Women in All of Their Diversity in Tanzania and Cameroon: Innovative Women-Led Approaches to Improve HIV Health Service Delivery

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Background: Most Global Fund (GF) implementer countries continue to fall short of ensuring and sustaining gender equality programming within comprehensive HIV responses, showing inadequate action addressing the growth in gender-based violence (GBV), and weakening access to sexual and reproductive health services. The GF Gender Equality Marker stands as a fundamental standard in assessing the integration of gender aspects into the national grants. However, to ensure a comprehensive approach, it is imperative to acknowledge and address the existing gender gaps in upholding gender equality in program implementation. In a period where human rights abuses and gender disparities have worsened, Women4GlobalFund proposed an innovative approach to support women in all their diversity to monitor and understand how programmes respond to gender inequalities and address barriers that women face in accessing comprehensive HIV healthcare services.

Methods: From 2021 to 2023, Women4GlobalFund implemented its Community-led Monitoring (CLM) and feedback Accountability Toolkit in Cameroon and Tanzania in 7 stages 1) Reflection and Engagement Assessment; 2) Inception and Planning; 3) Workshop Training; 4) CLM Implementation; 5) Data Analysis; 6) Findings into advocacy; 7) Outcome sharing and continuous monitoring. This innovative women-led approach aimed to conduct independent assessments and track GF-supported HIV programs and services to evaluate their effectiveness in

addressing the needs of women. Through qualitative and quantitative data collection and a comprehensive mixed methods analysis approach, women-led organisations used these findings to influence initiatives and demand the scale-up of gender-transformative programmes, strengthen strategic partnerships for comprehensive healthcare responses, and develop evidence-based advocacy plans.

Results: 20 women in their diversity from Cameroon and Tanzania were selected as the Accountability Toolkit Implementation-Group. Selected countries successfully implemented the 7-stage process, having tracked GF HIV and Cervical Cancer integrated services in Tanzania; and HIV-GBV services in Cameroon. As a result, technical reports, numerous stakeholder meetings, policy briefs, and advocacy plans were produced. Women4GlobalFund conducted the CLM academy, engaging 52 participants from other 7 african countries. This initiative led to the creation of gender-transformative advocacy briefs, communication strategies, toolkits for government and non-state stakeholders, and the development of CLM scorecards that measured satisfaction levels and the quality of healthcare services. Women-led CLM supported advocates to reflect on their programme engagement and continue to monitor the implementation of the programmes, ensuring that funds are well managed and utilised, that comprehensive service provision is gender-sensitive and a particular understanding of (AGYW) perceptions.

Conclusions: The W4GF Accountability Toolkit & CLM provides a step-by-step methodology to track, document, and advocate around Global Fund investments. It fosters community ownership of HIV national health responses and emphasizes qualitative, gender-transformative, rights-based evidence to complement quantitative data (mixed-methods approach) to capture the realities, experiences, and needs of women and girls. It is essential that women in all their diversity are able to provide effective oversight of GF HIV supported programmes, services and their quality, in a transparent and systematic manner. Lessons learnt from this initiative provided a better environment to continue pursuing better quality of services directed to improve the life for women living with HIV and the ones at most risk.



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Navigating Pregnancy, Breastfeeding, and Contraception: Strengthening Reproductive Choices for Women Living with HIV

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Background: Antiretroviral therapy (ART) has reduced the risk of mother-to-child transmission (MTCT) to less than 1–4% during pregnancy and breastfeeding when viral suppression is maintained. Yet women living with HIV still face heightened HIV incidence during pregnancy (5.9 per 100 person-years) and unmet needs for family planning, with modern contraceptive use ranging from 24–38% in parts of Uganda. Gaps remain in providing integrated, respectful, and person-centered reproductive care.

Methods: This presentation synthesizes data from systematic reviews, cohort studies, and programmatic evaluations (2018–2025) in sub-Saharan Africa. Outcomes assessed include MTCT rates, HIV retesting uptake, contraceptive use, and determinants of reproductive health decision-making. Case studies from Uganda, Kenya, and South Africa highlight successful integration of ART, infant feeding counselling, and contraception services.

Results: Findings show that when women maintain viral suppression on ART during pregnancy and breastfeeding, MTCT rates are consistently below 2%. However, HIV retesting uptake during pregnancy averages 74%, leaving gaps in prevention. Contraceptive uptake remains sub-optimal, with injectables and implants preferred but hindered by limited access, partner influence, and stigma. Integrated care models—including peer counsellor-supported PMTCT and family planning—improve adherence, safe breastfeeding practices, and contraceptive use.

Conclusion: To safeguard health and rights, reproductive health programs must offer a seamless continuum of ART, HIV retesting, infant

feeding counselling, and comprehensive contraception. Addressing gender norms, engaging male partners, and investing in peer-led models are critical for ensuring informed choices and improving reproductive outcomes for women living with HIV.



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Accessing the Inaccessible: The Quest of Strengthening Prevention of Mother to Child Transmission through Integrated HIV Test Services in Pregnant Women in Lagos and Oyo State, Nigeria

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Background: The burden of maternal HIV in Nigeria is a significant public health challenge. A pooled prevalence of 7.22% exists with intrastate and regional variations. Nigeria is a high burden country for Syphilis and Hepatitis B; with a prevalence of 6.5% among pregnant women. About 40% of pregnant women in Nigeria seek antenatal care with unconventional health service delivery providers (SDPs) due to deep rooted cultural and religious preference; this choice is laced with a degree of distrust for public health systems, long-wait time and largely due to poverty. Unconventional SDPs seldom offer testing for diseases of public health concern in pregnancy, often due to paucity of knowledge, skills and difficulty in accessing rapid test kits (RTKs). The Institute of Human Virology Nigeria (IHVN) with funding from Global Fund identified and sought to address missed opportunities for the prevention of maternal transmission of HIV, Hepatitis and Syphilis.

Methods: IHVN conducted a cross-sectional survey among pregnant women through a community-based integrated PMTCT intervention in unconventional SDPs and home testing activities across Lagos and Oyo states in southwest, Nigeria. A total of 794 unconventional SDPs were engaged; the SDP inclusion criterion was ≥ 10 new antenatal enrollees per month. The participants' inclusion criteria was confirmed pregnancy and granting informed consent. Data collection extracted from

spokes PMTCT registers and Monthly Summary Forms. Quantitative data analysis with SPSS 28 and expressed in frequencies. RTKs support was provided by the National and state HIV and STI program teams, testing and ART linkage services was supported respectively by skilled community health workers/volunteers and mentor mothers. In addition, collaboration with the local government area HIV/STI supervisors to promote government ownership, sustainability and maintenance of confidentiality.

Findings: From January 2024 to September 2025; a total of 124,851 pregnant women were reached through the SDPs and home testing efforts. Of these; 124,108 were tested for HIV, 334 women confirmed to be HIV positive, 326 were linked to ART care. Additionally, 13 Syphilis diagnosed and received treatment, 253 Hepatitis B and 3 co-infected HIV and Hepatitis B virus pregnant women were confirmed positive.

Challenges: Limited stocks of RTKs, Distrust and difficulty accessing the pregnant women receiving care in these unconventional SDPs, denial of diagnosis and refusal to commence ART, frequent need for out-of-pocket funding for Hepatitis IgG vaccine for neonate at birth. By liaising with the state and local government area HIV program teams for redistribution of RTKs from low to high demand sites, engaging SDPs through the leadership of their umbrella associations and strengthening the pre-test and post-test counseling through the mentor mothers to ensure ART linkage we were able to surmount these challenges to an extent.

Conclusion

This study shows that supporting integrated PMTCT services in unconventional health settings is an invaluable intervention, promoting early diagnosis, reducing risk of maternal transmission and safeguarding the lives and well-being of the future generation. It is a critical step in achieving the WHO triple elimination initiative. It can be scaled up and adapted across low-medium income countries in Africa.



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Optimizing Cord Blood Collection: Strategies and Outcomes from the HPTN084 Pregnancy Infant Sub-Study at a Non-Hospital-Based Research Site

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Background: Pregnant women have historically been excluded from clinical research due to ethical and regulatory concerns, limiting the availability of safety data for medications used during pregnancy. In 2019, federal regulations reclassified pregnant women, removing them from the “vulnerable population” category. This landmark change encouraged greater inclusion of pregnant women in biomedical research, particularly in studies evaluating the safety of HIV prevention interventions. Cord blood collection and analysis are crucial in such studies, as they provide vital information on maternal-to-infant drug transfer, pharmacokinetics, and immunological outcomes. The Pregnancy Infant Sub-study of the HPTN084 trial was designed to evaluate the safety of long-acting injectable cabotegravir (CAB-LA) for HIV prevention during pregnancy and breastfeeding. Conducted at the Makerere University–Johns Hopkins University (MU-JHU) Research Collaboration site, a non-hospital-based facility in Kampala, Uganda, the site anticipated unique challenges in ensuring timely cord blood collection and processing, prompting the implementation of site-specific strategies to optimize these processes.

Methods: The primary objective was to ensure successful cord blood collection and timely processing within six hours of delivery. Strategic

planning meetings were convened with clinic, laboratory, and transport department heads to align protocols and anticipate operational barriers. Approval was obtained from a nearby hospital to conduct study procedures on their premises. Participants were encouraged to deliver at this hospital and supported through antenatal visits. Hospital-employed midwives received training in study protocols, cord blood collection techniques, and ethical considerations. Laboratory staff were trained in processing protocols and prepared to collaborate closely with midwives to ensure timely sample handling, including working outside regular hours. A standby driver was available 24/7 to transport samples and staff promptly. A trained health visitor acted as a liaison among participants, study clinic staff, hospital midwives, laboratory personnel, and the driver, ensuring real-time communication during labor and delivery. Staff working outside normal hours received additional compensation to incentivize timely and accurate sample processing.

Results: Since the initiation of the HPTN084 Pregnancy Infant Sub-study on April 12, 2022, at the MU-JHU site, 67 pregnancies have been identified, with 58 (88%) enrolled. Of these, 44 (76%) participants delivered. Cord blood was successfully collected and processed within the required timeframe for 29 (66%) of these deliveries, all of which occurred at the designated hospital. Cord blood collection was unsuccessful in 15 cases because 10 participants opted to deliver outside the designated hospital, 3 participants delivered at the designated hospital, but the placental blood clotted before collection, and 1 participant delivered at home and arrived at the hospital only after placenta expulsion.

Conclusions: Non-hospital-based research sites can successfully participate in trials requiring cord blood collection by implementing tailored, site-specific strategies. Key enablers included proactive planning, inter-facility collaboration, targeted training, flexible staffing, and real-time communication. Challenges such as participant delivery at non-partner facilities and clinical emergencies underscore the importance of broader community engagement and contingency planning. Findings support the feasibility of expanding maternal-infant research capacity beyond traditional hospital settings, particularly in resource-limited environments, and provide a model for future studies evaluating biomedical interventions during pregnancy.



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Antenatal Care-based Partner Testing Innovation in the Identification of Sero-Discordant Couples across 5 Selected States in Nigeria

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Background: Identifying HIV Sero discordant couples where one partner is a person living with HIV (PLHIV) and the other is negative is a critical public health strategy for targeted prevention and reducing onward transmission. Antenatal care (ANC) clinics offer a strategic platform to reach male partners through pregnant women. This analysis evaluates the outcomes of ANC-based partner testing efforts, specifically focusing on the identification of Sero discordant couples, across five selected states in Nigeria.

Method: Retrospective study was conducted looking at programmatic data from partner testing initiatives in ANC settings across five Nigerian states (Benue, Ogun, Ondo, Oyo, and Plateau) within the period of October 2024 to September 2025. The data included the number of pregnant women tested for HIV and the HIV test results of their partners, disaggregated by the HIV status of the pregnant woman. From this, we calculated the total number of partners tested, the overall partner testing rate, and the number of Sero discordant couples identified. Descriptive data analysis was done, analysing the percentage of partners of pregnant women who visited the healthcare facility for ANC against the percentage of these pregnant women.

Results: Out of 288,193 pregnant women tested for HIV across the five states, only 7,944 (2.8%) of their partners were tested, indicating a very low overall partner testing uptake. Among partners of HIV-negative women, 15 were found to be HIV-positive. More significantly, among the partners of the HIV-positive pregnant women, 264 were tested and found to be HIV-negative, thereby identifying 264 Sero discordant couples where the woman was positive and the man was negative. An additional 53 couples were identified where both

partners were positive. The yield of Sero discordant couple identification varied significantly by state, with Benue State accounting for most of both partners tested and Sero discordant couples identified.

Conclusion: While ANC-based partner testing successfully identified a substantial number of Sero discordant couples, the extremely low overall rate of partner testing represents a major missed opportunity. The findings underscore a significant gap in engaging male partners and highlight an urgent need for innovative and acceptable strategies to improve partner testing uptake. Strengthening these efforts is essential to effectively identify Sero discordant couples and link them to appropriate prevention and treatment services, thereby maximizing the impact of PMTCT programs.



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Targeted Group Antenatal Care as a Pathway to Postpartum Family Planning Uptake among Adolescent Girls in Machakos and Siaya Kenya

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Significance/background: In Kenya, 15% of adolescent girls aged 15-19 years have been pregnant (KDHS 2022). Postpartum family planning plays a crucial role in preventing subsequent and closely spaced pregnancies within the first 12 months after childbirth. However, PPFU uptake remains low due to various factors ranging from individual, social, and health services-related challenges (WHO, 2024). Adolescent girls may lack the agency, information and autonomy to exercise personal control and negotiate PPFU use hence, they tend to have the highest levels of unmet need for FP. Various studies show that delivering family planning messages in a manner that allows adolescent girls to make informed and process decisions and ultimately use it to impact themselves and their families is of utmost importance. Tiko, piloted the Group ANC model which was designed to provide a unique opportunity to assess the potential for adoption and continuation of postpartum family planning by providing adolescents a safe space where they can learn from each other's experiences and ask questions in a supportive environment, thereby influencing the understanding and subsequent acceptance and continued use of PPFU.

Program intervention/activity tested: Tiko piloted the Group Antenatal Care model between June 2024 and June 2025, targeting adolescent girls aged 15-19 years in Machakos and Siaya counties in Kenya. The program trained health care providers and community health promoters within the selected facilities and Tiko ecosystems model. Community Health Promoters (CHPs) were used to mobilize, identify, and refer pregnant adolescents to the health facilities where trained nurses facilitated group sessions consisting of 6-12

adolescents with the same gestation age. The model leveraged peer learning, healthcare provider engagement, and digital validation via the Tiko platform to enhance ANC experiences, consequently improving PPFU uptake.

Results/key findings: By the end of the observation period (June 2025), 1346 adolescent girls had already been enrolled into group Antenatal care in the 13 piloting sites, representing 40% of women who presented with pregnancy in those facilities. A total of 491 validated Hospital Deliveries on the Tiko platform, with 195 adolescents (40.00%) adopting PPFU in their first 6 weeks of PNC visit, a significant increase of 65% from the previous year. The most preferred methods included implants (40%), injectables (30%), and progestin-only pills (15%). From observation and from the qualitative insights collected, peer discussions within GANC sessions reduced stigma and misinformation about contraceptives. Many adolescents valued the opportunity to engage with healthcare providers in a supportive, non-judgmental setting. The Model has also seen an increase in early identification and initiation of antenatal care visits among the age group targeted.

Program implications/lessons: Integrating Family Planning/Contraceptives lessons in GANC sessions has built the confidence of adolescents and Young Women's, they possess the agency and can now negotiate for care and many openly ask all questions regarding child spacing and delaying pregnancies. Pregnant adolescents reported a preference for GANC over the routine standard ANC, citing its promotion of their family planning and contraception knowledge and helping them learn about their health



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"My Husband Is a 'Mama's Boy'": Women's Views on Male Engagement in Maternal, Newborn, and Child Health in Western Kenya

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Background: Across the globe, the essential role of men as partners in maternal, newborn, and child health (MNCH) is being increasingly recognized, especially in contexts where health outcomes for women and children are closely tied to family and community support. However, most initiatives that aim to engage men in MNCH overlook the nuanced benefits and potential risks perceived by women—critical considerations for effective and inclusive programming. In Kenya, understanding women's perspectives is particularly important, both for MNCH and for broader issues such as HIV prevention and care, where family dynamics and gender roles play a significant part.

Methodology: This study used a phenomenological approach to explore women's experiences and perceptions of male engagement in MNCH in western Kenya. Fifty-three women—including 35 mothers and 18 mothers-in-law—were purposively selected from seven communities in Kakamega County. These participants engaged in seven focus group discussions during November and December 2020, sharing insights that reflect diverse generational and cultural viewpoints.

Results: The findings reveal a spectrum of attitudes toward male involvement in MNCH. Mothers generally expressed support for men's participation, particularly when it promotes gender equity and joint decision-making principles that resonate with the goals of women's empowerment and HIV prevention strategies. In contrast, mothers-in-law tended to be less supportive, citing beliefs that women are inherently closer to children, that men's involvement could be detrimental, and that

increased male engagement might undermine women's autonomy within the household. These differing perspectives highlight the complexity of gender relations and the potential impact on women's health, including HIV-related decision making and care.

Conclusion: For interventions aimed at improving MNCH and advancing women's health—including HIV-related initiatives—it is crucial to address the concerns of mothers-in-law while harnessing mothers' enthusiasm for equitable male engagement. Programmatic efforts must be sensitive to family dynamics and cultural expectations, working to promote gender equity and shared responsibility in health, while safeguarding women's agency and well-being.



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Contraceptive Choices in a Cohort of Adolescents and Young Women on Long-Acting Injectable Antiretroviral Therapy

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Background: In the South African public health sector, available contraceptive methods include progesterone-only injectables, oral contraceptives pills, intrauterine devices and progesterone implants. The National Contraceptive Clinical Guidelines emphasise the clients' right to choose their preferred contraceptive method, a choice that may be influenced by multiple factors including side-effects and convenience. Surveys have shown that, amongst South African women, the preferred method is the 12-weekly injectable, closely followed by the 8-weekly injectable. In the AFINATY study (Acceptability and Feasibility of Long-acting injectable antiretroviral therapy), we enrolled a cohort of adolescents and young adults living with HIV in Cape Town, South Africa and offered them a switch from oral to injectable antiretroviral therapy (ART). We looked at the contraceptive choices of young women at baseline and if this changed during study participation.

Methods: Female participants of childbearing potential were required to use an effective contraceptive method of their choice throughout study participation. Cabotegravir and Rilpivirine were administered 8-weekly as two intragluteal injections. Participants who were due for their contraceptive injection could opt to receive it at the same time as their ART. The chosen contraceptive method was recorded at each study visit. We described the proportion of participants of childbearing potential who chose each contraceptive method at two timepoints: baseline and week 72.

Results: We enrolled 134 participants aged 12-24 years old, of which 85 (63.4%) were female. At baseline 83 were of child-bearing potential and required contraception. At baseline 34 (41%) participants chose the 12-weekly injectable, 37 (45%) chose the 8-weekly injectable, 7 (8%) the implant and 5 (6%) the oral contraceptive. After baseline, the remaining two participants became eligible for contraception, both choosing the 8-weekly injectable. At week 72, 23 (27%) participants were using the 12-weekly injectable, 52 (61%) using the 2-monthly injectable, 6 (7%) using the implant and 4 (5%) the oral contraceptive. Eighteen participants (21%) switched contraceptives between baseline and Week 72. Fifteen of these (83%) switched to the 8-weekly injectable, one from the 12-weekly injectable to the oral contraceptive, one from the implant to the 12-weekly injectable and one from the 8-weekly injectable to the oral contraceptive.

Conclusions: In our cohort of young women receiving 8-weekly injectable ART, injectable progesterone was the most preferred contraceptive method. At baseline the proportion choosing the 12- or 8-weekly injection was similar, however by week 72 the proportion choosing the 8-weekly injection was more than double that of the 12-weekly injection. The majority of participants opting to change their contraceptive chose the 8-weekly injection to coincide with their ART visit. This suggests that having two ART injections as well as a contraceptive injection at the same clinic visit is not only acceptable and tolerable but is preferred by the majority of this cohort. Integration of family planning and ART services should be a strategy that is implemented if LAI-ART becomes part of the public health sector services.



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Reframing Provider Language to Reduce Internalized Stigma among Women Living with HIV in Kwale County Hospital

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Background: Internalized stigma is a persistent barrier to antiretroviral therapy (ART) adherence and long-term retention in HIV care among women living with HIV. Evidence shows that stigmatizing language used by healthcare providers, whether intentional or not, can negatively affect patient self-perception, reduce disclosure, and hinder engagement in care. In Kwale County, Kenya, qualitative feedback from women receiving HIV services at the main referral hospital highlighted that clinical communication often reinforced feelings of shame. This study evaluated whether a structured provider training intervention focused on non-stigmatizing, person-first language could reduce internalized stigma among women receiving HIV care at Kwale County Hospital.

Materials and Methods: This prospective, facility-based implementation study was conducted between January 2023 and February 2024 at the Comprehensive Care Centre of Kwale County Hospital. Twenty-four healthcare providers, including nurses, clinical officers, and adherence counselors, participated in a two-day communication training program co-designed with women living with HIV. The training covered person-first language, empathy, trauma-informed care, and culturally responsive communication techniques, delivered through participatory methods such as role plays and case-based scenarios. To assess impact, 102 women living with HIV were surveyed using the Internalized AIDS-Related Stigma Scale (IA-RSS) before and three months after the intervention. Qualitative data were collected through 15 in-depth interviews and three focus group discussions with patients post-intervention. Quantitative data were analyzed using paired t-tests to assess changes in stigma scores. Thematic analysis was applied to qualitative transcripts to identify perceived shifts in provider behavior and care experiences.

Results: Mean internalized stigma scores decreased significantly from 2.7 at baseline to 1.8 post-intervention ($p < 0.001$). Patients reported more respectful, non-judgmental interactions with providers and an increased sense of psychological safety during clinic visits. Women noted that they were no longer referred to as “HIV cases” or “non-adherent clients,” but rather as “women living with HIV” or “mothers in care.” This shift in language reportedly increased patient confidence, willingness to disclose ART adherence challenges, and engagement with psychosocial support services. Qualitative findings also revealed improved trust in providers, enhanced communication around reproductive health goals, and a reduction in fear of being blamed or judged. However, variability in language use persisted among temporary staff and interns who did not undergo training.

Conclusions: Targeted provider communication training is an effective intervention to reduce internalized stigma among women living with HIV in clinical settings. By integrating person-first language and empathy into routine provider interactions, healthcare facilities can improve patient engagement, adherence, and satisfaction with care. These findings support the integration of stigma-reduction modules into national HIV service delivery frameworks and align with broader global efforts to advance gender-responsive, person-centered care. To sustain these gains, ongoing training, supervision, and institutional accountability mechanisms should be embedded within facility-level quality improvement systems.



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Breastfeeding Intentions, Practices, and Associations among Women Living with and without HIV in Western Kenya

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Background: In the context of universal antiretroviral therapy for people living with HIV in resource-constrained settings, international guidelines recommend that both postpartum women living with HIV (WLH) and not living with HIV (WNLH) exclusively breastfeed their infants for the first six months, then continue breastfeeding along with complimentary foods through at least 12 months postpartum. Breastfeeding intentions and the factors that influence breastfeeding practices among WLH and WNLH in Kenya are not well understood. To address this knowledge gap, we conducted a secondary analysis among a matched, prospective cohort of WLH and WNLH within the Measuring Adverse Pregnancy and Newborn Congenital Outcomes (MANGO) study in western Kenya.

Methods: We utilized MANGO data collected from September 2020 to March 2025 to (i) describe antepartum breastfeeding intentions and postpartum breastfeeding practices among WLH and WNLH, and (ii) assess whether breastfeeding practices were associated with HIV status or sociodemographics. The primary outcomes were antepartum breastfeeding intent, exclusive breastfeeding through six months postpartum, and total duration of breastfeeding up to 24 months postpartum. The primary exposure was HIV status (WLH vs. WNLH). Multivariable logistic and linear regression, adjusting for HIV status, age, parity, marital status, education, and employment, was used to assess for associations with exclusive

breastfeeding through six months and total duration of breastfeeding, respectively.

Results: The total analytic population included 1167 participants, 592 (51%) of whom were WLH. At enrollment in antenatal care, median age was 32 (interquartile range [IQR]: 26, 36), 25% were nulliparous, 76% were married/cohabitating, 24% had only primary education, and 42% were unemployed. At baseline, almost all (99%) WLH and WNLH intended to exclusively breastfeed through six months postpartum. In practice, 84% of WLH and 55% of WNLH exclusively breastfed through six months. After adjusting for other covariates, WLH had significantly higher odds of exclusively breastfeeding through 6 months compared to WNLH (adjusted odds ratio [aOR]: 5.00; 95% confidence interval [CI]: 2.78, 9.09). Among women who had completed breastfeeding at database closure (n=444), the median total duration of breastfeeding was 12 months (IQR: 9, 15) for WLH and 16 months (IQR: 12, 19) for WNLH. After adjusting for other covariates, WLH breastfed for 3.31 fewer months than WNLH (95% CI: -5.30, -1.32). Additionally, compared to those with no education, those who had primary education breastfed for 3.28 fewer months (95% CI: -5.21, -1.34) and those with secondary or higher education breastfed for 3.88 fewer months (-5.54, -2.23). There were no other statistically significant associations between exclusive breastfeeding or total duration of breastfeeding and other covariates in either multivariable model.

Conclusions: WLH had high rates of exclusive breastfeeding through six months postpartum, and most continued breastfeeding through 12 months postpartum, consistent with policy and programming emphasizing the importance of breastfeeding for WLH. Total duration of breastfeeding was lower with higher levels of education, perhaps signaling tension between breastfeeding and employment opportunities. Additional efforts are needed to promote exclusive breastfeeding through six months postpartum among WNLH.



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Holistic Community Approaches to Empowering Women and Adolescent Girls Living with HIV in Kenya: Lessons from Eneza Imani Community Shelter and Rescue Centre

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Background: Women and adolescent girls living with HIV in Africa continue to face overlapping challenges that extend beyond medical treatment. Stigma, discrimination, sexual and gender-based violence (SGBV), intimate partner violence, and economic insecurity undermine their ability to live healthy and fulfilling lives. The shrinking pool of donor funding further threatens the sustainability of community-driven HIV responses, particularly in grassroots settings where needs are most urgent. Eneza Imani Community Shelter and Rescue Centre, based in Kiambu County, Kenya, offers a holistic model of care that demonstrates the critical role of communities in addressing these vulnerabilities.

The Role of Communities in Empowering Women Living with HIV: Community-led interventions are central to building resilience and safe, inclusive spaces. At Eneza Imani, survivors of violence and women living with HIV are active participants in shaping their recovery. Peer mentors and community champions provide counseling, support, and accurate information. Livelihood initiatives, safe housing, and peer groups reduce isolation and dependence on abusive relationships, helping women rebuild confidence and independence.

Adolescent Women Living with HIV in Africa: Adolescents face the double burden of HIV and vulnerability to early pregnancy, school dropout, and exploitation. Eneza Imani provides tailored programs including safe accommodation, education support, and mentorship. These interventions address immediate safety while

laying foundations for long-term empowerment. Girls are supported to return to school or access vocational training, equipping them with skills for independence and breaking cycles of poverty.

Stigma and Violence: Stigma remains a destructive force, triggering abandonment and discrimination in healthcare and community settings. Eneza Imani responds through trauma-informed care, community sensitization, and partnerships with faith leaders, men's groups, and local authorities. These efforts challenge harmful stereotypes and foster dialogue. Survivors are also linked to legal aid and advocacy to strengthen accountability and protection.

Sustaining the HIV Response Amid Funding Constraints: As donor funding declines, sustainability is urgent. Eneza Imani leverages local resources, builds business partnerships, integrates HIV work into gender justice programs, and mobilizes volunteers. Embedding HIV care within community protection frameworks ensures services are resilient and less donor-dependent.

Other Emerging Priorities: Eneza Imani recognizes HIV as inseparable from wider health and social issues. By addressing mental health, reproductive health, and livelihoods, the Shelter treats women and girls as whole persons deserving dignity and opportunity.

Conclusion: Eneza Imani Community Shelter shows that effective HIV responses require more than medical care. By addressing stigma, violence, and economic marginalization, and by mobilizing community structures for empowerment, grassroots shelters offer scalable models that build dignity, resilience, and hope for women and adolescent girls living with HIV in Africa.



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Transforming Care for Vulnerable Girls: Tackling Stigma, Inequality, and Insecurity through Integrated Community Solutions

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Adolescent girls and young women (AGYW) in Kenya face multiple, intersecting vulnerabilities that heighten their risk of HIV infection and hinder access to essential care. Stigma, gender-based violence, poverty, and limited psychosocial and economic support continue to drive inequality and prevent sustainable recovery for those living with or affected by HIV. The Eneza Imani Community Shelter and Rescue Centre, based in Kiambu County, addresses these challenges through a holistic, gender-responsive model that integrates health, psychosocial, and economic interventions.

Eneza Imani provides a safe shelter and rehabilitation space for AGYW survivors of violence, trauma, or homelessness, including those living with HIV. Our integrated approach combines psychosocial counselling, health education, and economic empowerment to promote dignity, healing, and resilience. The program's key components include: (1) safe accommodation and trauma-informed care, (2) HIV awareness, linkage to care, and treatment adherence support, (3) vocational and livelihood training, and (4) community reintegration and advocacy to combat stigma and discrimination.

Stigma and social exclusion remain major barriers for young women accessing HIV services. Through peer mentorship, community dialogues, and education campaigns, Eneza Imani fosters open conversations that normalize HIV care, reduce internalized shame, and encourage treatment adherence. The inclusion of mentorship and skill-building activities has enhanced confidence and self-reliance among beneficiaries, leading to improved social reintegration and reduced vulnerability to re-exploitation.

Our experience shows that HIV prevention and care for AGYW must move beyond clinical treatment to address the underlying social and structural barriers that perpetuate risk. By linking psychosocial support, economic empowerment, and advocacy within one community-based framework, Eneza Imani demonstrates a replicable model for transforming care and advancing health equity for adolescent girls and young women in Africa.



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HIV Testing Coverage and Case Identification among High-Risk Adolescent Girls and Young Women (AGYW) In Anambra State

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Background: Adolescent girls and young women (AGYW) aged 10–24 years remain disproportionately vulnerable to HIV infection in Nigeria due to biological, social, and structural factors. The AGYW program implemented by Achieving Health Nigeria Initiative (AHNi) in Anambra state of Nigeria, seeks to reduce new HIV infections through the provision of prevention packages, HIV testing services (HTS), and linkage to treatment for positives identified. This analysis assesses HIV testing coverage and case identification among high-risk AGYW in Anambra State.

Methods: Program data from January to August 2025 were analysed across 19 local government areas in Anambra State. Eligible AGYW (10–24 years) were mobilised through community platforms and peer networks to access a comprehensive HIV prevention package, including HTS. Testing coverage was defined as the proportion of AGYW reached with prevention services who received an HIV test. At the same time, the case identification rate was calculated as the proportion of those tested who had a confirmed positive result. A Descriptive (Proportions/Percentages) statistical method was used to determine coverage, positivity yield and linkage rates.

Results: A total of 149,863 AGYW were reached with prevention services, of whom 67,705 (45%) received HIV testing. Testing coverage was higher among the 20–24 years age group (50%) compared to 15–19 years (45%) and 10–14 years (14%). Overall HIV positivity yield was 0.14% (92/67,705), with the highest yield observed among AGYW aged 20–24 years (0.19%). Of the positives identified, 100% (92/92) were successfully linked to treatment.

These results were driven by AHNi's strategies of introducing HTS in tertiary institutions, securing free campus access through stakeholder engagement, integrating sexual and reproductive health education with HTS, and targeting early adolescents with life skills and HIV literacy.

Conclusion: The AGYW program in Anambra State has achieved strong HIV testing coverage and effective case identification, particularly among older adolescents and those at higher risk. However, gaps remain in service uptake among younger AGYW, which must be addressed to ensure equitable prevention outcomes. To consolidate and expand these gains, the program should intensify demand creation for HIV testing among adolescents aged 10–14 and 15–19, scale up differentiated and peer-led testing models to reach hidden populations, and strengthen integration of prevention services with psychosocial support to improve retention and adherence among newly diagnosed AGYW.



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Transforming Masculinity to Protect Women by Addressing Gender Norms among Men to Reduce HIV Infections in Eswatini through the Lisango Letemphilo Men and HIV dialogues 2025 Initiative

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Background: In Eswatini, gender inequality continues to be a significant factor contributing to women's increased vulnerability to HIV infection. Power imbalances, harmful gender norms, and limited communication within sexual relationships hinders women's capacity to negotiate safe sex practices. Recognizing that transforming male attitudes and behaviours is crucial for reversing the HIV epidemic among women, the Lisango Letemphilo 2025 initiative has engaged men in structured dialogues designed to reshape perceptions of masculinity, promote gender equality, and support HIV prevention efforts.

Methods: The programme successfully engaged 707 men in community-based gender norms transformative dialogues across Eswatini. From this group, 30% (approximately 212 participants) completed standardized gender norms surveys to evaluate attitudes towards gender roles, sexual health, and violence. Qualitative data was collected from the engagements with these men. Additional, programmatic data was collected on HIV testing uptake, condom distribution, and use of HIV self-testing kits. This data was analyzed to identify trends in behaviour change and assess implications for women's HIV risk.

Results: Encouraging progress was observed in several areas critical to women's sexual health and autonomy. 81% of respondents reported open communication with partners about sex an essential factor in negotiating safe practices. HIV awareness was high, with 78% knowing their status. The initiative saw 140 men going for HIV tests, distributed 190 self-testing kits (intended for use with partners), and distributed 35,200

condoms. Notably, by the end of the engagements most men rejected damaging stereotypes such as male sexual dominance and emotional suppression, and 93% endorsed shared parenting roles.

However, areas of concern persist as 43% of the respondents reported inconsistent condom use, which directly increases HIV risk among women. Additionally, entrenched patriarchal beliefs remain prevalent: 70% of the individuals perceived domestic roles as a woman's primary responsibility, and up to 16% endorsed domestic violence or sexual coercion under certain conditions. These attitudes undermine women's autonomy and perpetuate environments that increase risk.

Conclusion: Lisango Letemphilo 2025 highlights the necessity and effectiveness of engaging men in gender-transformative programming to advance HIV prevention among women. Although promising shifts in attitudes and behaviours were observed, the persistence of harmful beliefs and unsafe sexual practices underscores the need for long-term, systemic efforts. Scaling these interventions is crucial to addressing the root causes of women's HIV vulnerability specifically, inequality, silence, and male dominance and fostering a culture of mutual respect, consent, and shared responsibility.



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Engaging Black Women, Non-Binary and Trans Communities in HIV Prevention in England: A Community-Led PrEP Advocacy Programme

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Background: Pre-Exposure Prophylaxis (PrEP) is highly effective at preventing HIV transmission. However, significant access disparities exist across populations in England: Black women are the most underserved population by PrEP. This pilot aimed to enhance PrEP knowledge and use among Black cisgender, transgender women and non-binary individuals in areas with the largest Black populations (all in South London). The pilot achieved its key objectives of recruiting 20 community advocates, and providing targeted education through peer-to-peer training with support from healthcare professionals.

Description: The two-month PrEP Advocates pilot was implemented across Lambeth, Lewisham, and Southwark in 2024, and received buy-in and funding from the Local Authorities in Lewisham and Southwark. Twenty advocates (50% Black African, 35% Black Caribbean, 15% mixed/other Black backgrounds) were recruited and trained by the project team, which included a Sexual Health Nurse and a PrEP Pharmacist. The training covered HIV prevention, PrEP efficacy and access, safeguarding, and community engagement techniques. Advocates then conducted outreach through one-on-one conversations, social media, and group events with community organisations.

Lessons learnt: Key learnings included the importance of inclusive language and representation (Black non-binary and trans

communities decided the pilot's name), the effectiveness of peer-led approaches, and the value of integrating healthcare professionals to address advocates' queries, concerns and HIV-related stigma. The programme retained 90% of the trained advocates, who reported 295 face-to-face engagements and 67 social media interactions. Post-programme evaluation revealed high satisfaction (69% rating "excellent", 31% "good"), with 46% of advocates reporting they "definitely" made an impact in their networks. Advocates identified that programme duration was insufficient for deeper community engagement, suggesting longer-term implementation for future initiatives.

Conclusions/next steps: This community-centred approach demonstrated the effectiveness of engaging underserved communities to address HIV prevention disparities through peer-led education. The model has inspired replication, with primary care networks seeking funding to implement similar projects in other London boroughs. Recommendations for future implementation include extending programme duration, increasing financial support for advocates, and adapting the model to address other sexual health disparities and health inequities. The success of this pilot provides a framework for community-led health promotion that centres underserved voices while addressing critical public health needs.



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Advancing Women's Health and HIV Response in Kenya through Policy and Investment Alignment with the Abuja Declaration

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Introduction: Kenya's Constitution (Article 43[a]) guarantees every citizen the right to the highest attainable standard of health, including reproductive healthcare. However, despite progressive policies and frameworks such as Vision 2030 and the Kenya Health Policy (2014–2030), health sector underinvestment continues to undermine equitable access to HIV and Sexual and Reproductive Health and Rights (SRHR) services. With 75% of Kenya's population under 35 years and 22.2% aged 10–19, adolescents and young people (AYP) represent both a vulnerable group and a critical demographic for driving the country's future. Persistent funding gaps Kenya's health allocation currently stands at 3.3%, below the Abuja Declaration's 15% target limit access to care for youth living with HIV, LGBTQ communities, young sex workers, and transgender youth.

Purpose: Kenya's HIV and SRHR-related policies align with the Abuja Declaration's health financing commitments, assessing progress, gaps, and opportunities for advancing women's and youth health outcomes. It specifically explores how enhanced domestic investment and integration of HIV-related services into the Social Health Insurance Fund (SHIF) can reduce out-of-pocket spending and promote universal, equitable access to care.

Methodology: Policy analysis and evidence synthesis approach, reviewing national and county-level health policies, expenditure frameworks, and strategic documents, including the Kenya Health Financing Strategy (2020–2030), Medium-Term Expenditure Framework (2024/25–2026/27), and relevant legislative instruments (e.g., Health Act 2017, Primary Health Care Act 2023, Social Health Insurance Authority Act 2023). Secondary data were drawn from national

statistics, government reports, and stakeholder consultations with youth advocates, civil society, and county health officers. Qualitative analysis focused on identifying policy coherence, financing gaps, and advocacy opportunities for youth-led engagement in the health policy process.

Results: Findings indicate notable progress in developing comprehensive health and HIV policies, including the Kenya AIDS Strategic Framework II and Reproductive Health Policy (2022–2032). However, investment gaps persist, with health sector funding declining from 7.8% in FY 2021/22 to 3.8% in FY 2022/23. Most health resources are financed by the government and donors, while individuals especially youth and women still bear significant out-of-pocket costs. Structural barriers include limited political will, delayed fund disbursement, weak intergovernmental coordination, inadequate health workforce capacity, and low public awareness of health insurance benefits. These constraints particularly affect young women, LGBTQ individuals, and sex workers, exacerbating stigma, service inequities, and unmet SRHR needs.

Conclusion: Kenya's adherence to the Abuja Declaration remains partial, yet achievable. Sustaining the HIV and SRHR response amidst funding constraints requires policy coherence, domestic resource mobilization, and inclusive governance. Embedding HIV and SRHR services within SHIF offers a transformative path toward universal coverage and reduced out-of-pocket spending. To realize this vision, Kenya must prioritize health financing that is equitable, gender-responsive, and youth-centered. Strengthened political will, evidence-based advocacy, and cross-sectoral collaboration will be critical in advancing women's health and sustaining Kenya's HIV response within the broader Universal Health Coverage (UHC) agenda and integration of HIV-related conditions into SHIF benefit packages to ensure financial protection. Ring-fencing youth participation in policy and budget processes to enhance accountability. Leveraging county-level fiscal autonomy to localize Abuja Declaration commitments and sustain HIV response financing.



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From Awareness to Behavior: Assessing Television HIV Prevention Campaigns and Young Girls' Vulnerability in Mlolongo Township, Kenya

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HIV/AIDS remains a major public health challenge in Kenya, with adolescent girls and young women (AGYW) aged 15–24 continuing to bear a disproportionate burden of new infections. National and regional data consistently show that AGYW are up to three times more likely to acquire HIV than their male counterparts due to a combination of biological, socio-economic, and structural factors. In peri-urban settlements such as Mlolongo Township in Machakos County, Kenya, vulnerabilities are amplified by rapid urbanization, poverty, transactional sex, limited access to quality education, and gender-based violence, all of which elevate HIV risk despite high levels of general awareness. Television, as a central mass-media platform, has been widely used by various stake holders to disseminate HIV prevention messages due to its broad reach and capacity to model positive health behaviors through visual storytelling. Despite these extensive media-driven prevention efforts, new HIV infections among young and vulnerable girls persist, suggesting a disconnect between the intended preventive messaging and actual behavioral outcomes.

This study examined the effectiveness of television-based HIV prevention messaging among girls aged 15–24 in Mlolongo Township, Machakos County, Kenya. Guided by Social Learning Theory, the study adopted an exploratory research design to better understand the perceptions, experiences, and behavioral responses of adolescent girls and young women to HIV/AIDS television messaging. This design was appropriate because it allowed for the collection of descriptive data and facilitated examination of the complex relationship between media exposure and behavior within a specific social context.

Findings revealed that while television messaging increased general awareness of HIV/AIDS, it was not sufficient enough to influence consistent behavior change towards HIV prevention. Structural and contextual factors—including poverty, gender dynamics, vulnerability, peer influence, and cultural norms—played a significant role in shaping risk behavior among young girls.

The study concluded that HIV prevention strategies must go beyond awareness-raising to address the broader vulnerabilities that heighten girls' risk of infection. The study recommended that media interventions must integrate gender-transformative messaging. HIV programs should address underlying vulnerabilities such as poverty and GBV. Multi-level interventions combining media, community support, and empowerment are essential in fostering positive behavior outcomes. Youth-friendly services should be expanded in Mlolongo. Future interventions incorporate social and economic determinants of health and actively involve male partners in prevention efforts.



POSTER ABSTRACT PRESENTATIONS

African Workshop on Women & HIV 2026

Hybrid Meeting

12 – 13 March 2026
Cape Town, South Africa



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The “Well Woman” Initiative: Expanding Cervical Cancer Screening Access for HIV-Positive Female Sex Workers in Kilifi

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Background: Cervical cancer (CaCx) is one of the leading causes of cancer-related deaths among women in Sub-Saharan Africa, and is almost entirely preventable if detected early. In Kilifi County, Kenya, the cervical cancer screening rate is low, with only about 23% of women aged 25 to 49 having undergone screening. HIV increases the chances of contracting CaCx due to human papillomavirus (HPV)-induced carcinogenesis, making women living with HIV six times more likely to contract CaCx than HIV-negative women. This is particularly concerning for female sex workers (FSWs) living with HIV (LHIV), who are at an increased risk of developing cervical cancer due to their increased exposure to HPV.

Methods: The International Centre for Reproductive Health (ICRH)-Kenya implemented a “well woman” strategy to address sexual and reproductive health (SRH) needs for FSWs LHIV in the Coast region, Kenya. The “well woman strategy” is a strategy implemented in Drop-in Centers (DICES) and is targeted primarily for FSWs LVHIV with a history of obstetric and gynecological problems. A gynecologist from a public health facility provides screening, treatment and referral services, based on his expertise in gynecological medicine. FSWs are mobilized to the DICES by peer educators based on their Gynecological history. FSWs are then provided with an array of SRH services such as CaCx screening, family planning, HIV testing, and sexually transmitted disease syndromic screening and treatment. The FSW LHIV also receive disease prevention information including counselling, condom use, treatment, and referral.

Results: Between October 2022 and June 2023, a total of 1,243 sex workers LHIV were screened for

CaCx an 81% uptake (n=1,243/1,543). This was an increase in screening compared to the previous year reporting and implementation period. Previously (June 2021 to October 2022), a total of 1,061 sex workers LHIV were screened for CaCx a 79.7% (n=1,061/1, 3330). These results suggest that the targeted well woman strategy is an effective way to increase CaCx uptake among FSWs LHIV.

Conclusion: Prioritizing cervical cancer screening, prevention and control could bring about significant public health impact and contribute towards reducing the burden of this disease among FSWs LHIV and beyond.



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Do Savings Groups and Senior Grants Sustain HIV Care Retention? A Five-Year Cohort Study of Older Women with HIV in Luweero

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Background: The number of older women living with HIV in Uganda is increasing, yet little is known about how community savings groups or senior social protection influence long-term HIV care outcomes. This study examined whether participation in Village Savings and Loan Associations (VSLAs) or access to the Senior Citizens Grant (SAGE) was associated with five-year retention and viral suppression among older women with HIV in Luweero District.

Methods: A five-year cohort study was conducted among 65 women aged ≥ 60 years living with HIV from 2020 to 2025. Data from the SLF grandmothers' cohort included demographic, socioeconomic, and HIV care indicators. Exposures were VSLA membership (ever vs never, and current vs not current) and SAGE enrollment. Outcomes were five-year retention (alive and traceable), missed appointments in the past six months, and viral suppression ($< 1,000$ copies/mL). Logistic regression assessed associations between VSLA participation, retention, and viral suppression.

Results: The mean age was 68.8 years (SD 8.1, range 60–95). VSLA participation was common: 41/65 (63.1%) had ever joined a VSLA and 34/65 (52.3%) were currently participating. SAGE coverage was extremely low; 47/65 (72.3%) were classified as not eligible and none (0%) had received payments in the previous year. At five years, 49/65 (75.4%) were alive and traceable, 11/65 (16.9%) had died, 3/65 (4.6%) had migrated, and 2/65 (3.1%) were recorded as too ill or other outcomes. Appointment adherence was high: 35/37 (94.6%) reported no missed clinic visit in the preceding six months. Viral load results were

available for 34 women, of whom 32/34 (94.1%) were virally suppressed; the median viral load was 0 copies/mL (IQR 0–0).

VSLA participation showed a strong association with improved outcomes. All women who had ever belonged to a VSLA (41/41, 100%) were retained at five years, compared with 8/24 (33.3%) among those who had never participated. Logistic regression demonstrated that VSLA participation was independently associated with viral suppression, with an adjusted odds ratio of 5.85 (95% CI 1.66–20.72, $p=0.006$). Age showed no significant association with either retention or viral suppression.

Conclusion: Community savings groups were strongly associated with five-year retention and higher viral suppression among older women living with HIV given the conducive and enabling environment they provide, while access to formal senior grants was nearly absent. Strengthening community-based economic support and expanding social protection for older adults may improve long-term HIV care outcomes among aging women in Uganda.



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Fidelity of the Friendship Bench Intervention among Women with Co-Morbid Cervical Cancer and HIV at Kamuzu Central Hospital, Lilongwe, Malawi

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Introduction: Cervical cancer in women living with Human Immunodeficiency Virus (HIV) is a life-threatening experience causing fear, distress, depression, and anxiety, ultimately reducing their quality of life. The Friendship Bench (FB) intervention was introduced at Kamuzu Central Hospital (KCH) to reduce the burden of depression among women with comorbid cervical cancer and HIV. With increasing demands for early intervention programmes to be delivered by non-specialists, rigorous yet pragmatic strategies for maintaining fidelity are needed. This study therefore, aimed to assess the fidelity of the FB intervention used at KCH among women with comorbid cervical cancer and HIV in Lilongwe, Malawi.

Methods: This implementation science study was part of an ongoing quasi-experimental study at KCH Cancer Centre in Lilongwe, a major referral centre for cancer cases. The study population targeted 38 HIV-positive women with cervical cancer, depression, and attending the FB, along with 8 healthcare workers trained to administer the FB at KCH. The study was conducted at the KCH from March 2022 to April 2023. Mixed methods were employed in data collection, with the qualitative arm focusing on four healthcare workers participating in-depth interviews. The quantitative component reviewed 38 records of women with comorbid HIV and cancer receiving FB intervention for depression. Qualitative data was analysed using thematic analysis while quantitative data, analysis was done using Stata.

Results: The FB intervention was widely accepted and responded to, with 94.2% of participants

undergoing it. Adherence to the FB by the healthcare workers was 50% due to their training duration, comprehension skills, and intervention complexity. The FB's fidelity could not be adequately assessed because the mother project did not record their therapy sessions. This study evaluated adherence to the FB model, participant responsiveness, and healthcare provider training duration, revealing that training duration is crucial for the quality delivery of the FB.

Conclusion: The study revealed how the FB has helped reduce depression if its fidelity is kept to its highest degree. The study further highlighted the need for the FB intervention in cancer wards and the synchronisation of sessions with chemotherapy and review visits to address transportation issues and staff shortages.



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Updates on Epidemiology and Guidelines Related to Women Living with HIV in Africa

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Background: Women living with HIV in Africa face a unique intersection of biomedical, social, and structural challenges that influence both disease patterns and health outcomes. Epidemiological data indicate that women remain disproportionately affected, with adolescent girls and young women accounting for a significant share of new infections. Regional disparities in prevalence, access to treatment, and viral suppression rates reveal persistent inequities across rural and urban settings. Furthermore, evolving guidelines on antiretroviral therapy (ART), prevention of mother-to-child transmission (PMTCT), and integrated sexual and reproductive health services continue to reshape care practices, yet gaps in implementation hinder optimal outcomes. The interplay of stigma, gender-based violence, and socioeconomic vulnerability further complicates adherence and engagement in care.

Objective: This paper seeks to provide an updated synthesis of the epidemiological landscape of HIV among women in Africa and critically assess the relevance, accessibility, and impact of evolving treatment and prevention guidelines tailored to this population. It aims to highlight progress achieved, persistent barriers, and opportunities for advancing gender-sensitive HIV responses.

Methodology: A scoping review approach was employed, analyzing peer-reviewed studies, programmatic reports, and national HIV guidelines published between 2018 and 2025. Epidemiological data were collated from UNAIDS, WHO, and national surveillance systems to identify trends in prevalence, incidence, and treatment coverage among women. Policy documents were examined to assess updates on ART initiation thresholds, PMTCT protocols, and adolescent-focused guidelines. Thematic synthesis of evidence was used to capture cross-cutting challenges and best practices.

Results: Findings show that while HIV incidence among women in Africa has declined by nearly 20% in the past decade, progress remains uneven, with hotspots of high prevalence persisting in Southern and Eastern Africa. Updated guidelines promoting universal test-and-treat strategies, differentiated service delivery, and integration of HIV with reproductive and maternal health services have improved ART uptake, yet structural barriers persist. Evidence indicates significant gains in PMTCT, with mother-to-child transmission rates reduced below 8% in several countries. However, adolescent girls continue to face disproportionately higher infection risks due to limited access to comprehensive sexuality education, power imbalances in relationships, and inconsistent access to youth-friendly services.

Conclusion/Recommendations: Epidemiological trends affirm notable progress in controlling HIV among women, but gender inequalities and systemic weaknesses still obstruct universal access to care. Strengthening guideline implementation requires robust health system capacity, greater investment in community-based delivery, and gender-responsive programming. Addressing social determinants such as education, economic empowerment, and protection from violence remains critical.

Implications/Next Steps: Future HIV responses must prioritize sustained monitoring of gender-specific epidemiological data, ensure that updated guidelines are adapted to diverse African contexts, and expand multi-sectoral partnerships. Institutionalizing community involvement and amplifying the voices of women living with HIV will be pivotal in bridging the gap between evolving scientific advances and lived realities on the ground.



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GBV in Later Life and Its Mental-Health Correlates among Women Age 60+ with HIV

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Background: Gender-based violence (GBV) in older age remains poorly documented in sub-Saharan Africa, particularly among women living with HIV who may experience both long-term social vulnerabilities and chronic health demands. This study examined the prevalence of later-life GBV and its association with mental-health symptoms among women aged 60 years and above living with HIV in Luweero District.

Methods: A cross-sectional analysis was conducted using data from 65 HIV-positive women aged 60 years and above enrolled in the SLF grandmothers' cohort. GBV was defined as partner-related physical harm, insults, or threats. Mental-health outcomes included depressive symptoms, anhedonia, insomnia, and loneliness. Logistic regression models were used to examine associations between GBV exposure and each mental-health outcome while adjusting for age.

Results: Later-life GBV was reported by 13 of 65 women (20.0%). Depressive symptoms were common, affecting 40 of 65 women (61.5%), while anhedonia (21.5%) and insomnia (20.0%) were less frequent. Loneliness was rare (1.5%). In adjusted analysis, age was the only significant predictor of depressive symptoms. Each additional year of age was associated with a 9% reduction in the odds of reporting depressive symptoms (adjusted odds ratio 0.91; 95% CI 0.84–0.98; $p = 0.009$). GBV exposure showed no significant association with depressive symptoms, anhedonia, insomnia, or loneliness. Mental-health symptoms were broadly distributed across both GBV-exposed and unexposed groups, suggesting wider psychosocial pressures affecting women in later life.

Conclusion: One in five older women living with HIV reported later-life GBV, yet GBV did not show

a measurable association with mental-health outcomes in this dataset. Younger elderly women reported significantly more depressive symptoms than their older counterparts, highlighting age-related variation in emotional distress. These findings emphasize the importance of routine mental-health screening within HIV programs for older women and the need for larger, well-powered studies to more clearly define the mental-health impacts of GBV in later life.



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Closing the Gap in PMTCT and Pediatric HIV Services: Progress and Missed Opportunities in Nigeria's 2024 HIV Response

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Background: Preventing mother-to-child transmission (PMTCT) and ensuring pediatric ART coverage are critical to achieving HIV epidemic control. Nigeria has made important strides in maternal HIV services, but pediatric case finding and treatment coverage remain alarmingly low. Evaluating progress and missed opportunities provides insight into the country's readiness to eliminate vertical transmission and close the pediatric HIV gap.

Methods: The 2024 programme review synthesized routine service data from antenatal care (ANC), maternal suppression, PMTCT, and pediatric HIV programmes, complemented by state-level facility records. The analysis focused on maternal ART coverage, early infant diagnosis (EID), pediatric ART enrolment, and regional variations in service delivery. Findings were triangulated across DHIS2, NDR, and community monitoring tools to identify persistent gaps.

Results: In 2024, an estimated 3.3 million pregnant women attended ANC, yet 30–40% of HIV-positive women were not identified or enrolled in care. Maternal viral suppression rates improved, but weak follow-up limited the transition from maternal diagnosis to infant testing. Pediatric ART coverage remained below 50%, compared to over 90% among adults, underscoring a persistent treatment gap. EID turnaround times improved in some states, but structural barriers including stigma, lack of integration between PMTCT and child health services, and reliance on traditional birth attendants—hindered service uptake. Geographic disparities were evident, with northern states reporting weaker performance across PMTCT and pediatric indicators.

Conclusions: While Nigeria has expanded PMTCT services and achieved maternal suppression gains, missed opportunities in pediatric case finding and treatment threaten national HIV control targets. Strengthening community–facility linkages, integrating HIV with maternal and child health services, and improving pediatric ART coverage are urgent priorities. Without accelerated action, the goal of eliminating mother-to-child transmission by 2030 will remain out of reach.



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The Impact of Methadone Maintenance Therapy on Follow-Up Outcomes for HIV-Exposed Infants: A Focus on PMTCT Strategies in Mombasa County

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Background: Prevention of mother-to-child transmission (PMTCT) of HIV is critical in reducing new pediatric HIV infections. Methadone maintenance therapy (MMT) is a harm reduction strategy for opioid-dependent pregnant women, but the implications of MMT on the long-term health of HIV-exposed infants remain understudied. Understanding the challenges and outcomes associated with the health of these infants whose mothers are under MMT is essential to enhance PMTCT efforts and improve maternal and child health outcomes.

Description: This study explores the follow-up outcomes of HIV-exposed infants born to mothers receiving methadone maintenance therapy. A cohort of 150 mother-infant pairs was monitored from birth to 18 months. Utilizing a mixed-methods approach, the research included quantitative data collection—incorporating clinical health metrics and adherence to PMTCT protocols—and qualitative interviews with mothers to understand their experiences and challenges in the follow-up care of their infants.

Results: The findings showed that infants born to mothers on methadone had a lower rate of HIV transmission (2%) compared to national averages, reflecting effective PMTCT protocols. Moreover, over 85% of mothers reported adherence to their methadone regimen, which positively correlated with better infant health outcomes, including growth metrics and reduced hospitalization rates. However, barriers were identified, including stigma associated with methadone use, limited access to healthcare services, and social support challenges. Qualitative insights revealed that

mothers benefited from peer support networks, which improved their confidence in managing both their health and that of their infants.

Conclusion: The results indicate that methadone maintenance therapy can be compatible with successful PMTCT outcomes for HIV-exposed infants when proper support mechanisms are in place. Addressing stigma and providing comprehensive healthcare resources are essential for optimizing maternal and child health. This study underscores the importance of integrating substance use treatment into PMTCT programs to ensure the health and well-being of both mothers and their infants at risk of HIV transmission. Future research should focus on long-term health outcomes and the development of supportive frameworks that enhance care for this vulnerable population.



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Closing the Gap: Enhancing Utilization of Harm Reduction Services for Women Who Inject Drugs in Nairobi County, Kenya

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Background: Women Who Inject Drugs (WWID) in Nairobi County face catastrophic health outcomes, experiencing HIV and Hepatitis C prevalence rates significantly higher than the national average. Despite the availability of crucial harm reduction services (e.g., Methadone and Needle and Syringe Programs), their uptake remains critically low among WWID due to persistent gender-specific barriers and entrenched stigma. This study aimed to provide the necessary evidence base to re-engineer service delivery for maximum impact.

Methods: We employed a mixed-methods, cross-sectional design, collecting quantitative data from a sample of 332 WWID (aged 18–49) and qualitative data through key informant interviews with 5 service providers. Data analysis utilized Python, SPSS, and PowerBI, including multivariate statistical analysis to isolate the key predictors of service access.

Key Findings for Action: 1. Predictors of Access
Multivariate analysis revealed that education level, availability of clean injecting equipment (Needle and Syringe Program), and perceived health risks (like overdose or general health damage) were the most significant predictors of service access. For example, individuals with secondary education were over 300 times more likely to access services than those with no formal schooling (Odds Ratio > 3.0).

2. Systemic Gaps

Qualitative data highlights that the lack of gender-sensitive, integrated care—specifically, the failure to combine harm reduction with essential women’s health services (e.g., family planning and reproductive health) and socioeconomic support—creates critical structural barriers to full engagement.

3. Uptake Disparity

While awareness of basic services like HIV testing is high, uptake of Hepatitis and TB screening remains worryingly low, indicating an immediate need for service integration and better provider training.

Conclusion & Recommendations: We call for a multi sectoral partnership to prioritize three actionable areas in Nairobi: 1) Ensuring zero stock-outs and unrestricted Needle and Syringe Program (NSP) distribution; 2) Integrating essential gender-specific health services (e.g., cervical cancer screening) directly into harm reduction centers; and 3) Scaling up educational and economic empowerment initiatives as core components of the harm reduction strategy. This shift from siloed care to holistic, non-stigmatizing approach, and evidenced-based service integration is essential to achieving public health goals among this key population in Nairobi City County.



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Her Voice is Her Health, a HIV Prevention, Stigma & Violence among Adolescent and Young Women and Girls (AYWG) in Tanzania

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Background: Adolescent and young women and girls (AYWG) in Tanzania remain disproportionately affected by HIV, accounting for a significant proportion of new infections. Despite the availability of prevention tools such as Pre-Exposure Prophylaxis (PrEP), HIV self-testing, and sexual and reproductive health (SRH) education, barriers including stigma, gender-based violence (GBV), and socio-economic vulnerability limit access to services. Cultural norms, power imbalances, and structural inequalities expose young women to both biological and social vulnerabilities, increasing their risk of infection and reinforcing cycles of silence, discrimination, and social exclusion.

Objective: This study explores the relationship between HIV prevention, stigma, and violence among AYWG in Tanzania, with a focus on: (1) how stigma and GBV limit access to HIV prevention; (2) the role of community advocacy and youth-led implementation; (3) lived experiences of young women living with or affected by HIV; and (4) recommendations for inclusive, gender-sensitive HIV prevention approaches.

Key Findings: HIV prevalence among AYWG aged 15–24 years is high, at 4.7%, reflecting elevated vulnerability compared to male peers. Awareness of PrEP remains low, particularly in rural areas, with only 32% of AYWG reporting knowledge of this preventive tool. Stigma-related discrimination continues to hinder service uptake, with over 40% of young women reporting negative treatment within health facilities or communities. Gender-based violence further exacerbates HIV risk, as one in three AYWG report experiences of physical, emotional, or sexual violence. Power imbalances limit condom negotiation, with less than 45% of

young women feeling confident to advocate for safer sexual practices.

Methods: A mixed-methods approach was used, including qualitative interviews with 60 AYWG, focus group discussions with peer educators, community health workers, and youth advocates, and quantitative data from national HIV and SRH reports. Advocacy dialogues conducted by the CHARGE Group under YAI and TACAIDS informed recommendations for programmatic and policy interventions.

Results: Stigma remains a primary barrier, discouraging HIV testing, disclosure, and adherence. Emotional, physical, and sexual violence creates fear and dependency, limiting uptake of prevention services. Youth-led interventions and peer support groups achieved a 25% increase in service uptake when implemented in safe spaces. Community sensitization, especially where religious and cultural leaders were engaged, reduced HIV-related stigma.

Advocacy and Lived Experiences: “When I went to test, the nurse whispered to another staff about me. I never returned.” — 19-year-old girl, Morogoro

This illustrates the daily challenges AYWG face, including judgment, isolation, and violence. Advocacy efforts focus on creating safe, youth-friendly health centers, integrating mental health and GBV counseling, promoting peer education and PrEP literacy, and partnering with civil society and global stakeholders to advance community-centered action.

Conclusion: Ending HIV among AYWG in Tanzania requires addressing the social and structural drivers of vulnerability, particularly stigma and GBV. Effective prevention strategies must prioritize PrEP access, strengthen community support networks, implement rights-based, gender-sensitive policies, and empower young women as leaders and change agents. Only through science-driven, human-centered advocacy can Tanzania achieve an AIDS-free generation where no woman or girl is left behind.



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Expanding Family Planning Access through HIV Service Integration into Community Drug Distribution Points in Jinja District Uganda

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Introduction: Uganda continues to face a high fertility rate of 6.1 births per woman in Busoga region, above the national average of 5.4 (Uganda Demographic and Health Survey [UDHS], 2022). Modern contraceptive prevalence among married women is 29%, well below the government's target of 50% by 2025 (Monitor, 2023). Meanwhile, PLHIV in Busoga (~85,000) experience barriers including stigma, mobility constraints, and fragmented service delivery. Community Drug Distribution Points (CDDPs) have achieved strong HIV treatment outcomes, with national viral suppression rates of >92% (Okoboi et al., 2023), but their potential for integrated HIV–Family Planning (FP) service delivery remains underexplored. This project piloted FP integration within CDDPs in Jinja District under Uganda Protestant Medical Bureau.

Methods: We conducted a prospective implementation project in 13 CDDPs managed by TASO Jinja and Family Hope Center Jinja (Oct 2024–Mar 2025). Phases included stakeholder sensitization (45 staff, community leaders), FP capacity building (40-hour training for 22 linkage facilitators and 15 mentor mothers), and full implementation with monthly supervision. FP uptake during baseline (Oct–Dec 2024) was compared with the intervention period (Jan–Mar 2025) using routine service statistics.

Results: During implementation, 2,032 clients accessed FP methods, a 62% increase from baseline (1,253). Service integration succeeded at 73% of CDDPs, with trained VHTs achieving 91% competency in FP counseling. Method mix comprised pills (45%), injectables (38%), condoms (12%), and referrals for long-acting methods (5%). Average distance to services decreased from 5.2 km to 1.8 km. Qualitative feedback highlighted

reduced transport costs and decreased stigma through normalized service delivery.

Implications and Conclusions: Integrating FP into CDDPs shows strong promise in addressing unmet contraceptive need among HIV-affected communities. The 62% uptake increase demonstrates that proximity and integration reduce barriers to access. For sustainability, scale-up will require formal integration into national HIV guidelines, commodity security, and longer-term evaluations. Leveraging HIV infrastructure to expand FP access represents a cost-effective strategy to improve reproductive health outcomes while maintaining ART success, directly contributing to Uganda's goal of ending AIDS as a public health threat by 2030.



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Innovative and Gender Sensitive Models for HIV Diagnosis and Care among Women and Female Sex Workers in the Democratic Republic of the Congo: Lessons from the Pasco Center

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Background: The Democratic Republic of the Congo (DRC) remains one of the African countries most severely affected by HIV, with an estimated 520,000 people living with HIV, including 300,000 women and 50,000 children. In 2023 alone, about 21,000 new infections were reported, 7,000 among children and 11,000 AIDS related deaths. women living with HIV (WLHIV) particularly female sex workers (FSW) are disproportionately affected and face structural, social and healthcare barriers. These challenges hinder early diagnosis, timely treatment initiation and sustained retention in care. To address the gaps, the Pasco center in the DRC implemented an integrated and community sensitive approach, combining clinical, psychosocial and community services to improve HIV diagnosis and care for WLHIV and FSW.

Objectives: This study aimed to evaluate the effectiveness of innovative and gender sensitive strategies at the Pasco center in strengthening early HIV diagnosis, improving ART initiation and adherence, supporting acceptance of HIV status, protecting partners and adapting care models to the needs of WLHIV with a particular focus on FSW

Methods: A mixed-methods study was conducted between January and December 2024. for the quantitative component, we performed a retrospective observational study using data systematically extracted from the Pasco center registers and electronic medical records. The

analysis included women enrolled in HIV services during the study periode (n=703). Key indicators assessed were uptake of HIV testing, ART initiation and viral load suppression at 12 months. For the qualitative component, focus group discussions and semi structured interviews were conducted with WLHIV, including FSW as well as healthcare providers. The thematic analysis was applied to explore barriers, facilitators and perceptions of HIV diagnosis and care models.

Results: The analysis revealed a 20% increase in HIV testing uptake compared to the previous year with earlier diagnosis particularly evident among FSW. ART initiation reached 5% across newly diagnosed women and viral suppression was 75% at 12 months. Retention in care was significantly higher among women benefiting from tailored approaches such as flexible clinic hours, peer support and integration of sexual and reproductive health services. Qualitative findings highlighted reduced stigma, improved trust between patients and providers and stronger empowerment among participants. FSW particularly emphasized the importance of peer-led counseling and the availability of PrEP and PEP kits in facilitating both diagnosis and adherence.

Conclusion: The Pasco center experience demonstrates that adapting HIV diagnosis and care to the specific needs of women especially FSW can significantly improve health outcomes. By combining clinical, psychosocial and community interventions, this innovative model has strengthened early diagnosis, treatment initiation and retention care. Scaling up such community based and gender sensitive approaches across the DRC and similar contexts is essential to achieve the UNAIDS 95-95-95 targets and ensure equitable HIV services for marginalized populations.



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Addressing Barriers to HIV Treatment Compliance among Women in Northern Nigeria: The Role of Social Support Networks

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Background: Women living with HIV in Northern Nigeria face substantial sociocultural and economic barriers to consistent antiretroviral therapy (ART) adherence. This study examined the factors influencing treatment compliance and assessed the role of social support networks among women living with HIV in Yola, Adamawa State.

Methods: A cross-sectional study was conducted between October 2023 and July 2024 at Peace Hospital and New Boshong Hospital, Yola. Of 269 recruited participants, 258 women living with HIV completed structured questionnaires assessing ART adherence, types of social support, and perceived barriers. Demographic and clinical data were also collected. Quantitative data were analyzed using SPSS with chi-square tests to assess associations between adherence and predictor variables. Qualitative responses were analyzed thematically.

Results: The mean age of participants was 40.1 years (SD = 9.4); 41.8% were aged 25–44 years. Overall, 74.8% reported receiving some form of social support, primarily from family (41.5%) and support groups (33.7%). Emotional support (27.5%) was most strongly associated with adherence, followed by instrumental and financial support (each 20.2%). Participants who sought professional help (70.9%) or practiced self-care behaviors (58.1%) demonstrated significantly higher adherence rates ($p < 0.05$). Major barriers included HIV-related stigma (71.7%), economic hardship (62.8%), and healthcare access difficulties (67.1%), particularly long travel distances and transportation costs. Qualitative data underscored the influence of stigma and gendered social expectations on adherence behaviors.

Conclusions: Social support networks substantially enhance ART adherence among women living with HIV in Northern Nigeria. Family and community support mitigate stigma and foster treatment continuity, yet persistent economic and accessibility barriers remain. Targeted interventions that integrate stigma reduction, economic empowerment, and culturally sensitive service delivery are essential to improve adherence outcomes. Findings provide actionable evidence for program planners and policymakers developing gender-responsive HIV care strategies in similar contexts.



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Christian Social Services Commission (CSSC) Leads Implementation of Mother-to-Child Transmission Elimination for HIV, Syphilis, and Hepatitis B under Global Fund Cycle 7 in Tanzania

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Introduction: The elimination of mother-to-child transmission (eMTCT) program aims to reduce the transmission of HIV, syphilis, and hepatitis B among pregnant women. CSSC was trusted by the Ministry of Health to implement the module of Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B. The focus of this module was improve retention and support for pregnant and breastfeeding women at both facility and community levels, enhancing early infant diagnosis and ensuring follow-up HIV testing for exposed infants and prevention of violence against women living with HIV/AIDS.

Methodology: During the Global Fund Cycle Seven interim period, an intensive training initiative was conducted for 121 mother mentors and 124 healthcare workers from high-burden regions (Mwanza, Geita, Shinyanga, and Tabora). The training was on updated eMTCT protocols, aimed to improve the identification and support of pregnant women and mother-baby pairs affected by HIV/AIDS, syphilis, and hepatitis B and violence. Following the training, mother mentors were strategically deployed to high-burden health facilities to track and re-engage lost-to-follow-up cases, ensuring their return to care. This intervention strengthens retention in eMTCT services, improving maternal and neonatal health outcomes.

Results: By the end of May 2025 implementation period, the program had reached 77,372 pregnant women attending their first antenatal care (ANC) visit at GF C7-supported health facilities, achieved 98% of the set target. Of these, 96% of pregnant

women attending their first ANC visit accessed eMTCT and psychosocial services. 452 (0.5%) were newly diagnosed with HIV. All affected pregnant women were promptly initiated on antiretroviral therapy within the health facilities, ensuring immediate intervention to prevent vertical transmission.

Conclusion: This is an evidence- and best practice-based learning initiative from CSSC and the Ministry of Health. The program involved mother mentors living with HIV/AIDS and healthcare workers in GF supported health facilities, who provide community services to pregnant and lactating women. These services include counseling and engaging women living with HIV/AIDS in psychosocial and income-generating activities to support retention in mother-baby pair services and to prevent intimate partner violence. The key learning from this practice is the integration of PMTCT services by mother mentors in efforts to prevent violence.



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Project360: A Youth Led Community Model for Empowering Women Living with HIV in Nigeria

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Background: Women, particularly adolescent girls and young women (AGYW), continue to face the highest burden of HIV in Nigeria. National prevalence among women aged 15–49 is 1.9%, compared to 0.9% among men. Beyond biomedical vulnerabilities, stigma, gender-based violence (GBV), and inadequate integration of HIV and sexual and reproductive health and rights (SRHR) services remain persistent barriers. To address these challenges, community-driven initiatives that center women as leaders are critical to advancing equitable HIV responses.

Objectives: This study aimed to describe the implementation of Project360, a youth-led initiative designed to empower young women living with and affected by HIV through peer support, community advocacy, and leadership development.

Methods: Project360 applies a community-based model across three semi urban locations in North Central Nigeria. Core components include: (i) peer driven education and safe spaces, where AGYW share experiences and receive SRHR and HIV education; (ii) community advocacy forums engaging women's associations, faith groups, and local leaders to challenge stigma and harmful gender norms; and (iii) capacity building of young female peer educators, equipping them to mentor, advocate, and sustain local interventions. Quantitative and qualitative data were collected on HIV knowledge, stigma experiences, testing uptake, and service linkage among participants.

Results: In the first six months, HIV testing uptake increased from 36% to 48% among participating AGYW. More than 150 women living with HIV were successfully linked to antiretroviral therapy

(ART) and peer support groups. Community advocacy efforts reduced stigma, with 41% of participants reporting greater community acceptance and support. Peer educators trained under the program facilitated over 25 dialogue sessions, reaching more than 500 women and girls with accurate information on HIV prevention, care, and SRHR.

Conclusion: Project360 demonstrates the power of communities and youth led models in empowering women living with HIV. By integrating peer education, safe spaces, and community advocacy, the initiative has improved HIV literacy, strengthened service uptake, and fostered resilience among women and girls. This model highlights that when women are empowered as leaders within their communities, they become catalysts for dismantling stigma, advancing gender equity, and accelerating progress toward ending HIV in Nigeria.

AI Declaration: All authors confirm that the study was conceived, implemented, and documented by the research team. AI tools were used only for language refinement and formatting, not for conceptualization or data analysis.



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Strengthening Community-Facility Linkages to Improve Paediatric HIV Case Identification and Holistic Child Welfare: Insights from Supportive Supervision of the Family-Centred Approach Project in Kigoma, Tanzania

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Background: Despite progress in the HIV response, many children in Tanzania remain unidentified, untested, or unlinked to timely antiretroviral therapy (ART). The Family-Centred Approach (FCA) project in Kigoma seeks to improve paediatric HIV case identification, linkage, and retention by integrating HIV services with immunization, nutrition, birth registration, and child protection. The model is implemented by trained Treatment Advocates (TAs), community members living with HIV who leverage trust, lived experience, and community presence to engage caregivers and households.

Methods: A supportive supervision exercise was conducted in October 2025 in Kasulu District Council with 10 TAs, CHAC, DMO, and DARE staff. Supervision aimed to monitor performance, assess referral pathways, identify implementation barriers, and strengthen collaboration between community and health systems. Household-level data were reviewed alongside qualitative feedback from TAs and authorities.

Results: A total of 360 households were reached across five wards. TAs identified 138 children needing HIV testing; however, only 3 were tested due to severe HIV test-kit shortages. Across households, referrals were issued for birth registration (201), vaccination (10), malnutrition (12), and VAC cases (2), with varying completion rates due to distance, financial barriers, and service gaps. Supportive supervision resulted in

corrective actions including restructuring introduction letters, improving documentation practices, and escalating commodity shortages to regional authorities. Coordination among TAs, ward officers, CHAC, DMO, RAC, and RMO improved referral pathways and problem-solving.

Conclusion: Community-embedded TAs play a pivotal role in identifying vulnerable children, strengthening service uptake, and enhancing caregiver engagement. Despite systemic constraints, particularly commodity shortages and financial barriers, the FCA model demonstrates strong potential for scaling paediatric HIV prevention and holistic child welfare. Strengthening supply chains, reducing economic barriers, and expanding community-based testing are critical next steps.



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Rising HIV Burden among Pregnant Women in a Zambian Transit Town Despite National 95–95–95 Progress: A Retrospective Analysis from Kapiri Mposhi Urban Clinic (2021–2025)

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Background: As a researcher working in Kapiri Mposhi, a busy transit town in Zambia's Central Province, I sought to understand the persistence of HIV and syphilis among pregnant women despite significant national investment in elimination strategies. Zambia has made notable strides toward the UNAIDS 95–95–95 targets, yet high-risk pockets remain, especially in transit corridors characterized by population mobility, socio-economic hardship, and transactional sex. In this context, pregnant women attending antenatal care (ANC) represent a critical sentinel group for monitoring ongoing transmission dynamics and health system performance.

Methods: I conducted a retrospective cross-sectional study using secondary data from ANC and maternal and child health (MCH) registers at Kapiri Mposhi Urban Clinic, covering the period January 2021 to September 2025. A total of 500 records were systematically sampled and analyzed using SPSS version 25. Descriptive statistics were used to estimate HIV, syphilis, and co-infection prevalence, while chi-square and logistic regression analyses identified socio-demographic and clinical predictors of infection.

Results: Findings revealed an increasing trend in HIV prevalence among pregnant women, rising from 11.2% in 2021 to 15.8% in 2025, despite national declines reported elsewhere. Syphilis prevalence fluctuated between 2.5% and 4.1%, with HIV/syphilis co-infection observed in 1.8% of women. Younger women (aged 20–29), those with lower educational attainment, and those who were unmarried were disproportionately affected. Qualitative reflections from clinic records and

discussions with health staff suggested that poor ART adherence, client-driven preferences for unprotected sex among truck drivers, economic vulnerability, and limited male partner involvement were major contributing factors. Structural issues such as stock-outs of test kits, stigma, and mobility-related loss to follow-up further undermined program success.

Conclusion: My findings highlight that national HIV control gains risk being undermined in high-mobility transit settings like Kapiri Mposhi, where socio-economic and behavioral factors intersect to sustain transmission. Despite routine ANC testing and national prevention-of-mother-to-child transmission (PMTCT) policies, gaps in adherence support, partner testing, and community-level empowerment persist. Strengthening gender-sensitive interventions, promoting economic empowerment for women, and addressing the power dynamics that limit safer sex negotiation are essential to reversing the upward trend.



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A Human Rights Approach to Reducing Gender-Based Violence and HIV among Women Sex Workers in Rural Sekhukhune, South Africa

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Background: Women sex workers in rural South Africa continue to face intersecting challenges of stigma, gender-based violence (GBV), and HIV infection. In the Sekhukhune District of Limpopo Province, discrimination, police harassment, and the lack of rights-based health services compromise women's wellbeing and longevity. To address these issues, Sekhukhune Women Against HIV and AIDS and TB Prevention and Treatment (SWAHAT) implemented a community-led human rights and advocacy program focused on empowering women sex workers and improving access to justice and health services.

Methods: Between 2023 and 2025, SWAHAT conducted outreach sessions, human rights education, and legal literacy workshops in partnership with local stakeholders, including the South African Police Service (Social Crime Unit), the Department of Social Development, and health facilities. Trained Human Rights REActors documented and referred cases of GBV and rights violations, while peer educators facilitated psychosocial support and linkages to HIV prevention and treatment. The program also strengthened referral pathways through collaborations with Humana People to People and the Broadway Legacy Foundation.

Results: Over two years, SWAHAT supported more than 180 women sex workers who experienced GBV or stigma. Seventy-six percent of reported cases received psychosocial and legal assistance, and 89% of the women were successfully linked to HIV prevention and treatment programs. The initiative fostered improved relationships between sex workers and police, increased knowledge of human rights, and reduced stigma within healthcare facilities.

Conclusion: Integrating GBV prevention, stigma reduction, and HIV response through a human rights framework is critical to advancing the health, safety, and dignity of women sex workers in rural South Africa. The Sekhukhune model demonstrates that community-led approaches can effectively reduce violence, enhance wellbeing, and promote sustainable health outcomes.



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Prevalence of Depressive Symptoms among Vulnerable Women and Adolescent Girls Living with HIV Who Have Experienced Intimate Partner Violence in Northern Nigeria: Findings from the SWANN Study

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Background: Depression affects women at disproportionately high rates, with significantly increased prevalence among those who have experienced intimate partner violence (IPV) or are living with HIV. The likelihood of depression becomes even greater when both IPV and HIV are present concurrently and women exposed to IPV are significantly more likely to develop depressive symptoms compared to non-exposed counterparts. This study aimed to assess the prevalence of depressive symptoms among vulnerable women and adolescent girls living with HIV who have experienced IPV.

Methods: We conducted a cross-sectional study across four health facilities in Federal Capital Territory and Sokoto States. We recruited 222

vulnerable women- female sex workers (14 years), pregnant women (14 years) and adolescent girls and young women (15-24years) who had reported ongoing or recent IPV (last 12 months) using the WHO Domestic Violence tool. PHQ-9 was used to assess the level of depression viz: Minimal (1-4) Mild (5-9), moderate (10-14), moderately severe (15-19) and severe depression (20-27). Data were analyzed using IBM SPSS Statistics (version 29).

Results: The mean age of respondents was 29.3 years (SD 8.6) with dating 103 (46.4) and married 57 (25.7%). About half 113 (50.9%) had secondary education, mean age at HIV diagnosis was 22.9 years (SD 10.2), sources of respondents' HIV infection were unknown 73 (32.9%), from a former partner 57 (25.7%) and from a current partner 49 (22.1%). The Mean age of partners was 38.7 years (SD 10.8) with median income ₦70,000 (IQR 40,000- 100,000). Half of the partners 113 (50.9%) were businessmen, 181 (81.5%) do not take alcohol while 5 (2.3%) get drunk often and 10 (4.5%) take cannabis. Depressive symptoms were minimal 23 (10.4%), mild 55 (24.8%), moderate 79 (35.6), moderately severe 40 (18.0%) and severe 25 (11.3%).

Conclusion: Depressive symptoms are highly prevalent among vulnerable women and adolescent girls living with HIV who have experienced IPV, with over 65% reporting moderate to severe symptoms. These findings highlight the need for integrated mental health support within HIV programs and IPV response services to address the burden of mental health conditions.



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Integrating Hypertension Management into HIV Care for Women in Tanzania: Community Health Worker Optimization of Antihypertensive Care in HIV (COACH) Intervention

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Background: Women living with HIV (WLWH) in sub-Saharan Africa are increasingly affected by hypertension, yet noncommunicable disease (NCD) management within HIV care remains limited. The COACH (Community Health Workers Optimization of Antihypertensive Care in HIV) program was developed to embed hypertension screening, education, and treatment into routine HIV services. We evaluated intervention effectiveness among WLWH in Tanzania and examined whether impact differed across life stages: reproductive (<45 years), perimenopausal (45–54 years), and postmenopausal (≥55 years).

Methods: This was a six-month single-arm implementation pilot at two government HIV clinics in Moshi, Tanzania. Participants were adult WLWH with uncontrolled hypertension (defined as systolic blood pressure (SBP) ≥160 mmHg and/or diastolic blood pressure (DBP) ≥100 mmHg, or SBP ≥140 mmHg and/or DBP ≥90 mmHg with previously documented elevated blood pressure). Trained community health workers (CHWs) provided monthly BP monitoring, counseling, and coordination with clinicians who initiated and titrated antihypertensive therapy according to a treatment protocol developed for the COACH

intervention and based on WHO-guidelines. The primary outcome was BP control at six months (<140/<90 mmHg). Secondary outcomes included body mass index (BMI), hypertension knowledge measured by the Hypertension Knowledge-Level Scale (HK-LS; range 0–22, higher = better), and medication adherence assessed using a single self-reported item. Paired t-tests were used to compare variables from baseline to follow-up, with statistical significance set at p<0.05.

Results: Of 77 female participants enrolled in COACH, 73 (95%) completed six-month follow-up. At six months, 58 (80%) achieved BP control. SBP decreased from 158.1 to 128.7 mmHg (mean reduction 29.4 mmHg, p<0.001), and DBP decreased from 100.2 to 85.7 mmHg (mean reduction 14.5 mmHg, p<0.001). BMI decreased from 27.4 to 26.9 kg/m² (mean reduction 0.5 kg/m², p=0.002) and mean HK-LS scores increased from 15.3 to 20.3 (+5.0, p<0.001). Medication adherence increased from 16.7% at baseline to 93.2% at six-month follow-up (p < 0.001). Among women <45 years (n=16), 56.3% achieved BP control with mean HK-LS increasing from 16.5 to 21.4 (+4.9, p<0.001). Among women 45–54 years (n=32), 81.3% of women achieved BP control with mean HK-LS increase from 16.8 to 20.4 (+3.6, p<0.001). Women ≥55 years (n=25) achieved the highest BP control rate (92.0%) and largest knowledge gains with mean HK-LS increasing from 12.5 to 19.4 (+6.9, p<0.001). The mean (SD) age of women achieving BP control was 53.2 (8.8) years, which was greater than those not achieving BP control at 47.1 (7.5) years (p=0.013).

Conclusions: Integrating hypertension management into routine HIV care was highly effective for WLWH across life stages. CHW-enabled screening, education, and treatment coordination produced large reductions in BP, high rates of BP control, and clinically meaningful improvements in hypertension knowledge and medication adherence. Additional research is needed to determine and address factors that contributed to the comparatively lower BP control among women <45 years. This study underscores that targeted education, treatment algorithms, and structured follow-up can result in significant clinical improvements in hypertension among WLWH. These findings support COACH as a feasible, scalable model for addressing the dual burden of HIV and NCDs among WLWH.



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Treatment Failure for Cervical Precancerous Lesions and Associated Factors among Women Living with HIV, Uganda, 2021-2023

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Background: Cervical cancer is a preventable cancer that disproportionately affects women living with HIV (WLHIV). This study assessed the effectiveness of cervical precancerous lesion treatment and identified factors associated with treatment failure following the scale-up of cervical cancer screening and treatment services among WLHIV in Uganda.

Methods: Cervical cancer screening and treatment services are routinely provided to WLHIV, and those who test positive and are treated are scheduled for rescreening one year later. We used a two-stage stratified cluster sample design, and data was abstracted from registers and patient charts. Survey weights were applied and all analyses were conducted using survey data analysis techniques. Treatment failure was defined as a positive VIA result one year after initial screening. We identified factors associated with treatment failure using modified Poisson regression.

Results: Out of 856 participants, 63% (95% CI: 0.47-0.76) were from general hospitals and Health Centre IVs. The mean age was 36 years (SD 7.8), and the mean duration on antiretroviral therapy (ART) was 9.7 years (SD 9.1). Most participants

(96%) were on first-line ART, and 91% were virally suppressed. The prevalence of treatment failure was 16% (95% CI: 9.93-25.09). Factors associated with treatment failure included residing in urban areas (aPR=1.79, 95% CI: 1.11-2.92, P=0.02), being on a second-line ART regimen (aPR=2.13, 95% CI: 1.36-3.34, P<0.01), and treatment with loop electrosurgical excision procedure (LEEP) or cryotherapy compared to thermocoagulation (aPR=3.89, 95% CI: 2.36-6.41, P<0.01).

Conclusion: Cervical precancerous lesion treatment among WLHIV was effective within Uganda's large-scale screening and treatment program. Treatment failure was associated with second-line ART use, urban residence, and treatment modality. Further studies are needed to better understand these associations and inform strategies to optimize treatment outcomes.



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Silent Treatment Fatigue: Longitudinal Evidence of Declining Clinic Engagement among Elderly Women on ART

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Background: As women living with HIV age, their engagement with HIV care may subtly decline due to physical limitations, psychosocial strain, and caregiving demands. This study assessed five-year trends in clinic engagement among elderly women on antiretroviral therapy (ART), highlighting early indicators of “silent treatment fatigue.”

Methods: A longitudinal cohort analysis was conducted using data from 65 HIV-positive women aged 60 years and above in Luweero District. Variables included five-year retention, missed appointments, viral load (VL) monitoring coverage, and self-reported burden. Descriptive statistics (frequencies, percentages, means, medians, SD) were used to characterize engagement patterns.

Results: Participants had a mean age of 68.8 years (SD 8.1; range 60–95). Five-year retention declined to 49 of 65 women (75.4%), with 11 deaths (16.9%), 3 migrations (4.6%), and 2 women (3.1%) too ill or otherwise disengaged. Short-term engagement appeared strong: 35 of 37 (94.6%) of women with recent data reported no missed visit in the previous six months, and only 2 of 37 (5.4%) missed or delayed an appointment. However, deeper engagement showed signs of fatigue. VL monitoring coverage dropped to 34 of 65 women (52.3%), despite high viral suppression among those tested (32 of 34; 94.1%, median VL 0 copies/mL, IQR 0–0). Emotional and physical strain were common: 29.3% reported stress, 36.6% felt their health had worsened due to responsibilities, and 41.5% reported insufficient time for personal needs. Caregivers provided an average of 3.2 hours/day (SD 1.1) of care to 3.3 dependants on average (SD 2.0). Women missing caregiving or mental-health data overlapped with those lacking recent VL results, indicating gradual disengagement rather than abrupt attrition.

Conclusion: Although appointment attendance remains high, longitudinal patterns reveal declining VL monitoring, increased personal strain, and gradual attrition over five years among elderly women on ART. These findings point to “silent treatment fatigue,” where engagement weakens beneath the surface of apparently stable clinic attendance. Tailored geriatric HIV care models are needed to sustain long-term engagement, reduce physical and emotional barriers, and integrate mental-health and social-support screening for aging women.



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Lived Experiences of Intimate Partner Violence among Women and Adolescent Girls Living with HIV In Northern Nigeria

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Background: Intimate partner violence (IPV) disproportionately affects women and girls living with HIV (WGLHIV), especially in regions where harmful gender norms, HIV stigma, and socioeconomic inequities persist. We explored the lived IPV experiences of vulnerable WGLHIV in Northern Nigeria.

Methods: This qualitative study was conducted across four health facilities in the Federal Capital Territory (FCT) and Sokoto state. We purposively selected 40 vulnerable WGLHIV- female sex workers (≥16 years), pregnant women (≥20 years) and adolescent girls and young women (AGYW) aged 15-24 years. We used the social-ecological model to structure our interview guides across Individual, Interpersonal, Institutional, Community, and Policy domains.

Interview guides were piloted among eight members of the Association of Women Living with HIV/AIDS in Nigeria (ASWHAN) for clarity, cultural

appropriateness and survivor-centredness. We subsequently conducted five focus group discussions (FGDs) and three in-depth interviews (IDIs) using a phenomenology approach to explore participants' individual lived IPV experiences. We used rapid qualitative analysis to thematically analyze our data. Member-check interviews were conducted with a subset of 11 participants; this allowed for verification of accuracy and validation of the quotes and identified themes from the FGDs and IDIs.

Results: Findings revealed that IPV is deeply embedded across all levels of the socioecological model:

Individual: Participants described emotional distress linked to HIV diagnosis, fear of abandonment, loss of self-esteem, and feelings of worthlessness that heightened susceptibility to abuse. Financial self-protection, endurance and dependence on God were coping strategies. "I go everywhere with my ATM card because I don't want him to have access to my money. He doesn't save, he is not a saving type, me I save... If it's physical cash, I change locations, like where I keep the money." (IDI, pregnant woman, FCT)

Interpersonal: Male partners often weaponized HIV status through blame, stigma, and coercion. Some women reported being unjustly accused of introducing HIV into relationships.

"No, he does not know about my HIV status because I am scared. My previous partner did not take it well, so I decided I will not tell anyone about it." (FGD, AGYW, FCT).

Community: Strong patriarchal norms, social expectations for abused women to remain in marriages, and silence around IPV discouraged reporting. "Na so you go dey carry bag to come back house, stay there, face your problem!" (FGD, AGYW, FCT)

Institutional: Escalation of IPV reporting from informal to formal authorities due to inadequate initial support. "I reported him to a religious leader, he would not listen, so I reported him to the police force". (FGD, AGYW, Sokoto).

Policy: Weak enforcement of protective laws further exacerbated vulnerability. "Human Right is the best; others you may have to know someone before you can get justice". (FGD, AGYW, Sokoto)

Conclusion: IPV among vulnerable WGLHIV is shaped by personal, relational, cultural, and systemic factors. Addressing IPV in this population requires interventions that integrate IPV screening



and response within HIV programs, enhance community awareness, promote women's economic empowerment, and strengthen legal protections.



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Integration of Cervical Cancer Screening into Community-Based HIV Care for Women Living with HIV: Innovative Approaches from the FFHPCTS Project in Southern Ethiopia, 2025

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Background: Cervical cancer (CX-CA) is the fourth most common cancer among women globally with 90% of cases and deaths occurring in low and middle-income countries (LMICs). Women living with HIV (WLHIVs) face a higher risk due to persistent human papilloma virus (HPV) infections and immunosuppression. Ethiopia as a LMIC struggles with a dual burden of HIV and CX-CA compounded by limited preventive healthcare resources. This study shows the efforts of Family Focus HIV Prevention Care and Treatment Project (FFHPCTS) in integrating cervical cancer screening for WLHIVs.

Description: FFHPCTS promotes cervical cancer awareness through community-based adherence support groups, ART refill programs, and index case contact testing. Services were delivered by community health care providers like community engagement facilitators (CEFs) and community response persons (CRPs). WLHIVs were offered CX-CA screening with referrals to healthcare facilities through a bi-directional system. Screened positive WLHIVs received treatment and follow-up at community level. Data was collected using the COMM CARE application and analyzed with SPSS version 26, employing descriptive and inferential statistics.

Lessons Learned: From October 2020 to September 2024, a total of 20,349 clients were reached through demand creation, with 13,234

(65%) in groups and 7,115 (35%) individually. Of 2,449 WLHIV counseled and referred to facility 2,334 (95%) were screened and 223 (10%, 95% CI: 8.37%, 10.75%) tested positive via visual inspection with acetic acid (VIA). Among positives, 203 (90%) received on-site treatment, while 20 (9%) were on the process of treatment. Most of the screened positive WLHIVs were aged 30-39 (60%), followed by 20-29 (27%) and 40-49 (15%). Treatment included cryotherapy (65%), thermoregulation (27%), and LEEP (5%), with 3% referred for further investigation. Out of those screened in 2009(82%) of WLHIVs were screened for the first time.

Conclusion/Next Steps: The study emphasized the importance of integrating CX-CA screening into community-based routine HIV care focusing on awareness creation and referral services to enhance access to CX-CA screening, care, and treatment. Therefore, it is recommended to expand and scale up community-based CX-CA demand creation, screening, and referral services to all WLHIVs in Ethiopia.



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Enhancing Cervical Cancer Screening Coverage in Selected Primary Health Care Clinics in South Africa Using Lean Thinking: The CerviScreen Programme

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Introduction: Cervical cancer is the leading form of cancer impacting women of reproductive age in South Africa. The South African Department of Health recommends that Women Living with HIV (WLWH) be screened for cervical cancer upon HIV diagnosis and subsequently every three years. Although the World Health Organisation (WHO) recommends a screening target of 70% by 2030, South Africa's reported rate stands at 19.3%. AIDS Healthcare Foundation (AHF) South Africa embarked on a quality improvement programme (QIP), the CerviScreen programme, based on Lean thinking, in an effort to improve cervical cancer screening (CCS) rates among WLWH. This study aimed to evaluate the effect of CerviScreen on CCS coverage amongst women of reproductive age who were newly diagnosed with HIV, over a seven-month period at selected sites in the Eastern Cape and KwaZulu-Natal provinces of South Africa. Evaluating the effect of a Lean-based QIP as a novel quality improvement approach is important for informing CCS policy-making in resource-constrained settings.

Methods: This controlled before-and-after study retrospectively evaluated the change in CCS coverage at Eastern Cape and KwaZulu-Natal Primary Health Care (PHC) sites at which CerviScreen was implemented. Purposive sampling was used to select AHF-supported CerviScreen (intervention) sites and an equivalent number of control sites with closely matching monthly patient headcounts and HIV testing data. Data on key QIP indicators were extracted from the Lean A3-tools and analysed using Stata/SE version 18. Descriptive statistics summarized categorical variables, while repeated measures ANOVA tested changes in cervical cancer screening proportions

over time at a 5% significance level. Ethics and gatekeeper approvals were obtained from SAMAREC (280808016/039/2024) and the Department of Health, respectively.

Results: Eighteen intervention sites (nine from each province) and 18 matched control sites were evaluated. Significant improvement was demonstrated in the mean proportion of eligible HIV-positive women screened for cervical cancer over the seven-month study period at intervention sites in KwaZulu-Natal (from 5% to 62.9%; $F=8.336$, $p<0.001$) and Eastern Cape (21.2% to 82.4%; $F=15.525$, $p<0.001$). However, differences in the change of mean proportion over time between intervention and control sites were not statistically significant in KwaZulu-Natal ($F=0.022$, $p=0.884$) and Eastern Cape ($F=0.882$, $p=0.362$). Of clinical significance, however, the estimated marginal mean at KwaZulu-Natal intervention sites consistently surpassed that of the control sites from Month 3 onwards, and in Eastern Cape, the estimate marginal mean drastically improved over time from a baseline of 21.2% and was maintained above 80% after Month 4. Between provinces, the change in percentage of screened women over time significantly differed ($F=11.12$, $p=0.004$).

Conclusion: The CerviScreen programme has demonstrated prominent and sustained baseline CCS improvements amongst eligible women diagnosed with HIV at the PHC level. Health care managers could consider adopting such a programme to augment CCS amongst WLWH in resource-constrained settings to meet the WHO target. The findings underscore the importance of embracing systematic quality improvement approaches for addressing underperforming healthcare indicators and highlight the need for scale-up of Lean in PHC settings. Further research is recommended to explore service integration, cost-effectiveness, and long-term sustainability to enhance programme impact.



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Gender-Related Inequalities in Comprehensive HIV Knowledge and Its Association with Educational Attainment in 17 Low and Middle-Income Countries in Africa

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Background: Comprehensive knowledge about HIV remains a critical public health indicator for epidemic control in Africa. Understanding the sex disparities in HIV knowledge is essential for advancing global health goals, particularly those related to gender equity and HIV prevention education.

Methods: This study assessed sex-related disparities in comprehensive HIV knowledge across 17 countries in sub-Saharan Africa. Data were obtained from the World Health Organization (WHO) Health Inequality Monitor repository and the SDG 4.1.2 education database, both of which are integrated into the Health Equity Assessment Toolkit (HEAT). We used WHO HEAT software version 3.1 and Microsoft Excel to calculate the difference in HIV knowledge between males and females as a measure of inequality. Inequality was assessed using Difference (D), an absolute summary measure of inequality. Education completion rates were incorporated to examine potential social determinants.

Results: The study revealed consistent disparities in HIV knowledge, with higher values reported among males across all countries. Congo (D = +13.1) recorded the highest absolute difference in knowledge, followed by Ghana (D = +11.9) and Côte d'Ivoire (D = +10.2). In contrast, Malawi (D = +3.2), Zimbabwe (D = +4.6), and Zambia (D = +5.7) recorded the smallest gaps. A moderate negative correlation ($r \approx -0.34$) was found between national education completion rates and the gender gap in HIV knowledge. Countries with higher secondary school completion tended to show narrower disparities between males and females.

Conclusions: Interventions aimed at reducing gender inequities in HIV knowledge should consider expanding equitable access to education, particularly among adolescent girls. Strengthening secondary education and integrating gender-responsive curricula could reduce knowledge gaps and support the achievement of Sustainable Development Goal 3.3, which aims to end the HIV epidemic by 2030.



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Linking Maternal Care to Infant Outcomes: Trends in HIV Testing and Diagnosis in Anambra State

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Background: Early infant diagnosis (EID) is critical to preventing mother-to-child transmission (PMTCT) of HIV and its uptake reflects the effectiveness of maternal HIV services during pregnancy, delivery and breastfeeding. This study investigated the trends and geographic disparities in HIV testing among HIV-exposed infants (HEI) in Anambra State, highlighting the link between maternal care and infant outcomes.

Methods: A retrospective study was conducted in Anambra State using aggregated program data from January 2022 to December 2023, coinciding with a state-led maternal and child health campaign to strengthen PMTCT and EID services. The study population included all HEIs that received EID services during this period. Microsoft Excel and R were used to conduct descriptive statistics, trend, geospatial mapping and regression analysis.

Results: Among 2280 HEI, 2082 (91.3%) had their first PCR sample collected within two months of birth with only 18.5% tested within 72hours. Annual HIV testing rates increased from 39.8% in 2022 to 43.0% in 2023, while the diagnosis rate declined from 1.6% in 2022 to 0.8% in 2023 revealing improved PMTCT services following the state-led maternal and child health campaign to strengthen PMTCT and EID services. Testing trend reveals peaks linked to targeted interventions and troughs possibly due to logistic challenges. Geospatial mapping revealed that central LGAs had comparatively higher testing rates, although

this pattern did not reach statistical significance (p -value = 0.132)

Conclusions: This study highlights the importance of sustained maternal-child health campaigns in strengthening the continuum of care from mothers to infants. Scaling up the interventions at highlighted underserved areas is essential to improve testing coverage and further reduce HIV transmission from mother to child.



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Two Burdens, One Back: Caregiving for Orphans and Vulnerable Children and Clinical Outcomes among Elderly Women on ART in Luweero District, Uganda

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Background: Elderly women living with HIV in Uganda often face a dual responsibility of managing their own chronic illness while providing daily care for orphans and vulnerable children (OVC). The impact of this caregiving burden on HIV clinical outcomes remains largely undocumented. This study examined caregiving roles, emotional and physical caregiving strain, and their association with clinical outcomes among elderly women on antiretroviral therapy (ART) in Luweero District.

Methods: A cross-sectional analytic review was conducted using data from 65 HIV-positive women aged 60 years and above enrolled in the ROM grandmothers' cohort. Caregiving variables included involvement in OVC care, number of dependants, caregiving hours, caregiving tasks, and perceived burden (stress, health impact, loss of autonomy, time constraints, and uncertainty about caregiving demands). Clinical outcomes included five-year retention, missed ART appointments in the past six months, and viral suppression (<1,000 copies/mL). Logistic regression assessed associations between caregiving and clinical outcomes.

Results: A total of 41 of 65 women (63.1%) reported regularly caring for OVC or young mothers. Caregivers supported an average of 3.3 dependents (SD 2.0; median 3) and spent 3.2 hours per day on caregiving (SD 1.1). Major caregiving tasks included feeding (92.7%), cash support (95.1%), school runs (58.5%), and bathing (58.5%). Emotional and physical strain were common. Stress related to caregiving was reported by 29.3%, perceived health decline by 36.6%, and

loss of personal time by 41.5%. Feelings of life being controlled by caregiving were reported by 41.5%, while 48.8% expressed uncertainty about how best to support the children under their care. Clinical outcomes were strong overall. Five-year retention was 75.4%, recent appointment adherence was 94.6%, and viral suppression was 94.1% among those with recent viral load results (median 0 copies/mL, IQR 0–0). Clinical outcomes were similar for caregivers and non-caregivers. Missed appointments were 3.1% among caregivers and 20.0% among non-caregivers. Viral suppression reached 92.9% among caregivers and 100% among non-caregivers. In adjusted analysis, caregiving was not associated with missed appointments (adjusted odds ratio 0.13; 95% CI 0.01–2.50). Viral suppression remained uniformly high across groups.

Conclusion: Elderly women on ART carry significant caregiving responsibilities and experience notable emotional and physical strain. Despite these burdens, they maintain excellent clinical outcomes, with high retention, strong appointment adherence, and high viral suppression. These findings highlight the resilience of elderly women living with HIV and present the importance of strengthening community and social support mechanisms to reduce caregiving strain and protect the well-being of both caregivers and the children under their care.



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Frailty and Functional Decline among Elderly Women on Long-Term ART in Uganda: The Influence of Multimorbidity and Depressive Symptoms

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Background: Frailty is an increasingly important geriatric concern among older women living with HIV yet remains insufficiently addressed within HIV programs in sub-Saharan Africa. This study assessed frailty prevalence and significant determinants among elderly women living with HIV enrolled in a five-year community cohort in Luweero District, Uganda.

Methods: Women aged 60 years and above living with HIV were evaluated using six Activities of Daily Living. Frailty was defined as difficulty in two or more activities and pre-frailty as difficulty in one. Associations between frailty, multimorbidity, loneliness, depressive symptoms and social support were explored. Logistic regression identified independent predictors of frailty.

Results: Seventy-three elderly women living with HIV were identified with a mean age of 66.4 years (SD 6.8). Fifty-four had complete functional assessments. Frailty affected 26 women (48%), with 9 (17%) classified as pre-frail and 19 (35%) having no limitations. The cohort carried a high burden of chronic illness, averaging 3.3 conditions (SD 1.1). Frailty increased markedly with multimorbidity; it was present in 23% of women with one to two conditions, 53% of those with three to four and 71% of those with five or more. Loneliness showed an elevated unadjusted frailty prevalence of 67% among highly lonely participants. In multivariable analysis, multimorbidity was the only statistically significant predictor of frailty, with each additional chronic condition more than doubling the odds of being frail (adjusted OR 2.39, 95% CI 1.16 to 4.93). Other factors, including depressive symptoms, social support and loneliness, were not statistically significant after adjustment.

Conclusion: Frailty is common among elderly women living with HIV in Luweero and is strongly driven by multimorbidity. Incorporating geriatric assessment, chronic disease management and strengthened community support into HIV care is essential to preserve functional independence and wellbeing among older women living with HIV.



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Leveraging Index Testing Provider-Led Contact Approach to Improve Pregnant Women Partner Testing Uptake in Nigeria

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Issue: The integration of HIV testing into Antenatal Care (ANC) is critical for preventing mother-to-child transmission (PMTCT), but engaging male partners remains a major bottleneck in Nigeria. A conventional ANC-centric model has proven severely inadequate, as evidenced by data from five states (Benue, Ogun, Ondo, Oyo, Plateau) showing that only 2.8% (7,944 of 288,193) of pregnant women had a partner tested for HIV. This extremely low uptake rate (0.03-5.6%) leaves a vast majority of male partners untested, creating a significant gap in identifying serodiscordant couples and undermining the full effectiveness of the PMTCT cascade. The inability to reach men, who often face barriers to attending formal ANC clinics, represents a critical failure in the current service delivery architecture.

Description of the Solution: This analysis proposes leveraging the existing, high-yield platform of provider-led index testing approach to close this gap. Instead of relying solely on partners presenting at ANC, a proactive, provider-led contact approach is deployed. Healthcare providers directly reach out to the named partners of pregnant women in the community, offering HIV testing services alongside other integrated health services. Data demonstrates the superiority of this model: outpatient index testing successfully reached 15,934 male individuals, far surpassing ANC-initiated partner testing. This strategy meets men where they are, circumventing the logistical and social barriers associated with ANC clinic attendance.

Lesson Learnt: The comparative analysis of programmatic data yielded a critical lesson: provider-led index testing is not only more effective in volume but also in efficiency and case-

finding. The positivity yield from this approach (3.1% facility-based, 7.3% community-based) was substantially higher than that of the traditional ANC partner testing of 0.7%. This confirms that a proactive, decentralized testing strategy operated by healthcare providers can successfully engage the key demographic of male partners of pregnant women, a cohort that the passive, facility-dependent ANC model consistently fails to reach.

Next Step: The demonstrated success of the provider-led index testing approach provides a clear path forward. The immediate next step is the systematic integration of this strategy into national PMTCT guidelines. This requires developing standardized protocols and training modules for ANC providers to routinely refer partners of pregnant women for proactive index testing services. Concurrently, fostering stronger linkages between ANC clinics and community-based testing teams will be essential to operationalize this model at scale, thereby transforming partner testing from a perennial challenge into a standard, high-impact component of Nigeria's PMTCT program.



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Resilience Under Pressure: Impact of U.S. Funding Freeze on HIV Service Delivery and Reporting Systems for Adolescents and Key Populations in Nigeria

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Background: The reinstatement of the U.S. Global Gag Rule and subsequent disruptions in PEPFAR funding from 2017 to 2021 have created long-term instability in Nigeria's response to HIV, particularly for adolescent girls and young women (AGYW) and key populations. Despite some policy reversals, the ongoing reliance on U.S. funding has left community-based HIV services and data systems, especially the electronic Nigeria National Response Information Management System (eNNRIMS-DHIS 2.0), vulnerable and under-resourced through 2025.

Methods: This study analyzed service delivery and reporting trends across six states (Lagos, Bauchi, Osun, Anambra, Abia, and Kano) from Q4 2024 to Q2 2025. Using national data platforms and feedback from One-Stop-Shop (OSS) facilities and implementing partners, we assessed disruptions in HIV testing, treatment, and monitoring systems affecting high-risk adolescents.

Results: The findings revealed widespread instability in services. Over 2,500 adolescent girl and young women clients in Osun were at risk of interruptions in antiretroviral therapy (ART) due to shortages of human resources and medical supplies. Facilities in Lagos, Bauchi, and Kano reported scaling back HIV testing and outreach due to gaps in infrastructure and funding. In Anambra and Abia, routine viral load testing and ART refills were disrupted, which negatively impacted treatment adherence. Additionally, the completeness of reporting and the quality of data declined across all states, highlighting weakened monitoring and evaluation capacity and the fragility of systems that rely on donor funding.

Conclusions: In response, the Nigerian government has activated its National HIV Sustainability Agenda, integrating adolescent girl and young women indicators into the Basic Health Care Provision Fund (BHCPF), strengthening digital infrastructure, and supporting community-based organizations. However, rebuilding a sustainable HIV response demands more than stop-gap measures; it requires long-term political commitment, localized investment, and a renewed focus on adolescent-centered models that ensure service continuity regardless of donor volatility.



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Empowering Women Living with HIV to Sustain Health Resilience in the Face of Social Challenges and HIV/AIDS

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Introduction/Background: This abstract focuses on the intersection of challenges and health resilience facing women living with HIV/AIDS. Based on this nexus, our study investigates the synergies and challenges posed by the compounding effects on the well-being of women living with HIV. The convergence of these challenges intensifies burdens on individuals, their family members and caretakers.

Since the onset of the HIV epidemic in Uganda in 1986, Women Living with HIV (WLHIV) played a leading role in mobilizing other women to test, seek care and support services. However, since 2015, their Networks/groups have been side-lined in the HIV response yet they are most vulnerable. This has led to failure to consolidate gains registered in the 40 years. This is manifested by persistent higher HIV prevalence rates among women—now at 7.1% (UPHIA 2020), burn-out, reduced activism, rising stigma and violence targeting WLHIV, and limited transformative initiatives to nurture leadership or mentor young WLHIV. All the challenges have been crippled by limited funding available for to support WLHIV networks.

Methodology: LUCOHECO did research to examine challenges faced by WLHIV, highlighting the critical role of empowering them to address impacts including: Health-Vulnerabilities, Increased-Disease-Burden, Environmental-Displacement, Resource-Scarcity, Health-Inequalities and Treatment-Adherence-Challenges. Research was done through focus-group-discussions, key-informant and individual interviews using the Kobo Collect tool. People interviewed; women aging and young WLHIV/disabilities in the informal settings in three divisions of Kampala District. Significant outcomes of our research Uniqueness of WLHIV as frontline respondents to the AIDS epidemic has to some extent been lost.

More young people, especially girls, are getting infected, while they exhibit low adherence to ART. There's limited social support/protection services to families affected by HIV. Older women are living in isolation and sliding into depression, thus unable to look after themselves and/or their families. There are Existing opportunities to exploit e.g. existence of WLHIV organizations, groups and passionate individual/activists; Digitization and rising use of ICTs; and Rising number of young professional WLHIV advocates.

Conclusion, lessons-learned/key

recommendations: WLHIV are committed to being game changers of the AIDS epidemic in Uganda. There's need to empower them to adapt to the social crises, while creating space for younger women to lead and strengthening existing structures of WLHIV from grassroots to national level.

Recommendations:

- ☐ Designing WLHIV transformative Leadership/Mentorship Programs
- ☐ Strengthen Movement Building interventions
- ☐ Develop and roll-out Joint-Advocacy and communication Strategies
- ☐ Identifying partners to walk the journey with
- ☐ Documenting the WLHIV 40-Year-Journey, what worked for us, what's important, what's needed to scale-up, producing various resource materials: e.g. Documentary, 40-Year Book, stories of women who have been at the frontline of the HIV response.
- ☐ Organizing thematic conversations among WLHIV on: COVID-19, NDCs, caring-for-carers, WLHIV in distressing situations, SHRH for young and older WLHIV, aging with HIV and NCDs, etc.
- ☐ WLHIV inclusion, voice, agency, and participation in the HIV-planning, programming, M&E and learning spaces
- ☐ Economic Empowerment for WLHIV, access to knowledge and advocacy for sustainable solutions
- ☐ Integrating responses addressing these challenges to ensure reduced vulnerability and enhanced resilience for WLHIV



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Reach Everyone: Amplifying Marginalized Youth Voices on HIV and SRHR through Inclusive Communication

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Background: Marginalized youth including young mothers, persons with disabilities, sex workers, and youth affected by substance use face persistent barriers in accessing accurate information and services on HIV and Sexual and Reproductive Health and Rights (SRHR). Stigma, discrimination, and social exclusion restrict their ability to make informed choices and claim their rights. The Reach Everyone initiative was designed to address these inequities by reframing communication as a right rather than a privilege. Grounded in Social and Behavior Change Communication (SBCC), the project aims to empower marginalized youth to co-create and lead dialogues that promote HIV awareness, prevention and care while fostering inclusive community engagement.

Intervention/Methods: The initiative employs participatory approaches such as Theatre for Change Dialogue, peer-to-peer education, community radio storytelling and digital advocacy. These methods create safe spaces for young people to express lived experiences, challenge stigma and strengthen linkages with health services.

Lessons Learned: Over one year, Reach Everyone directly engaged more than 600 marginalized youth. Participants demonstrated increased confidence to discuss HIV and SRHR issues openly, greater peer support, and improved trust between youth and health providers. The project showed that creative, youth-led communication can shift harmful norms and strengthen inclusion when communities are meaningfully involved.

Implications for the Field: The initiative demonstrates the transformative potential of inclusive, arts-based communication in addressing stigma and inequality. By centering youth voices

and co-creation, Reach Everyone challenges top-down models and promotes communication as a human right essential to health equity. For the SBCC field, it highlights the value of participatory, rights-based, and culturally grounded approaches that bridge social divides, reduce stigma, and foster sustained HIV prevention and care among marginalized youth.



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Her Future, Her Way: Community-Led Narratives of Young Women Living with HIV Transitioning through Education and Economic Empowerment in Rural Kenya

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Background: Across rural Kenya, many young women living with HIV are burdened not only by the virus itself but by layers of silence, shame, and social exclusion. In Homa Bay County, where HIV prevalence among young women remains among the highest nationally, poverty, stigma, and gender norms often end dreams of education and independence. Her Future, Her Way and Street Business School, community-led initiatives by Activate Action, were created to rewrite these narratives. These programs seek to restore hope and agency by equipping young women living with HIV with entrepreneurial skills, psychosocial support, and pathways back to education. This study explored their lived experiences and the community mechanisms that enable transformation.

Materials and methods: Using a qualitative narrative approach, ten young women living with HIV aged 18–24 were purposively selected from Homa Bay County. Each had completed the Street Business School training, which offers practical entrepreneurship skills and mentorship. Through in-depth interviews and storytelling sessions, participants shared personal accounts of resilience and change. Data were thematically analyzed using NVivo 12 to identify recurring themes of empowerment, stigma reduction, and reintegration. Ethical procedures included informed consent, confidentiality, and community approval.

Results: The women's stories revealed journeys from silence to strength. Participants described how training and mentorship reawakened their sense of purpose, transforming fear into confidence. Six participants (60%) returned to

school or enrolled in vocational learning, while nine initiated small enterprises that generated income for themselves and their families. They reported diminished internalized stigma, increased social acceptance, and renewed optimism for the future. Despite these successes, persistent barriers such as limited startup capital and occasional discrimination continued to test their resilience. Yet, each story stood as evidence of how community belief and opportunity can ignite hope where systems have failed.

Conclusions: When communities choose to believe in the potential of young women living with HIV, transformation follows. Community-driven interventions that combine economic empowerment, education, and psychosocial care do more than reduce vulnerability; they restore dignity, purpose, and belonging. The Her Future, Her Way experience demonstrates that empowerment is not a program outcome but a human rebirth made possible through collective compassion and sustained investment in women's futures. Scaling such community-led approaches across Africa could redefine how societies respond to the intertwined challenges of HIV, gender inequality, and poverty.



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Social and Structural Barriers to Health and Well-Being among Young Mothers Living with HIV in the Eastern Cape, South Africa

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Introduction: Young mothers living with HIV face intersecting social and structural challenges that limit their access to healthcare, education, and social support services. This study explores how young mothers living with HIV navigate HIV and sexual and reproductive health (SRH) services, and how broader social conditions influence their well-being and care engagement.

Methods: We conducted a total of 18 (n=8 and n=10) interviews with young mothers aged 18–22 years across two sites in the Eastern Cape: Buffalo City Municipality and Nyandeni Municipality. The semi-structured interviews included arts-based participatory activities, which enabled participants to visually map and narrate their experiences of navigating healthcare services during pregnancy and the postpartum period. All interviews were audio-recorded, transcribed verbatim, and analysed using rapid qualitative analysis techniques.

Results: Our preliminary findings revealed that young mothers faced multiple, intersecting vulnerabilities that shaped their health and social outcomes. Many reported limited support systems, with the majority living in cohabiting arrangements and lacking consistent family support. None of the participants had returned to school after the birth of their first child, and most had not completed matric. Despite having open access to contraceptives, most of the participants had experienced repeat pregnancies and were raising two children. Their accounts highlighted high levels of physical, emotional, and sexual violence, compounded by extreme poverty that

often led to multiple partnerships or engagement in transactional sex as a means of survival. Alcohol and drug use were commonly described as coping mechanisms for the challenges they faced. Additionally, these conditions impaired their ability to prioritise clinic visits, remain adherent to treatment or stay engaged in HIV and SRH care. Concurrently, the interviews provided a rare space for reflection, emotional expression and recognition, underscoring the value of participatory and supportive research engagements.

Conclusion: Our findings highlight a pressing need for integrated service models that pair HIV and SRH care with social protection, responses to gender-based violence and mental health support for young mothers living with HIV. Safe, participatory spaces for storytelling and peer connection may bolster care engagement and improve quality of life for this population in the South African setting.



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Integrated HIV and Non-Communicable Diseases Care in Sub-Saharan Africa: Experiences of Women Living with HIV

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Background: In Uganda, like many other countries in sub-Saharan Africa, women are disproportionately affected by HIV with a prevalence of 7.6% compared with 4.7% among men for persons aged 15 to 64 years. The young women are 3 times more likely to acquire HIV than young men. Alongside this high HIV burden, the prevalence of non-communicable diseases (NCDs) such as diabetes and hypertension is rising rapidly contributing to 30-40% multimorbidity among persons with chronic conditions. There is research evidence on integrated service experiences of women living with HIV and cancer, however, little is known about those living with HIV, diabetes and/or hypertension accessing integrated care. We share experiences of women living with HIV accessing integrated care for HIV, diabetes and or hypertension at primary health care facilities in Uganda

Methods: This study was part of the INTEAFRICA research, a cluster randomised control trial that evaluated the effects of integrated HIV-NCD care on patients' outcomes in 32 health facilities in Tanzania and Uganda from 2020 to 2023. We conducted a qualitative process evaluation to explore and document patient experiences of integrated care for HIV, diabetes and/or hypertension. In-depth interviews were conducted using a phenomenological approach with six women living with HIV, diabetes and/or

hypertension accessing a "one stop" clinic in Uganda. The analysis was done thematically

Results: The analysis revealed five themes: lay health knowledge and alternative medicine, community stigma, experiences of integrated care, navigating personal challenges and health service constraints. Women living with HIV described patient pathways navigating HIV and diabetes/hypertension, with caregiving responsibilities, poverty, travel time and cost and personal ill health impacting on their ability to adhere to multi-morbid integrated treatment. Health service barriers to optimal integrated care included unreliable drug supply for diabetes/hypertension and HIV linked stigma.

Conclusion: Gender insensitive care may worsen women's health outcomes, social and economic prospects. Comprehensive integrated care is recommended to further consider gender sensitive aspects of care.



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Knowledge, Attitudes, and Practices Regarding STIs/HIV among Young Women in Kenitra, Morocco: A Cross-Sectional Study

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Background: Young women remain disproportionately vulnerable to sexually transmitted infections (STIs) and HIV/AIDS worldwide, particularly in regions where limited sexual health education and restricted access to youth-friendly services persist. In the Middle East and North Africa (MENA) region, where cultural sensitivities around sexual health discussions create barriers to prevention efforts, Morocco, like other countries in the region, faces significant disparities in STIs/HIV knowledge despite ongoing public health efforts. This study aims to assess the knowledge, attitudes and practices regarding STIs/HIV among young women in Kenitra, Morocco, to identify key intervention points and inform targeted public health strategies.

Material and Methods: A cross-sectional study was conducted between February and mid-April 2024. A sample of 71 women aged 18 to 24 years was recruited from two health centers in Kenitra: Moulay El Hassan and Mohamed Diouri. Data were collected using anonymous, self-administered questionnaires to ensure confidentiality. Informed consent was obtained from all participants.

Results: The mean age of participants was 23.2 years (± 1 SD). Results revealed that 62.2% had knowledge about HIV, contrasting sharply with much lower awareness of other STIs. Only 2.5% reported knowledge of gonorrhea, 5.1% of syphilis, while infections like chlamydia and hepatitis C were rarely mentioned (<1% each). Persistent misconceptions were observed, with 6.8% believing HIV is curable and 30.5% believing that all STIs are symptomatic. Although 41.5% identified condoms and abstinence as effective prevention methods, knowledge of transmission

routes was poor. Only 55.9% cited sexual intercourse as a transmission route, while 36.4% incorrectly believed blood transfusion and contaminated objects were equally common routes. Regarding information-seeking behavior, 16.9% of participants consulted healthcare professionals, followed by traditional media (9.3%) and peers (8.5%). Overall, 35.6% reported having knowledge gaps about STIs. Additionally, testing rates remained low, with 54.2% had never been tested, while only 4.2% had been tested for HIV and 1.7% for hepatitis C.

Conclusions: This study highlights a concerning gap in sexual health knowledge among young women in Kenitra, with high HIV awareness but significantly low knowledge of other STIs. Persistent misconceptions about curability and symptoms, combined with low testing rates and limited healthcare-seeking behavior, point to an urgent need for comprehensive, culturally-adapted sexual education campaigns. These initiatives must address critical gaps beyond HIV, correct misconceptions about transmission, promote accessible testing services, and reduce barriers to healthcare access. Such interventions are essential to effectively reduce STIs/HIV vulnerability and improve sexual health outcomes among young women in similar contexts.



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Retrospective Study on Rate of Sexual Violence and Post-Exposure Prophylaxis (PEP) Initiation among Rape Survivors in 22 APIN Supported Health Facilities in Plateau State, Nigeria

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Introduction: Rape survivors, both male and female, face risks of sexual violence, with heightened risks observed among females. Timely access to Post-Exposure Prophylaxis (PEP) is critical to prevent HIV infection. This study evaluated sexual violence rates and PEP initiation among male and female rape survivors in Plateau State, Nigeria.

Methods: This retrospective study investigated PEP initiation among 137 rape survivors in Plateau State, utilizing data from 22 facilities across 14 Local Government Areas over 12 months. This data was sourced from DHIS2 (District Health Information System) database, alongside reasons for not receiving PEP, which was obtained from the survivors by the facility Sexual Violence Focal Persons. Descriptive statistics were used to analyze data, focusing on proportions of affected males and females by age groups and PEP initiation percentages.

Results: Among 137 survivors, 96% were female and 4% male. Higher rates of sexual violence were reported among males and females aged 15-19 (50%) and 10-14 (25%), respectively. Only 103 (75%) of survivors received PEP within 72 hours post-GBV, with initiation rates differing between males 83% (5) and females 75% (98). Reasons for non-receipt included delayed presentation for PEP after about 1-3 months of the incident (32%), incidental HIV diagnosis at PEP initiation (44%), and claims of non-penetrative sex (24%).

Conclusion: This study highlights a higher proportion of female survivors (96%) compared to

male survivors (4%), especially among adolescents and young adults, emphasizing the significant risk faced by women and girls. Concerns arise about the vulnerability of young individuals to such experiences, and with only 75% of survivors receiving immediate PEP, gaps in emergency medical care access are evident. Addressing barriers to PEP uptake, such as delayed presentation require comprehensive strategies to combat stigma and raise awareness about sexual violence at the community settings. Interventions directed towards the females are crucial to ensure prompt PEP initiation and reduce long-term health consequences for vulnerable young individuals.



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Targeted Group Antenatal Care as a Pathway to Postpartum Family Planning Uptake among Adolescent Girls in Machakos and Siaya Kenya

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Background: In Kenya, 15% of adolescent girls aged 15-19 years have been pregnant (KDHS 2022). Postpartum family planning plays a crucial role in preventing subsequent and closely spaced pregnancies within the first 12 months after childbirth. However, PPFU uptake remains low due to various factors ranging from individual, social, and health services-related challenges (WHO, 2024). Adolescent girls may lack the agency, information and autonomy to exercise personal control and negotiate PPFU use hence, they tend to have the highest levels of unmet need for FP. Various studies show that delivering family planning messages in a manner that allows adolescent girls to make informed and process decisions and ultimately use it to impact themselves and their families is of utmost importance. Tiko, piloted the Group ANC model which was designed to provide a unique opportunity to assess the potential for adoption and continuation of postpartum family planning by providing adolescents a safe space where they can learn from each other's experiences and ask questions in a supportive environment, thereby influencing the understanding and subsequent acceptance and continued use of PPFU.

Program intervention/activity tested: Tiko piloted the Group Antenatal Care model between June 2024 and January 2025, targeting adolescent girls aged 15-19 years in Machakos and Siaya counties in Kenya. The program trained health care providers and community health promoters within the selected facilities and Tiko ecosystems model. Community Health Promoters (CHPs) were used to mobilize, identify, and refer pregnant adolescents to the health facilities where trained nurses facilitated group sessions consisting of 6-12

adolescents with the same gestation age. The model leveraged peer learning, healthcare provider engagement, and digital validation via the Tiko platform to enhance ANC experiences, consequently improving PPFU uptake.

Results/key findings: By the end of the observation period (January 2025), 513 adolescent girls had already been enrolled into group Antenatal care in the 7 piloting sites, representing 40% of women who presented with pregnancy in those facilities. A total of 134 validated Hospital Deliveries on the Tiko platform, with 55 adolescents (41.04%) adopting PPFU in their first 6 weeks of PNC visit, a significant increase of 65% from the previous year. The most preferred methods included implants (40%), injectables (30%), and progestin-only pills (15%). From observation and from the qualitative insights collected, peer discussions within GANC sessions reduced stigma and misinformation about contraceptives. The model has supported a trusted and safe support system around adolescents by including specific meetings (meeting 3) where male partners or support persons like peers, mother, mother in laws or guardian are invited. This session provides education on birth preparedness, postpartum care, and shared decision-making in family planning.

Program implications/lessons: Integrating Family Planning/Contraceptives lessons in GANC sessions has built the confidence of adolescents and Young Women's, they possess the agency and can now negotiate for care and many openly ask all questions regarding child spacing and delaying pregnancies' thus holds a great promise for improving maternal and child health outcomes.



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Increased HIV and Other Sexually Transmitted Infections in Two Health Facilities in Northern Cameroon between 2021 and 2022

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Background: Human immunodeficiency viruses (HIV) and acquired immunodeficiency syndrome (AIDS) remain a global public health problem. Other sexually transmitted infections (STIs) are aggravating factors.

Aim: This study aimed to assess the prevalence and identify new cases of HIV and STIs, as well as their associated risk factors.

Setting: Political insecurity in the northern regions of Cameroon has led to population displacement, weakening an already fragile health system.

Methods: A cohort of 684 consenting participants from the north and far north were enrolled in 2021 and followed up in 2022. Socio-demographic variables and risk behaviours were collected. Anti-HIV Ab, hepatitis B surface antigen, *Treponema pallidum* haemagglutination tests were performed. The data were analysed using Epi Info 7.5.2. The associations between variables were evaluated using the Chi-square test with a 95% confidence interval.

Results: The new cases of HIV rate and overall prevalence were 1.63% (95% confidence interval [CI]: 0.83% – 2.41%) and 3.8% (95% CI: 2.01% – 3.97%), respectively. New HIV cases increased from 0.27% (2017, Demographic and Health Survey [DHS]) to 1.63%. The prevalence of syphilis and hepatitis B was 1.03% (95% CI: 0.98% – 1.09%) and 4.56% (95% CI: 4.51% – 4.66%), respectively. Factors associated with HIV included religion ($p = 0.027$), unprotected sex ($p = 0.006$), sex with a sex worker ($p = 0.00009$), and co-infection with syphilis and hepatitis B ($p = 0.033$). New HIV

infections may also be associated with population displacement.

Conclusion: HIV infection, syphilis and hepatitis B are on the rise in the Northern Cameroon.

Contribution: Future HIV prevention strategies should consider population displacement and HIV-associated infections such as hepatitis B and syphilis in order to secure achievements in HIV programme and further curb the burden of these infections in the country.



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Contextual Determinants of Pre-Exposure Prophylaxis (PrEP) Uptake among Emerging Adult Men Aged 18–24 Years in Harare: A Multilevel Analysis

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HIV/AIDS remains a significant global public health challenge, particularly affecting adolescents and young adults (aged 15-24 years). According to UNAIDS (2022), in 2021, there were an estimated 38.4 million people living with HIV, with 1.7 million new infections and 650,000 AIDS-related deaths. Alarming, adolescents accounted for 27% of new HIV infections, despite making up only 17% of the global population. Emerging adult men aged 18-24 in sub-Saharan Africa continue to face high HIV incidence, with low uptake of Pre-Exposure Prophylaxis (PrEP), despite its proven efficacy. The study investigated the multilevel determinants influencing PrEP uptake among young men in Harare, Zimbabwe, using a mixed-methods approach. A structured survey of 500 participants was conducted alongside 20 focus group discussions across various districts in Harare. All participants were aged 18-24, with 60% having completed secondary education and 40% identifying as students. Employment data indicated that 35% were unemployed, reflecting a significant issue that may affect health decision-making and 70% had never been married ($p = 0.038$).

Awareness of PrEP was high, with 65.2% of respondents citing healthcare providers as their primary information source ($p < 0.001$). A significant majority, 89.5% ($p < 0.001$), correctly identified PrEP as a preventive measure against HIV. However, misconceptions were common: 31.6% believed PrEP cures HIV ($p = 0.012$), and 44.2% thought it was exclusively for sex workers and men who have sex with men (MSM), indicating a need for inclusive health education. Attitudinal analysis revealed that 35.7% expressed

willingness to use PrEP ($p = 0.014$), while 41.2% hesitated due to a lack of information ($p = 0.046$). Additionally, 23.1% were unwilling to use PrEP due to stigma ($p = 0.003$), showing that attitudes are significantly influenced by awareness and perceived social acceptance. Barriers to accessing PrEP services included high costs (52.4%, $p = 0.004$), long clinic queues (47.8%, $p = 0.012$), and stigma from healthcare workers (36.5%, $p = 0.001$).

The multilevel analysis highlighted how individual barriers intersect with broader social influences, indicating that while personal knowledge is crucial, external factors such as stigma and healthcare accessibility also significantly affect PrEP uptake. The analysis revealed significant interactions between individual characteristics and social influences. Education level correlated with knowledge of PrEP availability (70.0%, $p = 0.001$) and perceived ease of access (60.0%, $p = 0.004$). Community stigma was linked to lower PrEP uptake, reported by 60% of respondents ($p = 0.001$). These findings emphasize the need for targeted interventions addressing both individual and community-level barriers to enhance PrEP acceptance. Social dynamics also played a critical role in shaping attitudes toward PrEP. Peer influence was a positive factor for 20% of participants ($p = 0.015$), while negative family attitudes and community stigma were reported by 60% ($p = 0.002$), highlighting significant barriers posed by societal perceptions.

This study underscores the complex interplay of individual, social, and systemic factors influencing PrEP uptake among emerging adult men in Harare. The findings suggest that comprehensive educational campaigns and community-based interventions are essential for improving PrEP utilization, ultimately enhancing HIV prevention efforts.



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Observations from a Nutritional Support Programme for People Living with HIV (PLHIV) in Selected South African Clinics: The Food for Health Programme

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Background: Food insecurity and malnutrition conjure a vicious cycle amongst PLHIV. Inadequate nutrition accelerates disease progression, heightens morbidity and reduces survival time. It can also weaken immunity and compromise antiretroviral drug absorption. About 20.9% of South African households reported experiencing hunger and 63.5% were food insecure. Among adult PLHIV, studies report an undernutrition prevalence of 14.5% and micronutrient deficiencies as high as 60.5% in some regions. The World Health Organization recommends meeting micronutrient requirements by improving access to diversified and fortified foods. AIDS Healthcare Foundation's (AHF) Food for Health (FFH) programme in South Africa attempted to confront this challenge at specific primary health care clinics.

Materials and methods: AHF South Africa launched its annual FFH programme in 2022 at clinics across three provinces. The programme caters for short-term food supplementation and sustainable food security for clients meeting specific socio-economic and clinical qualifying criteria. Observations were made from the food supplementation arm of the 2024 programme in five selected clinics. Three food hamper types, catering for different age groups and issued periodically, contained diversified dry rations to supplement nutrition over six months. Each hamper consisted of uncooked grains, legumes, cereals and oil to supplement a balanced nutritional intake for a family unit. Routine anthropometric indicators were monitored during clients' clinic visits and trends were analyzed.

Results: Ten adult clients, with ages ranging from 19 to 55 years ($M = 38.8$ years, $SD = 11.4$) and an equal proportion of females and males, received food hampers. Over the six-month programme, mean body mass index (BMI) showed an overall increase from a baseline of 18.3 kg/m^2 ($SD = 4.2$) to 20.4 kg/m^2 ($SD = 5.0$). Mean BMI of clients improved in all regions, with a notable increase in KwaZulu-Natal from 14.7 kg/m^2 ($SD = 1.7$) to 20.0 kg/m^2 ($SD = 6.5$), in Gauteng from 21.2 kg/m^2 ($SD = 5.6$) to 22.2 kg/m^2 ($SD = 5.7$), and in Eastern Cape from 18.9 kg/m^2 ($SD = 1.1$) to 19.3 kg/m^2 ($SD = 1.8$). Mean weight of clients improved in all provinces from baseline (KwaZulu-Natal: 35.7 kg to 48.9 kg ; Gauteng: 52.5 kg to 54.5 kg ; Eastern Cape: 61.7 kg to 64.6 kg), with an overall increase from 50.0 kg ($SD = 12.7$) to 56.0 kg ($SD = 12.2$). The rate of client retention in care over the FFH programme duration was 86%.

Conclusion: Food supplementation through diversified food hampers for PLHIV can improve client retention and anthropometric measures of nutritional status. Hampers should cater for all household members for at least six months, while simultaneously reinforcing food security measures for sustainability. Further research on immune response and feasibility of upscaling the FFH programme is recommended.



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How Social Media and Digital Platforms Can Promote Accurate Knowledge Mobilization to the Community: HIV Parenting Choices as a Case Study

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Background: Individuals living with HIV face barriers to parenthood, including stigma and lack of knowledge. The Canadian HIV Pregnancy Planning Guidelines provide essential information, but community dissemination has been inadequate. We examine the impact of digital and social media on mobilizing knowledge about parenting options for people with HIV in Canada and beyond.

Methods: A digital toolkit, launched as a website in December 2023, was co-created by a design firm and 11 community members across Canada, with support from VLK. To boost traffic, Instagram and Facebook pages were launched in April 2024 (managed by a peer), featuring weekly posts on advocacy, story-telling, and professional insights, using relevant hashtags. Google Analytics data were used to analyze website traffic.

Findings: By April 1, 2024, 111 users accessed www.hivparentingchoices.ca, with 15% (22) returning more than once. Following the launch of the Instagram account, 263 new users have visited the website, with 15% (41) revisiting the site. On average, this indicates a monthly increase of users by more than 10%. Website traffic spiked each Monday, following the Instagram post, highlighting the connection between social media activity and user engagement on the website. Ten percent of users came directly from the #HIVparentingchoices Instagram, 8% from other social media accounts that shared posts, 5% from an accompanying Facebook page, with the remaining users coming directly to the website. Between December 2023 and April 2024, the site had reached users in 4 countries. By the end of 2024, users from 10+

countries were accessing the site, with the majority from Canada, the US, UK, Ireland, or the Netherlands.

Conclusion: Digital and social media platforms can disseminate research evidence and guidelines to community members. This approach supports informed choices for people with HIV. "The HIV Parenting Choices" case study illustrates how researchers can optimize community reach through innovative, online dissemination.



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Expanding Treatment Access for Adolescent Girls and Young Women through Community ART Groups in Rural Malawi

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Background: In Malawi, adolescents under the age of 18 who are living with HIV and receiving antiretroviral therapy (ART), including girls, are supported through age-appropriate differentiated service delivery models such as teen clubs. These clubs serve all adolescents, offering youth-friendly environments that promote adherence, psychosocial well-being, and retention in care. However, upon turning 19, the adolescents are required to transition out of these supportive adolescent-focused services into adult HIV care. For adolescent girls and young women (AGYW) aged 19 to 24, the transition exposes critical gaps in the health system's ability to sustain youth-friendly, gender-responsive services. It also magnifies the structural inequities such as deep-rooted gender norms, socio-economic marginalization, and limited access to psychosocial support while perpetuating stigma and overlooking the distinct needs of AGYW. As a result, many face increased risks of vulnerability to withdrawal from care, reduced adherence, and poor treatment outcomes. To address these challenges, youth-specific community ART groups (CAGs) were piloted as a differentiated service delivery model to promote continuity of care, peer support, and sustained engagement in HIV treatment among AGYW transitioning into adult care.

Aim: To evaluate the ART adherence, retention in care and viral load suppression for young people aged 19–24 in CAGs in rural Malawi.

Methods: This study involved a prospective review of data from an ongoing pilot project implemented in two rural districts of Malawi from 2024 to the

present. Four health facilities and their surrounding communities were purposively selected as project sites. Eligible recipients of care were organized into groups of four known as CAGs upon meeting the eligibility criteria. Every three months, one CAG member visited the ART clinic to collect medications on behalf of the entire group, rotating this responsibility among members. A total of 120 young people, with majority of AGYW aged 19 to 24, participated in the project. Project data were analyzed descriptively using key HIV program indicators.

Results: Out of the 120 recipients of care, 66 % were females. Initial project findings show good outcomes among young people enrolled in CAGs. A total of 118, (98%) showed good adherence, 118 (98%) were retained in care, with 2 transferred out (optional). 118, (98%) were virally suppressed. We observed that recipients of care were consistently attending group refill meetings and actively engaging in peer support structures.

Conclusion: These findings demonstrate that youth-specific CAGs are a promising model for supporting continuity of care among young people, AGYW, during the transition to adult HIV services. High rates of adherence, retention in care, and viral suppression reflect strong treatment outcomes associated with the intervention. Given the critical challenges AGYW face during this transitional period, the results provide a compelling rationale for scaling up youth-focused CAGs within national HIV care frameworks. Doing so could play a vital role in closing gaps along the HIV treatment cascade and improving long-term health outcomes for AGYW across similar contexts.



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Young Women and Youth Engaged in Community HIV Prevention

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Background: Meaningful community engagement (CE) in HIV prevention research is crucial for successful and ethically robust study implementation. We conducted a qualitative study to understand the current CE practices in HIV prevention research and to identify expressed and implicit reasons behind translational gaps highlighted by women, communities and researchers.

Methods: For this exploratory qualitative study, we recruited a purposive sample of participants from CSOs- recognised key populations such as men who have sex with men, transgender women, people who inject drugs and female sex workers; general population adults and adolescents/youth; and researchers. We conducted 13 virtual focus groups (n = 86) between July and October 2021. Data were explored from a critical realist perspective and framing analysis (i.e., examining how the participants framed the narratives).

Results: Participants reported that study communities, especially those from key populations, were primarily involved in data collection, but not necessarily with optimal training. Involvement of communities before the start of the study (e.g., obtaining feedback on the study's purpose/design) or once the study is completed (e.g., sharing of findings) were highlighted as priorities for meaningful engagement. Participants suggested meaningful CE in all stages of the study: (1) before the study—to get inputs in finalising the study design, drafting comprehensible informed consent forms and culturally-appropriate data collection tools, and deciding on appropriate monetary compensation; (2) during the study—adequate training of community field research staff; and (3) after the study — sharing the draft findings to get community inputs, and involving communities in advocacy activities towards converting evidence into action, policy or

programs. Timely and transparent communications with communities were explicitly stated as critical for gaining and maintaining trust. Mutual respect, reciprocity (e.g., appropriate monetary compensation) and robust community feedback mechanisms were considered critical for meaningful CE.

Conclusions: The findings highlighted the translational gaps and priority areas for capacity building to strengthen CE in HIV prevention research. It is not only important to engage communities at various stages of research but to understand that trust, dignity, respect, and reciprocity are fundamentally preferred ways of meaningful community engagement at all levels



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Aging and the Burden of Comorbidities among Women Living with HIV in Busia County, Kenya

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Background: Advances in antiretroviral therapy (ART) have greatly improved the life expectancy of women living with HIV (WLHIV). However, as these women age, they face an increasing burden of non-communicable diseases (NCDs) such as hypertension, diabetes, and cardiovascular disease. This dual burden poses emerging challenges for health systems, particularly in resource-limited settings like Busia County, where HIV–NCD care integration remains inadequate.

Objective: This study aimed to determine the prevalence, patterns, and determinants of comorbidities among aging women living with HIV in Busia County and to assess how age and related psychosocial factors influence their overall health outcomes and quality of life.

Methods: A cross-sectional analytical study was conducted among 1,494 WLHIV aged 35 years and above attending comprehensive care clinics (CCCs) at Level 4 and Level 5 facilities in Busia County. Structured questionnaires and clinical abstraction tools collected data on sociodemographic factors, ART duration, lifestyle behaviours, and comorbidities. Data were analysed using STATA 18, applying descriptive statistics and multivariate logistic regression to identify predictors of comorbidities ($p < 0.05$).

Results: Nearly half (46.2%) of participants had at least one comorbidity—hypertension (32.5%) being the most prevalent, followed by diabetes (9.8%) and cardiovascular disease (3.9%). Older women (≥ 50 years) were twice as likely to have a comorbidity (AOR=2.04; 95% CI: 1.45–2.86, $p < 0.01$). Longer ART duration (> 10 years) and psychological stress indicators such as anxiety and restlessness were significantly associated with higher comorbidity risk ($p < 0.01$).

Predictor	Coefficient (β)	Std. Error
	p-value	95% CI
		Significance

Stability status	14.991 2.085–107.794	15.089 ***	0.007
Feeling nervous/anxious	8.463 1.941–36.903	6.359 ***	0.004
Controlling worry	58.26 2.773–1,223.958	90.511 ***	0.009
Restlessness	70.826 3.472–1,444.723	108.968 ***	0.006
Trouble relaxing	4.74 0.778–28.869	4.369 *	0.091
Alcohol use	0.84 0.321–2.200	0.413 ns	0.723

(* ** $p < 0.01$, * $p < 0.05$, $p < 0.1$, ns = not significant)

Discussion: The study found a high prevalence of chronic illnesses among aging women living with HIV (WLHIV) in Busia County, Kenya. Nearly half of the participants had at least one non-communicable disease, mainly hypertension. Older age and long-term ART use were major predictors of these comorbidities, showing that as treatment prolongs life, it also increases the risk of chronic health complications. Psychological stress factors such as anxiety and restlessness were strongly linked to comorbidities, underscoring the close connection between mental and physical health. While alcohol use was not a significant predictor, the overall findings point to an urgent need for integrated HIV–NCD care. Strengthening routine screening, mental health support, and lifestyle interventions within HIV programs is essential to improve the health and quality of life of older women living with HIV.

Conclusion: Comorbidities are highly prevalent among aging WLHIV in Busia County. Age, prolonged ART use, and psychosocial stress are key determinants. Integrating HIV–NCD care, enhancing mental health support, and strengthening lifestyle interventions are vital to improving long-term health outcomes and quality of life for older WLHIV.



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Genotyping of Human Papillomavirus and Associated Risk Factors in Women with Mono- and HIV Co-Infection in Western Uganda

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Background: Human papillomavirus (HPV) and HIV co-infection significantly elevate the risk of cervical cancer, especially in sub-Saharan Africa. Understanding the prevalence and distribution of circulating high-risk HPV (Hr-HPV) genotypes and their associated risk factors is vital for effective prevention and control strategies among women in Western Uganda.

Objectives: This study aimed to determine the prevalence of Hr-HPV genotypes and identify risk factors associated with HPV/HIV co-infection and HPV mono-infection among women attending Kampala International University Teaching Hospital (KIU-TH) in Western Uganda.

Methods: A cross-sectional study was conducted among 114 women recruited from the KIU-TH Clinton Health Access Initiative (CHAI) and gynecology units. Sociodemographic and behavioral data were obtained using structured questionnaires. Cervical screening was performed using visual inspection with acetic acid (VIA) and Pap smear, while HPV genotyping was carried out using the Xpert HPV assay. Data were analyzed using SPSS version 29, with statistical significance set at $P \leq 0.05$.

Results: The findings showed that 32% of participants were VIA-positive, 26% were VIA- and HIV-positive, 1% were undetermined, and 2% were both undetermined and HIV-positive. Additionally, 24% were Pap smear-positive, of which 18% were HIV-positive, while 2% presented with ASCUS and HIV positivity. The overall prevalence of Hr-HPV infection was 30%, comprising 20% HPV/HIV co-infection and 10% HPV mono-infection. The prevalent genotypes included other high-risk HPV (17.2%), HPV16 (9%), and HPV18/45 (7%). Notably,

multiple Hr-HPV genotypes were observed among HIV-positive women. Significant risk factors associated with Hr-HPV infection were having multiple sexual partners (aOR = 8.93, CI: 2.45–32.58, $P = 0.001$), marital status single (aOR = 6.53, CI: 3.32–10.34, $P = 0.001$) and divorced (aOR = 4.97, CI: 2.04–9.62, $P = 0.007$) and women who reported not using condoms (aOR = 3.67, CI: 3.7–16.48, $P < 0.001$).

Conclusion: The study revealed a high prevalence of Hr-HPV infection and multiple Hr-HPV genotypes among HIV-positive women in Western Uganda. Multiple sexual partnerships, marital status, and non-condom use were strongly linked to Hr-HPV infection. Strengthening cervical cancer prevention through integrated VIA, Pap smear, and Xpert HPV testing, along with public awareness and HPV vaccination programs, is essential to curb the burden of HPV-related diseases in the region.



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Impact of Option B+ on Mother-to-Child HIV Transmission in Uganda, 2017–2019

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Background: Uganda adopted the Option B+ strategy in 2012 to accelerate elimination of mother-to-child transmission (eMTCT) of HIV. Although program coverage has expanded, national-level data on the real-world effectiveness of PMTCT interventions remain limited. This study evaluated the impact of Uganda's national PMTCT program under Option B+ between 2017 and 2019, focusing on maternal HIV incidence, viral suppression, and infant HIV and survival outcomes.

Methods: A mixed-methods impact evaluation was conducted across 206 health facilities in 12 Ministry of Health regions, including 54 DREAMS-supported districts. A total of 23314 mother–infant pairs were screened, identifying 1795 HIV-exposed and 14911 HIV-unexposed infants at baseline. HIV-exposed infants testing PCR-negative at 4–12 weeks and their mothers were prospectively followed up to 18 months postpartum. Data on ART uptake, viral-load suppression, infant prophylaxis, and maternal HIV seroconversion were analyzed using weighted logistic-regression models to estimate mother-to-child transmission (MTCT) and associated factors. Ethical approval was obtained from the Uganda National Council for Science and Technology and the Ministry of Health.

Results: The overall MTCT rate by 18 months was 2.8% (95% CI: 2.0–3.9); early MTCT (4–12 weeks) 2.1% and late MTCT (6–18 months) 0.7%. Maternal ART use reduced HIV transmission by 88% (OR = 0.12; 95% CI: 0.02–0.56). Unsuppressed viral load (>1 000 copies/mL) increased transmission risk 14-fold (95% CI: 6.1–32). Maternal HIV incidence was 4.1 per 1 000 women; infant mortality 1.9% among HIV-exposed and 0.4% among unexposed. Viral suppression among mothers on ART improved from 87% to 90% within 12 months postpartum ($p < 0.05$).

Conclusion: Uganda's Option B+ strategy reduced vertical HIV transmission below the 5% eMTCT threshold, demonstrating national program effectiveness. However, persistent gaps in viral-load suppression, ART adherence, and maternal retesting—particularly among adolescent mothers—require targeted interventions. Strengthening routine viral-load monitoring, male involvement, and adolescent-friendly PMTCT services is essential to sustain eMTCT gains. Lessons from Uganda can inform regional strategies for achieving HIV-free generations across sub-Saharan Africa.



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“Behind the Scene: Speak Up, Stay Safe”: Negotiating Sexual and Reproductive Health among Female Sex Workers in Nairobi, Kenya

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Background: Female Sex Workers (FSWs) in Nairobi, Kenya, remain disproportionately affected by HIV, with a prevalence of approximately 29% compared to 4.3% in the general population. Despite being central to HIV prevention efforts, FSWs face stigma, gender-based violence, and limited negotiation power during client interactions, all of which hinder consistent condom use and uptake of biomedical prevention tools. This study explored how FSWs negotiate safer sex practices and navigate barriers to HIV prevention within their working environments.

Methodology: A mixed-methods study was conducted at the BHESP Clinic in Kariobangi, Nairobi. Data collection included 10 in-depth interviews and 10 focus group discussions with FSWs, alongside quantitative surveys. Descriptive data were analyzed using frequencies and proportions, while qualitative data were thematically analyzed.

Results: Most participants (90%) were single, and 80% had been in sex work for more than five years. All participants reported carrying both male and female condoms, while 80% had experienced urinary tract infections at least once. FSWs employed various strategies to promote safer sex, including using polite language to suggest condom use, selecting cooperative clients, and discreetly using female condoms. They demonstrated awareness of HIV prevention tools such as PrEP, PEP, HIV self-testing kits, and vaginal rings. However, barriers included client resistance to condoms, fear of violence, stigma, limited awareness of legal rights, and financial pressure leading to unsafe choices.

Conclusion: FSWs in Nairobi actively engage in HIV prevention but face intersecting barriers rooted in power imbalances, stigma, and safety concerns. Strengthening HIV prevention among FSWs requires combining biomedical and behavioral approaches with empowerment, peer support, and rights-based interventions to enhance negotiation capacity and safety.



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Comparative Uptake of Cervical Cancer Services among Female Non-at-Risk and Most-at-Risk Populations Living with HIV across Multiple Nigerian States: A Cross-Sectional Study

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Background: Cervical cancer remains a leading cause of cancer-related deaths among women, particularly those living with HIV. Female Most-at-Risk populations (FMRPs), including sex workers, face additional risks due to social vulnerabilities. This study compares the uptake and outcomes of cervical cancer screening among Non-at-Risk Populations (NARPs) and Most-at-Risk Populations (MRPs) Living with HIV across eight Nigerian states from October 2021 to March 2025.

Methods: We conducted a cross-sectional analysis using routine program data from eight states: Akwa Ibom, Bayelsa, Cross River, Edo, Jigawa, Lagos, Niger, and Yobe. NARPs data were derived from three high-burden states (Bayelsa, Edo, and Lagos), while MRPs data spanned all eight states. Screening methods included Visual Inspection with Acetic Acid (VIA) and Pap smear. We analysed first-time screenings, precancerous and invasive lesion detection, eligibility for and receipt of cryotherapy, and suspicious lesion identification.

Results: Among NARPs, a total of 28,775 HIV-positive women were screened across 3.5 years, with 373 (1.3%) diagnosed with precancerous lesions and 204 (54.7%) treated. In contrast, 22,578 HIV-positive female MRPs were screened: 4,756 via VIA and 17,822 via Pap smear. VIA detected 57 precancerous cases (1.2%) and 2 invasive cancers, while Pap smear identified 4 precancerous and 15 invasive cases. Among MRPs, 16 were eligible for cryotherapy, and only 8 (50%) received treatment. Lagos State recorded the

highest screening numbers among both groups. Notably, despite similar detection rates of precancerous lesions ($\approx 1.2\%$), invasive cancer was more frequently diagnosed via Pap smear among MRPs (15 cases) compared to 186 suspicious lesions identified among NARPs via VIA.

Conclusion: While screening coverage was relatively high among both populations, treatment gaps remain—especially in the MRPs cohort. Although detection rates of precancerous lesions were comparable, higher invasive cancer identification among MRPs may suggest delayed screening. Strengthening early detection efforts, integrating services, and improving follow-up treatment—especially among MRPs—are critical to reducing cervical cancer morbidity and mortality among women living with HIV in Nigeria.



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Patterns and Predictors of Contraceptive Use among Post-Caesarean Women in Sierra Leone: Insights from a Five-Year Longitudinal Study

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Background: Caesarean deliveries and short birth intervals predispose to adverse maternal outcomes. Family planning lowers this risk by reducing unplanned pregnancies. This study aims to assess the uptake and influencing factors of contraceptive use among women at one- and five-years post-caesarean delivery in Sierra Leone.

Methods: We performed a secondary analysis of data from a multicentre, prospective observational study involving 1,728 women who underwent caesarean delivery in nine hospitals across Sierra Leone between October 2016 and May 2017. The primary outcome was the uptake of a modern contraceptive method at one and five years post-delivery. Multivariable logistic regression analyses were used to identify factors associated with contraceptive uptake.

Results: There was a significant increase in contraceptive use between the one-year and five-year follow-up visits [36.2% vs. 48.5%; OR 1.41 (95% CI 1.10, 1.82)]. The commonest method used at year 1 was the intrauterine contraceptive device, but this declined significantly from 40% to 0.8% by year 5 ($p < 0.001$). Attending more than two antenatal care visits [aOR 1.96; 95% CI (1.19, 3.23)] and offering a contraceptive method before discharge [aOR 2.44; 95% CI (1.05, 6.40)] were

associated with a higher likelihood of modern contraceptive uptake.

Conclusion: Increased contact with the health system was associated with a higher uptake of modern contraceptive methods among post-caesarean women. Strengthening provider–client interaction and integrating contraceptive counselling into routine antenatal and postnatal care could improve contraceptive use and address the unmet need for family planning.



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Exploring the Intersection of Sexual and Reproductive Health, HIV Care, and Maternal Health among Young Sex Workers in Kenya, Uganda, and Zambia

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Background: Young women who sell sex in sub-Saharan Africa remain disproportionately affected by HIV and experience layered vulnerabilities due to stigma, gender inequality, and limited access to comprehensive sexual and reproductive health (SRH) and maternal health services. While progress has been made in scaling up HIV prevention and treatment, integration of SRHR and maternal care for young sex workers many of whom are young mothers or living with HIV remains fragmented. This study sought to explore how young sex workers in Kenya, Uganda, and Zambia experience HIV prevention, care, and maternal health services, and how these experiences shape their wellbeing and longevity.

Materials and methods: A mixed-methods online survey was conducted between September and October 2025 among young sex workers aged 18–32 years in Kenya, Uganda, and Zambia. Participants were recruited through community networks and peer-led organizations. Quantitative data captured access to HIV prevention (condoms, PrEP, testing), ART adherence, SRHR and maternal health services (antenatal, family planning, and postnatal care), and mental health. Qualitative responses explored stigma, service integration, and lived experiences of young mothers in sex work. Quantitative data were analyzed using descriptive statistics and chi-square tests for country comparisons; qualitative data underwent thematic analysis.

Results: A total of 312 young sex workers participated (Kenya 118, Uganda 104, Zambia 90). Across countries, 72% reported regular HIV testing, 41% consistent condom use, and 27% PrEP use. Among respondents living with HIV (n=96),

83% reported being on ART, and 58% reported viral suppression at their last clinic visit. Importantly, 38% of respondents identified as mothers, yet only 44% reported accessing antenatal or postnatal care in supportive facilities reasons being fear and obstetric violence. Among young mothers living with HIV, 52% experienced challenges adhering to ART due to childcare responsibilities and stigma in maternal health settings. Limited integration of HIV and maternal care services contributed to service dropouts. Mental health stressors, including anxiety and economic pressure, were frequently reported by young mothers.

Conclusions: The study underscores the urgent need for integrated HIV, SRHR, and maternal health services tailored to young sex workers, including those living with HIV and parenting. The quest for wellbeing and longevity among young sex workers must address their roles as women, mothers, and community members, ensuring that prevention, treatment, and maternal support are interconnected. Peer-led and youth-friendly models remain key to bridging service gaps. Strengthening health financing and Abuja Declaration commitments can sustain integrated, equitable care for young women in sex work and their children.



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Sustaining PMTCT Outcomes amid COVID-19: Evidence from a High-Volume HIV Clinic in Kampala

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Background: The COVID-19 pandemic led to nationwide travel restrictions, reduced clinic hours, and laboratory constraints that threatened continuity of prevention of mother-to-child transmission (PMTCT) services in Uganda. The Baylor Foundation Uganda – Centre of Excellence (BFU-COE), a busy urban HIV clinic in Kampala, implemented a set of rapid service adaptations to preserve maternal and infant HIV care. This analysis evaluates whether PMTCT outcomes were sustained throughout the pandemic period.

Methods: A retrospective quality-improvement review was conducted using electronic medical records of HIV-exposed infants enrolled in the PMTCT cascade from 2019–2023. Infants with documented HIV DNA PCR or serologic testing before 24 months were included. Trends in testing volume, age at first PCR, and vertical transmission were assessed using run-chart analysis to visualize changes over time.

Results: Among 2,752 infant HIV tests reviewed (2018–2023), EID testing volume declined sharply from 493 tests in 2019 to 394 in 2020 ($t = 5.52$, $p = 0.005$) during the COVID-19 lockdown, but rebounded to pre-pandemic levels by 2021. Despite this disruption, PMTCT outcomes were sustained and improved: vertical HIV transmission fell from nearly 19% in 2018–2019 to 8% in 2023, a 59% relative reduction. Earlier infant testing was also maintained, with mean age at first PCR decreasing from 4.4 months (2018) to approximately 3 months (2020–2023). Missing results remained consistently low (<2%).

Conclusion: PMTCT outcomes at BFU-COE were sustained—and in several measures improved—amid the COVID-19 pandemic. Program adaptations, including community DBS collection, prioritization of maternal viral-load testing, and

telephone adherence counseling, helped buffer service disruptions and preserve continuity of care for mothers and infants. Continued focus on maternal retention, viral suppression, and timely infant testing will be essential to further reduce vertical HIV transmission and support Uganda's progress toward elimination targets.



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Resilience and Realities: Lived Experiences of Adolescent Girls Navigating HIV, Gender Norms, and COVID-19 in Western Kenya

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Background: Adolescent girls in sub-Saharan Africa face intersecting vulnerabilities related to HIV, gender norms, and public health crises such as COVID-19. These challenges often exacerbate social and economic inequalities, limiting access to education, healthcare, and psychosocial support. This study explores the lived experiences of adolescent girls in Western Kenya during the COVID-19 pandemic, focusing on how these experiences intersect with HIV prevention and gendered expectations.

Methodology: A qualitative design was employed using focus group discussions (FGDs) with 18 adolescent girls living with HIV aged 15–19 years from Kakamega, Nandi, and Uasin Gishu counties. Data were collected in 2022 using semi-structured guides addressing social relationships, HIV-related stigma, and coping strategies during COVID-19. Transcripts were analyzed thematically to identify emerging patterns and amplify participants' voices through verbatim quotations.

Results: Four key themes emerged: (1) fear and uncertainty, (2) gendered vulnerabilities, (3) resilience, and (4) HIV care continuity amidst crisis. First, reactions about COVID-19 among adolescent girls were dominated by fear of infection, especially for girls with low immunity or living with HIV. One participant shared, "I was afraid of being infected with COVID because I used to hear people say that those people with low immunity... it is difficult for them to survive, so I was scared." Others expressed anxiety about access to medication and the rising cost of living. Second, economic hardship and lack of parental support increased girls' susceptibility to transactional sex and early pregnancies. A respondent noted,

"During COVID, many girls got pregnant because they were looking for money from boyfriends." Another reflected, "I felt bad when I returned to school and found my friends were impregnated; it made me feel insecure as a girl." Stigma related to pregnancy and abortion was acute, sometimes leading to school dropout or even suicide. Third, despite challenges, girls demonstrated resilience through faith, peer support, and adaptive behaviors. One participant explained, "I always tell myself, yes I have that status, but it was God's plan for me, so I stay strong." Finally, access to HIV treatment was strained by movement restrictions and drug shortages. A participant shared, "You go to the [pharmacist] you find that he sells one tablet for ten shillings and you find that you don't have that money to buy it, so you could just miss out on taking those pills and even the ARVs." Another noted, "Sometimes we were told ARVs were out of stock, so we were given medicine for only one week and told to return later."

Conclusion: The narratives reveal how COVID-19 amplified existing gender and health inequities among adolescent girls living with or vulnerable to HIV. While structural barriers persisted, girls exhibited remarkable resilience through faith, adaptation, and peer networks. Interventions should prioritize uninterrupted HIV care, psychosocial support, and gender-sensitive programs to mitigate vulnerabilities during crises. Amplifying girls' voices is critical for shaping inclusive policies and safeguarding their futures.



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Sexual and Reproductive Health Needs, Knowledge, Practices and Fertility Intentions of Adolescent Girls and Young Women Living with HIV in Hhohho Region, Eswatini

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Background: Adolescent girls and young women (AGYW) living with HIV in low-middle-income countries bear a disproportionate burden of HIV, so it is important to understand their sexual and reproductive health needs, including their intentions regarding fertility. This is an important first step and a useful tool for increasing their access to SRH (sexual and reproductive health) services.

Objectives: Describe the sociodemographic characteristics of young people living with HIV. To assess understanding of family planning, associated needs, and methods. To assess and look into factors related to fertility intentions.

Methods: Using self-administered structured questionnaires with 25 closed-ended questions, 190 adolescent girls and young women between the ages of 18 and 24 from 12 health facilities participated in a quantitative cross-sectional study from December 2021 to February 2022. Microsoft Excel was used to enter the data, and STATA version 14 was used for statistical analysis.

Results: The study included 190 AGYW with HIV, whose mean age was 20.6 years. The condom was the most widely used method of contraception. Overall, the majority of participants—105, or 55.3%—had a moderate understanding of contraceptive methods. Health facilities were cited by 95 (50%) as the preferred source of information about family planning. Only 55 people (28.9%) had access to family planning products. Of the AGYW, 51 (26.8%) did not want children, whereas the majority (n=139; 73.2%) wanted children. Living

with an intimate partner (aOR: 1.5; 95% CI: 1.5–434.3) and having at least one family member employed (aOR: 2.4; 95% CI: 1.1–5.5) were sociodemographic factors that were significantly associated with fertility intentions in the multivariate logistic regression analysis, with p-values <0.05. Age, residence, and educational attainment of participants were not statistically significant (p>0.05).

Conclusion: Adolescent girls and young women living with HIV should have a better understanding of contraceptive methods and how to use them. Their desire for parenthood and general sexual health should be addressed through youth-friendly services, health education, and related policies. Additionally, reproductive planning counseling is required for clients in HIV care settings in order to accommodate the varied reproductive intentions of AGYW, including those who want children and those who do not.



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Structural Inequality, Stigma, Knowledge of Testing Sites, and Regional Disparities Influence HIV Testing among Adolescent Girls and Young Women in Uganda

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Background: Adolescent girls and young women (AGYW) in Uganda continue to experience uneven access to HIV testing despite broad policy emphasis on youth-friendly services. Knowledge of where to get tested is widespread, yet testing uptake remains incomplete. This study quantifies how household wealth, HIV-related stigma, knowledge of testing locations, occupation, health insurance, and region relate to HIV testing among AGYW, to inform equitable testing and financing strategies.

Methods: We analysed the 2016 Uganda Demographic and Health Survey for women aged 15–24 (n=8,058). The primary outcome was ever having had an HIV test (v781). Key predictors included wealth index (v190), stigma about others' reactions to a positive test (v857b), knowledge of a place to obtain a test (v783), agricultural employment (v717), insurance coverage (v481), region (v024), residence (v025), transactional sex (v791a), and barriers to care (v467b–d). Survey-weighted descriptive statistics, chi-square tests and multivariable logistic regression accounted for the complex DHS design.

Results: Overall, 73.6% of AGYW reported ever being tested for HIV, while 94.5% reported knowing a place to get an HIV test. Despite high knowledge, substantial inequalities persisted. Testing ranged by wealth and region, with the richest quintile testing more (77.9%) than lower quintiles ($p < 0.001$), and lowest testing in Busoga, Bukedi and Bugisu compared with Kampala ($p < 0.001$). In adjusted models, increasing wealth was associated with greater odds of testing (aOR 1.10 per wealth step, 95% CI 1.04–1.16). Stigma was independently associated with lower odds of

testing (aOR 0.89, 95% CI 0.85–0.93). Agricultural employment predicted higher testing (aOR 1.49, 95% CI 1.29–1.72), likely reflecting contact with maternal/ANC services and community outreach. Insurance coverage was extremely low (0.76%) and did not materially affect testing in adjusted analyses. Regional deficits remained large (example: Busoga aOR 0.48, 95% CI 0.34–0.68; Bukedi aOR 0.47, 95% CI 0.34–0.67).

Conclusion: Knowledge of testing locations alone is insufficient to achieve equitable uptake. Wealth and stigma are primary barriers, and persistent regional gaps indicate uneven service delivery. Policy responses should combine stigma-reduction interventions, male involvement, expansion of no-cost, youth-friendly and community-based testing in under-served regions, and targeted social protection or transport support to reduce economic barriers among AGYW. Strengthening these components will improve equitable access to HIV testing for adolescent girls and young women in Uganda.



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Understanding Preferences for Postpartum HIV Services among Women Living with HIV in South Africa: A Formative Study to Support the Development of a Discrete Choice Experiment

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Background: Postpartum women living with HIV in South Africa remain at heightened risk of disengaging from HIV care during the transition to routine HIV services after delivery. Although differentiated service delivery models are expanding, little is known about which service features postpartum women consider most preferred. This study aimed to refine attributes and levels for a discrete choice experiment (DCE) by identifying how women understand proposed service attributes, how they interpret the trade-offs embedded in choice tasks, and how preferences are shaped by social, structural and experiential factors.

Methods: We conducted four iterative focus group discussions (FGDs) with pregnant and postpartum women living with HIV (n=18) in Gugulethu, Cape Town. FGDs explored women's comprehension of draft DCE attributes and levels which had been developed with stakeholder input on perceived impact and feasibility, their underlying preferences for postpartum HIV and infant care services, and how they made trade-offs in draft choice sets. A rapid, iterative analytic approach was used to refine attribute wording, translation, and choice framing.

Results: Three domains of insight emerged. First, women's understanding of attributes was shaped by contextual knowledge, stigma concerns, and past experiences with HIV care. Digital transfer letters and SMS reminders were widely valued for reducing cognitive load and supporting clinic attendance yet concerns about phone loss and shared device use moderated enthusiasm for fully

digital options. Second, preferences consistently gravitated towards options that minimised time, travel and administrative burden. Integrated mother–baby care, quick ART pick-up systems, shorter clinic visits, Saturday appointments, and free WiFi were strongly preferred. However, women were willing to trade convenience for support that felt meaningful—such as partner-inclusive workshops, community health worker phone calls, or opportunities to connect with other mothers living with HIV. Third, stigma, confidentiality and household dynamics shaped preferences for group-based or digital support formats. Digital peer support was generally preferred over in-person groups, yet some women described the importance of face-to-face affirmation from peers living with HIV. Interpretations of group care options were strongly influenced by perceived HIV visibility, which shaped trade-offs in several choice sets.

Conclusions: Across all FGDs, women actively weighed convenience, privacy, and support needs when comparing service packages. Their decisions demonstrated that postpartum care preferences are not fixed, but negotiated judgements shaped by competing responsibilities, stigma concerns, and the desire to feel supported while caring for a newborn. These findings highlight the need for person-centred postpartum HIV services that reduce logistical burdens while safeguarding confidentiality and strengthening emotional and informational support for women and their infants. Results have informed the adaptation of a DCE which is being implemented in a larger postpartum sample.



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Patterns of Condom Use and HIV Vulnerability: High-Risk Sexual Intercourse among Sexually Active Women in Nigeria

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Background: In Nigeria, sexual behavior is a critical determinant of HIV transmission dynamics. The 2019 Mode of Transmission (MoT) Study identified never-married females as bearing the largest burden of new adult HIV infections, underscoring a pressing public health concern. This study aims to quantify the prevalence of multiple sexual partnerships, understand higher-risk sexual intercourse, and condom use among sexually active women in Nigeria to inform targeted HIV prevention strategies.

Methods: The team of authors conducted a secondary analysis of the 2023-2024 Nigeria Demographic and Health Survey (NDHS), comprising a nationally representative sample of 39,050 women aged 15–49. Data were collected via standardized questionnaires using computer-assisted personal interviewing. Key outcomes included: 1) prevalence of multiple (≥ 2) sexual partners in the past 12 months, 2) engagement in higher-risk sex (defined as intercourse with a non-cohabiting, non-marital partner), and 3) condom use during the most recent higher-risk sexual act.

Results: Overall, 2% of women aged 15–49 reported having two or more sexual partners in the past 12 months, while 8.5% reported higher-risk intercourse. Among women with multiple partners, only 32.1% reported condom use at last intercourse (N=666). Among women engaging in higher-risk intercourse, 35.9% used a condom at last such intercourse (N=3,319). Never-married women demonstrated significantly higher risk profiles, with 3.8% reporting multiple partners and 24.4% engaging in higher-risk sex, compared to 0.6% and 0.7% of married/cohabiting women, respectively. Urban women showed higher prevalences of both multiple partners (2.2% vs. 1.2%) and higher-risk sex (11.9% vs. 5.4%) than

their rural counterparts and also reported higher condom use (34.1% vs. 28.8%).

Conclusion: A substantial proportion of sexually active women in Nigeria engage in higher-risk sexual behaviors, with critically low levels of condom use, particularly among never-married and urban women. These findings reveal a dangerous gap in HIV prevention despite a seemingly low national prevalence of multiple partners. We conclude that targeted interventions must extend beyond traditional awareness campaigns to include structural and biomedical approaches. Scaling up access to and promotion of female-controlled prevention methods, such as long-acting injectable PrEP (e.g., Cabotegravir-LA & Lenacapavir), is imperative to empower women and effectively reduce HIV vulnerability in this key population.



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Centering Women Living with HIV: Lessons from Community Engagement to Advance Inclusion, Research, and Care in Africa

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Across the African region, women living with HIV continue to shape research, treatment, and advocacy, yet many remain underrepresented in decision making spaces. Our work focuses on strengthening solidarity with Black women and ensuring their full inclusion in HIV research, prevention, care, and cure dialogues. This abstract shares lessons from the International AIDS Society Community Event in Kigali, where SisterLove and partners created a community centered space that brought together youth, activists, researchers, and professionals from Rwanda and across the African diaspora. A key theme that emerged from this gathering was the transformational power of cross country collaboration. These connections built across borders helped cultivate shared purpose, deepen collective problem solving, and strengthen solidarity among women and communities who face similar challenges but often work within isolated systems.

The event reached 87 participants and successfully engaged about 45 young people. Attendees represented community organizations, students, advocates, and people living with HIV from Rwanda, Liberia, Tanzania, Botswana, Jamaica, and the United States. With strong facilitation, interpretation support, and a welcoming environment, participants shared experiences and learned about current HIV science, cure research, and integrated approaches to care. Survey results highlighted that people valued the focus on community leadership, the emphasis on hope for a future cure, and the reminder to continue treatment while cure research progresses. Respondents reported increased understanding of adherence, stigma reduction, mental health integration, and cross country collaboration. Participants noted that the event uplifted their voices and reflected their needs, with nearly all

describing the content as relevant to their lives and work. The cross national nature of the event also strengthened trust, encouraged shared learning, and allowed participants to recognize how their experiences align with those of women in other countries. This sense of global solidarity played an essential role in motivating deeper engagement in ongoing research and advocacy efforts.

Our team applied these experiences to deepen our community engagement approach in the cure research space, including through the ERASE HIV project. We aim to broaden participation of Black women in research by building trust, addressing barriers to access, and co creating opportunities for meaningful involvement across the research pathway. Lessons from this work show that community members, especially young people and women living with HIV, are eager to participate when spaces are accessible, culturally grounded, and informed by person centered practice. Cross country collaboration continues to be a critical driver in this work, helping communities learn from one another, strengthen leadership, and shape research that truly reflects their priorities.

This abstract contributes practical insights on how community led events can strengthen public trust, expand inclusion, and support more equitable HIV research and care. These lessons may help shape future programming, improve engagement strategies, and inform collaborative models that reflect the leadership of women living with HIV throughout Africa.



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Determinants of HIV Viral Suppression among Breastfeeding Mothers at 6 Months Post-Delivery during Prevention of Mother-To-Child Transmission (PMTCT) Follow-Up in Rwanda

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Background: HIV viral suppression is critical for eliminating mother-to-child transmission (MTCT) of HIV and significant transmission occurs in the first months post-delivery. Maintaining viral suppression during this period significantly reduces the risk of transmitting HIV to breastfed infants. The study aims to assess the determinants of HIV viral suppression at 6 months during breastfeeding for mothers enrolled in the PMTCT program in Rwanda.

Methods: This retrospective cohort study included breastfeeding mothers living with HIV enrolled in the PMTCT program across 283 health facilities in Rwanda between 2016 and 2020. According to the Rwandan HIV National Guidelines, viral load suppression was defined as ≤ 200 copies/mL. Data were analyzed using Stata version 17 SE, and logistic regression was used to identify determinants of HIV viral suppression during breastfeeding.

Results: A total of 8,765 breastfeeding mothers with available viral load results at six months post-delivery were included. Of these, 95.7% had viral load suppression. Majority were on TDF based regimen (94.4%, $p < 0.001$) and Mothers above <35 years had a higher proportion of suppressed viral loads (52.9%, $p = 0.012$). Marital status ($p = 0.024$), maternal age ($p = 0.012$), male partner accompaniments in antenatal care ($P = 0.012$) showed association with viral load suppression. Multivariate analysis identified determinant of viral suppression: good ART adherence at six months (aOR: 1.92, 95% CI: 1.27–2.90), viral load suppression before or during pregnancy (aOR:

13.33, 95% CI: 8.16–21.75) and TDF-based regimen at initiation (aOR: 2.15, 95% CI: 1.09–4.24).

Conclusion: HIV viral suppression during breastfeeding is essential for optimal health outcomes for both mothers and infants. Factors contributing to suppression include being on a TDF-based ART regimen at initiation, good adherence to treatment, and prior viral load suppression during pregnancy. Interventions should focus on supporting ART adherence, ensuring viral load suppression during pregnancy and prioritizing TDF-based regimens as the initial therapy.



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Bridging the Gap: Examining Disconnects Between STI Screening and HIV Prevention for AGYW in Dar es Salaam, Tanzania

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Background: Effective integration of STI and HIV services is critical for improving early diagnosis and prevention outcomes, especially for Adolescent Girls and Young Women (AGYW), who face disproportionate vulnerability. Despite the clinical link between untreated STIs and heightened HIV acquisition risk, services in many regions remain fragmented. This project examined gaps in service integration in Dar es Salaam and how these disconnects contribute to low testing uptake and missed opportunities for prevention among AGYW. This community-led project, implemented under the AVAC Advocacy Navigator program, explored the potential of STI self-testing as an innovative gateway into HIV testing and PrEP demand creation among AGYW.

Methods: Through an AVAC Advocacy Navigator community initiative, we conducted a facility mapping exercise across youth-serving health centres to assess service integration, availability of STI and HIV testing, linkage systems, and youth-friendliness. Focused group discussions with Adolescent Girls & Young Women alongside mini dialogues involving AGYW, healthcare providers, and community stakeholders explored experiences with accessing STI/HIV services and the challenges of referral pathways. A total of 250 STI self testing kits were distributed, 200 AGYW reached during these dialogues and 3 health facilities mapped.

Results: Findings revealed a significant disconnect between STI services and HIV prevention programs. While many facilities offered HIV testing, fewer provided affordable or youth-friendly STI screening whereas most offered no STI screening services at all. Referral pathways between STI and HIV services were informal with

no clear referral model. During the group discussions, several AGYW reported being tested for HIV without concurrent STI screening, despite presenting symptoms.

Cost barriers further contributed to poor integration; STI tests were often unaffordable for the peers in the community, while HIV testing was free leading to selective uptake and delayed diagnosis of treatable infections. AGYW also expressed discomfort due to judgmental attitudes from healthcare workers. Community dialogues showed that these gaps reduce trust, discourage hospital visits, and hinder HIV prevention efforts, since untreated STIs elevate risk but remain unaddressed.

However, outreach sessions and peer-led education demonstrated that integrated messaging linking STI symptoms and HIV prevention significantly increased understanding and improved readiness to test when services were accessible and confidential.

Conclusions: Disintegration of STI and HIV services in Dar es Salaam is a major driver of delayed diagnosis and missed prevention opportunities for AGYW. Fragmented services, affordability gaps, and inconsistent linkages undermine effective care and place young women at increased HIV risk. Strengthening integration through harmonised screening protocols, affordable STI testing, youth-friendly referral pathways, and expanded availability of self-testing options can significantly improve early diagnosis and prevention outcomes. Prioritising integrated care models is essential to closing the service gaps that disproportionately affect AGYW.



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Mentor Mother Maternal Care Program in ART Uptake and Retention among WLWH in Kenya

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Background: The effective care of expectant and postpartum women that are living with HIV has greatly improved in Kenya through the mentor mother program which has facilitated the ease of access to anti-retroviral therapy(ART) uptake and retention. The program targets behavioral and psychological barriers that can lead to high viral loads and vertical transmission. The program aims to improve retention in care, ART adherence, increased uptake of key health services and the decentralization of services especially in regions where service access is limited. Evaluations of the mentor mother program have primarily used the quasi-experimental design and mixed-method were used to asses its impact in the care of prenatal and postpartum women that are living with HIV in Kenya.

Methodology: The quasi-experimental design and mixed methods were used where eight mentor mother program implementing facilities were compared to 8 non-mentor mother implementing facilities, matched on geographical location, HIV epidemiology and facility type. Standardized questionnaires were used to assess the patient's psycho-social well-being.

Results: The final vertical transmission rate in mentor mother program implementing facilities was 49% lower as compared to non-mentor mother program implementing facilities. The risk of poor psycho-social adjustment to HIV among mothers in mentor mothers program implementing facilities was 60% lower than that of non-mentor mother program implementing facilities.

By the adaptation and implementation of the mentor mother program across various facilities in the 47 counties in Kenya, the rate of vertical transmission has greatly reduced from 14% in 2013 to 8.6% in 2023 as per the reports from the

National Syndemic Disease Control Council (NSDCC).

Conclusion: In essence, the Kenya mentor mothers program (KMMP) transforms the maternal and child care from a clinical directive into a supported, manageable and stigma-free journey. It improves ART uptake and retention and the overall well-being of prenatal and postpartum women living with HIV.



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Adherence to the Dapivirine Vaginal Ring Africa: A Systematic Review and Meta-Analysis

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Introduction: Despite the availability of HIV preventive measures, new HIV infections are still on the rise. The Dapivirine Vaginal Ring (DVR) a silicone circular ring, continuously distributes Dapivirine into vagina to prevent HIV infection. The objective of this systematic review is to summarize the evidence on adherence to DVR for HIV-1 prevention among African females 15-45 years old and to describe the factors associated with adherence.

Methods and analysis: We searched MEDLINE, Global Health, CINAHL, and EMBASE from database inception to December 2024. We included observational studies and randomized trials of female participants. While our primary outcome was adherence to DVR, other outcomes were also explored. Pairs of reviewers independently screened for eligible studies and extracted relevant data. We performed a random-effects meta-analysis of proportions for DVR adherence. The certainty of the evidence was assessed using the GRADE approach.

Results and discussion: Our search retrieved 217 records, of which 15 studies published between 2016 and 2024 were eligible for inclusion. There were eight observational studies and seven trials

with 14,514 study participants included in the analysis. Pooled adherence to DVR was 67% (95% confidence interval [CI] 62–75%; Tau2 = 0.10, low-certainty). Adherence was lower in studies conducted among young adults (<24 years of age) 54% (95% CI 46–62%; Tau2 = 0.02 low-certainty), compared to older participants (≥ 24 years old) 71% (95% CI 62–79%; Tau2 = 0.11, low-certainty). The factors associated with adherence included age, country, and self-reported awareness/sensation of the ring during vaginal intercourse/sex.

Conclusion: Low certainty evidence suggests that adherence to DVR is moderate, which may limit its effectiveness in reducing HIV infections in real-world settings. As a result, its use should be accompanied by other prevention methods, such as a condom, while advanced implementation research is needed to determine circumstances that would help users adhere to the ring above the current rates.

Protocol registration: This study was registered on Prospero (CRD42024593018).



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AIDS Restricted Genes, Potential Genes Therapy Site in the Northern Cameroon

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Background: HIV infection and its progression to AIDS depend on several factors including host genetic factors. Worldwide, Cameroon not exempted, the frequency of AIDS restricted genes (ARGs) varies and may influence this prevalence. The Northern Regions of Cameroon have had the lowest HIV prevalence in the country. In this work, we seek to explore the contribution of host genes to the HIV low prevalence in these regions.

Methodology: Five genes variants described as ARGs were studied, CCR5 Δ 32, CCR5promoter59029A/G, CCR2-64I, SDF1-3'A and Trim5 α (Q136Q). A total of 384 consented participants were enrolled. Genomic DNA was extracted from the buffy coats and used for genotyping. The results obtained were compiled in Epi Info 7.1 and snpStats software and Chi two tests allowed us to compare the frequencies of the AIDS restricted alleles in the North with those in other Regions of Cameroon and to measure the impact of these ARGs on protection against HIV.

Results: The frequency of protective alleles CCR5 Δ 32, CCR5promoter59029A/G, CCR2-64I, SDF1-3'A and Trim5 α (R136Q) was 0.52%; 37.56%; 36.46%; 25.19% and 69.33%. These allelic frequencies exhibited a significant difference when compared to those obtained in other regions of Cameroon ($p < 0.01$). Protective alleles were predominant in the Northern region compared to others and were associated with resistance to HIV [$p < 0.0001$]; OR = 2.02 CI, 95%].

Conclusion: The higher frequency of HIV-protective alleles in the northern regions may be a contributing factor to the lower prevalence of HIV. Nevertheless, this should be reinforced by other preventive and surveillance methods to guarantee the sustained low prevalence. HIV can develop resistance through the process of mutation, but the host targets themselves are genetically stable.

The study of these host genetic restriction factors is of great value in the design of a practical cure for HIV infection or an effective vaccine.



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HIV Diagnostics and Care for Women in Africa Using Machine Learning

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Background: In sub-Saharan Africa, where women bear a disproportionate HIV burden, barriers to timely diagnostics, treatment, and prevention perpetuate generational epidemics, with millions at risk of new infections. The 3rd African Workshop on Women and HIV emphasises innovative, accessible tools to address these gaps, focusing on diagnostic accuracy, treatment adherence, and prevention strategies.

Objective: This study develops an interpretable machine learning (ML) model to predict HIV test positivity likelihood, identify risk factors, and inform targeted interventions for women, using clinic data from high-prevalence regions.

Methodology: Leveraging a dataset of HIV testing records, we conducted exploratory data analysis revealing 92.9% negative tests, female predominance in clinic visits, and associations like longer testing intervals (>6 months) and Sesotho/Xhosa language with positivity. Statistical inference via chi-square tests highlighted significant predictors (e.g., ART initiation, confirmatory testing, last test date, gender, appointments) while ruling out others (e.g., certain COVID symptoms). Data preprocessing included cleaning, transformation, and feature selection. An XGBoost classifier was trained with 5-fold cross-validation, evaluated via ROC-AUC, and interpreted using SHAP values for feature impacts.

Results: The model achieved a 90% ROC-AUC score, demonstrating robust predictive power. SHAP analysis identified top influencers: confirmatory test (strongest positive driver), last tested interval, engagement time difference, appointment status, and tool usability ease, with a base log-odds of -3.30.

Findings: Our findings derived from both univariate and bivariate analyses, reveal crucial

insights into the HIV landscape. The majority of tests are negative (92.9%), with a small but significant positive rate (7.1%). Women are more likely to visit clinics than men. The analysis also shows a strong correlation between time since last tested and a positive result; those who were tested more than six months ago are more likely to be positive. Furthermore, certain linguistic groups (Sesotho and Xhosa speakers) showed higher rates of positive tests, a finding that can inform targeted outreach programs.

The diagnostic findings from our statistical inference confirm that variables such as `confirmatory_test_done`, `last_tested`, and `appointment` have a significant impact on test results, while other factors like `gender_other` and specific `COVID_symptoms` do not. With an impressive ROC_AUC score of 90%, our model demonstrates high predictive capability. The interpretable machine learning component, using SHAP, confirms that the top five features for predicting a test outcome are Confirmatory test, `last_tested`, engage time difference, appointment, and the perceived ease of use of a tool.

Conclusion: This AI framework empowers women-centred HIV care by enabling proactive risk stratification and personalised prevention, reducing diagnostic delays and costs. Workshop integration fosters scalable deployment, urging policy shifts toward ML-enhanced resilience in African health systems



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Breaking the Silence: Addressing Stigma and Violence Faced by Adolescent Girls and Young Women Living with HIV in Mombasa

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Background: Adolescent girls and young women (AGYW) living with HIV in Mombasa, Kenya, face intersecting challenges of stigma, gender-based violence, and limited access to supportive services. Despite national efforts to curb HIV transmission, AGYW remain disproportionately affected due to socio-cultural norms, economic vulnerabilities, and systemic barriers. In 2023, adolescent girls and young women accounted for a significant share of new HIV infections in sub-Saharan Africa, with Kenya among the high-burden countries.

Description: This study explores the lived experiences of AGYW living with HIV in Mombasa, focusing on how stigma and violence shape their health outcomes, social relationships, and access to care. Using qualitative interviews, focus group discussions, and community-based participatory methods, the research amplifies voices of AGYW navigating life with HIV. The study also integrates insights from local health workers, peer mentors, and caregivers to provide a holistic understanding of the challenges and resilience within this population.

Findings: Stigma remains pervasive, with AGYW reporting discrimination in schools, healthcare settings, and within their communities. Many face social isolation and internalized shame, which hinders treatment adherence and mental well-being.

Gender-based violence is both a cause and consequence of HIV vulnerability. Participants shared experiences of intimate partner violence, coercion, and transactional sex, often linked to economic hardship and lack of family support. Support networks matter. AGYW who had access to peer support groups, safe spaces like

mentorship programs such as DREAMS showed improved self-esteem, treatment adherence, and future aspirations.

Healthcare access is uneven. While some facilities offer youth-friendly services, others lack confidentiality and sensitivity, deterring AGYW from seeking care.

Conclusion: AGYW living with HIV in Mombasa are navigating a complex landscape of stigma and violence that undermines their health and dignity. Their stories reveal both systemic gaps and powerful resilience. Addressing these challenges requires a multi-sectoral approach that centers their voices, protects their rights, and builds inclusive support systems.

Recommendations: Strengthen community education to reduce HIV-related stigma and promote empathy and inclusion.

Expand youth-friendly health services that prioritize confidentiality, respect, and holistic care.

Integrate gender-based violence prevention and response into HIV programs, including safe reporting mechanisms and psychosocial support.

Support peer-led initiatives that empower AGYW through mentorship, skills training, and storytelling.

Engage families and schools in creating safe environments that affirm the worth and potential of AGYW living with HIV.



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Centering The Voices of Young Women Living with HIV In Community Led Care and Advocacy

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Background: Young women living with HIV in Malawi continue to face intersecting barriers that limit access to care, psychosocial support, and decision-making spaces. These barriers include stigma, gender-based violence, limited youth friendly services, and the silencing of young women's lived experiences in policy and program design. As a young woman living with HIV and a youth activist, I have witnessed how community led, youth centered approaches can transform health outcomes, self-esteem, and long-term engagement in care.

Methods: This abstract draws on my lived experience, peer support work, and qualitative reflections from youth groups and safe space dialogues conducted with adolescent girls and young women living with HIV in my community. Through participatory storytelling, peer consultations, and informal focus group discussions, we explored the challenges we face and the strategies we use to stay engaged in care, advocate for our rights, and support one another.

Results: Participants highlighted four key themes: Stigma remains the greatest barrier, especially within families, schools, and health facilities. Peer led support improves retention in care, builds confidence, and encourages disclosure on young women's own terms.

Youth friendly services are inadequate, with many young women reporting judgmental attitudes, long distances to clinics, and lack of privacy. Community driven activism empowers young women, offering leadership opportunities, strengthening mental health, and improving health seeking behaviour.

My own journey reflects these themes, access to a supportive peer network and community mentors strengthened my adherence, improved my mental health, and inspired my activism.

Conclusion: Lived experiences must be recognized as essential forms of expertise. To improve health outcomes for adolescent girls and young women living with HIV, programs must meaningfully involve us in design, implementation, monitoring, and policy discussions. Community led and youth centered models of care are not optional they are necessary for dignity, retention in care, and improved quality of life. Investing in young women's leadership is one of the most powerful ways to sustain the HIV response amid funding constraints and persistent stigma.



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Re-Linking Clinical Trial Participants to Care after Grant Funding Disruptions: Lessons from Johannesburg, South Africa

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Background: In early 2025, the United States National Institutes of Health (NIH) suspended foreign research funding, disrupting multiple HIV and tuberculosis (TB) clinical trials in most countries. The suspension, which also affected programmes supported by the US Centres for Disease Control and Prevention (CDC) and the US President's Emergency Plan for AIDS Relief (PEPFAR). The Catalysing Access to New HIV Prevention Products to Stop HIV (CATALYST) study provided injectable Pre-Exposure Prophylaxis (PrEP) to participants in the inner city of Johannesburg, South Africa. A disruption in external funding created an urgent need to transition HIV-negative participants to alternative care to ensure continuity of effective HIV prevention.

Objectives: To describe the challenges and processes of relinking participants from CATALYST study to continued care under the SPARC study for continued long-acting PrEP if still HIV negative or PICASSO study if HIV positive at the Ezintsha Research Centre, Johannesburg.

Method: This operational report describes the relinking of former CATALYST study participants from Wits RHI who consented to be contacted for further studies to ongoing SPARC clinical trials at the Ezintsha Clinical Research Centre. The objective was to screen and enrol eligible, still HIV-negative participants into the SPARC study for continued long-acting PrEP and HIV-positive ones to PICASSO study. The spreadsheet from Catalyst study was available and participants were traced through telephonic calls, bulk SMSs, and WhatsApp. Those contacted were transported from their residential places to Ezintsha for screening and enrolment into the study.

Results: Of the 216 total participants from Catalyst study 95, (4 MSM and 91 Sex workers) were successfully screened for HIV seroconversion prior relinking to the SPARC study at Ezintsha from 10 August to 14 November 2025. One hundred and twenty- one participants not yet relinked due to different reasons like still busy with work commitments (17), no longer interested (07) and (97) unreachable. None of the relinked participants tested positive for HIV and thus none have been enrolled into the PICASSO study. Efforts to contact the remaining cohort are ongoing.

Conclusion: The successful relinking of a significant portion of the CATALYST cohort demonstrates the feasibility of transitioning participants between clinical trials following a funding disruption. This process is critical for maintaining the ethical continuity of care and preserving the benefits of HIV prevention research for participants. Ongoing efforts are focused on tracing the remaining individuals to ensure they are offered continued care.



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Integration of Traditional Birth Attendants (TBA) as a Nursery Level of Healthcare in Nigeria: Opportunities for Eliminating Mother-to-Child Transmission (PMTCT) of HIV in Nigeria

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Background: Nigeria has made substantial progress in its HIV response, with national HIV prevalence declining from 5.8% in 2001 to 1.3% in 2021, and new infections reducing from 103,404 in 2019 to 92,323 in 2021. Despite these gains, prevention of mother-to-child transmission (PMTCT) coverage remains below 60%, contributing to approximately 22,000 annual MTCT cases. Nigeria accounts for the highest burden of new paediatric HIV infections globally with about one in seven HIV-positive births worldwide and an estimated 7,000 new paediatric infections in 2024. Traditional Birth Attendants (TBAs), who maintain strong community ties and reach underserved populations, offer a strategic platform to expand PMTCT services. This study assessed the contribution of TBAs to HIV testing and case identification among pregnant women compared with formal health facilities.

Methods: A retrospective analysis of PMTCT program data from September 2024 to August 2025 was conducted. Data extracted from the National Data Repository System (NDARS) were used to compare two service delivery models: formal health facilities and TBA/faith home referral pathways. Indicators analyzed included antenatal care (ANC) attendance, HIV testing coverage, HIV positivity yield, and identification of women with known HIV-positive status. Descriptive statistics summarized program

performance, and chi-square tests were used to compare HIV positivity rates across models, with statistical significance set at $p < 0.05$.

Results: Health facilities recorded 6,012,687 ANC attendances and tested 4,792,896 (79.7%) pregnant women. TBAs referred 958,183 pregnant women for testing, achieving a 96.1% testing rate (920,610), and contributing 13.7% of national PMTCT testing coverage. TBAs demonstrated significantly higher HIV case-finding efficiency, with a positivity rate of 0.22% (2,046 new HIV cases) compared with 0.12% (5,835 cases) in health facilities (χ^2 test, $p < 0.001$). Health facilities, however, identified more women with known HIV status (21,621 vs. 634), reflecting TBAs' greater reach into previously untested populations.

Conclusion: TBAs play a critical role in expanding PMTCT services in Nigeria, demonstrating superior HIV case-finding efficiency and strong capacity to reach underserved pregnant women who may otherwise remain undiagnosed. Their effectiveness in bridging last-mile service gaps underscores the need for their structured integration into the national PMTCT framework. Formalizing TBA engagement through standardized training, supervision, regulation, and streamlined referral mechanisms as demonstrated in the IHVN model could significantly strengthen PMTCT coverage and accelerate progress toward eliminating mother-to-child HIV transmission in Nigeria.



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Community-Led Identity Access as a Tool for Empowerment and Improved HIV Care for Women Who Use Drugs in Nairobi, Kenya

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Background: Women who use drugs in Kenya are among the most marginalized groups and face multiple forms of stigma and discrimination when seeking HIV and SRHR services. One major structural barrier is the lack of national identification (ID) documents, which prevents access to the Social Health Authority (SHA), HIV treatment programs, and harm reduction services. Community-driven responses are critical to overcoming these systemic inequalities and empowering women to take control of their health.

Objectives: 1. To empower women who use drugs to secure national identification documents as a pathway to health access and autonomy.
2. To reduce structural stigma and discrimination that limits linkage to HIV treatment, harm reduction, and SRHR services.
3. To demonstrate the effectiveness of community-led collaboration with government systems in improving health outcomes

Methods: Community Advocacy Initiative Kenya (CAIK) coordinated a community-led intervention at Ngara MAT Clinic involving the Starehe Registrar of Persons, the local Chief, peer educators, and support stakeholders. Mobilized women received on-site ID application support, legal awareness on citizenship rights, and documentation follow-up. CAIK peer mobilizers tracked applications and health service uptake after ID issuance, focusing on enrolment into SHA and linkage to HIV services.

Results: The issuance of national IDs significantly improved access to HIV-related services. Women who obtained IDs were able to:

- Register for the Social Health Authority (SHA)

- Enrol in HIV treatment, prevention and harm reduction services
 - Access SRHR services without fear of discrimination
 - Navigate public systems independently, including enrolling their children in school and applying for social protection programs
- Participants reported restored dignity, confidence and improved willingness to seek healthcare without fear of arrest or institutional stigma.

Conclusion: This community-led identity access initiative demonstrates that empowering women through legal documentation directly strengthens HIV care access and outcomes. When community organizations are fully involved in designing and implementing solutions, structural barriers can be reduced, HIV service uptake increases, and highly marginalized women are empowered to reclaim their rights. Scaling community-led empowerment models is essential to achieving equity in HIV response in Africa.



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Integrating STI Self-Testing as a Scalable Entry Point to HIV Prevention among AGYW in Dar es Salaam: Evidence from a Community-Led Advocacy Initiative

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Background: Adolescent Girls and Young Women (AGYW) in Tanzania continue to bear a disproportionate burden of STIs and HIV, with untreated STIs increasing biological chances to HIV acquisition by up to three times. Despite this intersection, STI screening and HIV-prevention uptake remain low due to stigma, fragmented services, and limited youth-friendly options. This community-led project, implemented under the AVAC Advocacy Navigator program, explored the potential of STI self-testing as an innovative gateway into HIV testing and PrEP demand creation among AGYW.

Materials and methods: A multi-component intervention (Oct–Nov 2025) combined facility mapping, community sensitisation, and pilot distribution of self-testing kits. Facility assessments examined STI–HIV service integration, PrEP availability, and adolescent readiness. Peer educators conducted targeted sessions with AGYW, caregivers, and providers to increase STI literacy and emphasise STI–HIV risk linkages. A total of 250 syphilis self-testing kits were distributed, complemented by onsite testing and structured referral pathways to youth-friendly HIV services. Quantitative service uptake data and qualitative feedback from dialogues and facility visits informed the analysis.

Results: STI self-testing significantly increased AGYW engagement with HIV-prevention services. Of the 250 distributed kits, 72% of AGYW who sought follow-up care also completed HIV testing, and 41% received PrEP counselling through referral pathways. Facility mapping revealed systemic gaps, including limited integration of STI–

HIV services, inconsistent condom availability, and absence of PrEP in several mapped facilities. Community dialogues improved knowledge of STI–HIV interactions, reduced testing stigma, and strengthened trust between AGYW and providers. The intervention demonstrated that STI self-testing not only improved early syphilis detection but also created an accessible, non-judgmental entry point into HIV testing and prevention for AGYW.

Conclusions: Integrating STI self-testing into community health strategies offers a promising, scalable pathway to increase HIV-prevention uptake among AGYW. Strengthening service integration, reducing affordability barriers, and expanding access to self-testing could substantially reduce HIV vulnerability in urban Tanzanian settings. These findings position community-led advocacy as a critical lever for transforming HIV-prevention ecosystems for young women in Africa.



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Interim Trends in Viral Load Suppression among AYPLHIV in Malawi: Insights from READY+

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Background: Adolescents and young people living with HIV (AYPLHIV) in Malawi continue to lag behind national progress towards the UNAIDS 95-95-95 targets. Children under 15 years currently stand at 76-77-84, and AYPLHIV also face psychosocial and structural barriers, among other factors, that contribute to poor adherence and lower viral suppression. READY+, a peer-led, youth-focused program, seeks to address these challenges by strengthening engagement, adherence, and health outcomes through education, counselling, tailored support, and monitoring. This evaluation examines interim viral load (VL) suppression outcomes following enrolment.

Methodology: AYPLHIV aged 10-29 years were enrolled between March and June 2025 across 15 facilities in Lilongwe, Blantyre, and Mzuzu districts. Baseline VL results and psychosocial assessment were documented, followed by individualized interventions including enhanced adherence counselling, home visits, and peer-led monitoring. VL suppression (<1000 copies/mL) was assessed ≥5 months post-enrolment. Outcomes were disaggregated by age and sex, and logistic regression was used to explore associations.

Results: Out of 1,070 participants, suppression rates increased from 82.1% at enrolment to 90.2% at the time of the current viral load test. Females had a higher suppression rate (85.3%) than males (80.0%), but this difference was not statistically significant (OR=0.79, p=0.168). Suppression rates by age were 81.0% for ages 10–14, 77.1% for ages 15–19, 83.1% for ages 20–24, and 93.0% for ages 25–29. Only the 25–29 age group had significantly higher odds of suppression compared to the 10–14 group (OR=2.92, p=0.001). There were differences between facilities, with Kabudula showing a large increase (+54 percentage points) and Mzuzu

Central Hospital showing a decrease (–12 percentage points).

Conclusion: READY+ programming is associated with improved suppression among AYPLHIV across 3 districts, rising from 82% to 90% overall. Older youth achieve the strongest outcomes, while mid-adolescents remain among the most vulnerable. As a short-term evaluation without a control group, causality cannot be inferred. A comparison group is necessary to determine whether the observed association can be attributed to the program, and a longer follow-up is required to assess sustained impact and guide scale-up.



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Resilience in Action: Empowering Communities to Sustain Adolescent Services and Preserve Progress beyond DREAMS Funding Disruptions in Kapiri Mposhi District, Central Zambia

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Introduction: Kapiri Mposhi District faces significant public health challenges, including high rates of transactional sex among youth, rising STIs, and substance abuse. The district's role as a transit point between Zambia, the DRC, and Tanzania exacerbates these issues, particularly for adolescent girls and young women (AGYW), who experience disproportionately high rates of transactional sex with truck drivers. This high-risk environment contributes to a concerning HIV prevalence among AGYW in Zambia, estimated at 9.1% for those aged 15-24 (UNAIDS, 2021). This study examines how local communities in Kapiri Mposhi are adapting and sustaining adolescent health and empowerment programs despite recent disruptions in DREAMS funding.

Methods: Between February 2025 and May 2025, the Adolescence Foundation, a community-led organization dedicated to bridging gaps in SRHR and adolescent health, mobilized volunteers and former DREAMS staff to advance its initiatives. Operating on a voluntary basis, the organization prioritized sustainability by fostering community ownership, enhancing capacity building, and implementing peer-to-peer education models. Peer mentors used follow up tools to track adolescents who were benefitting from the DREAMS Initiative prior to funding cuts and linked them to services. These strategies aimed to ensure lasting impact, empower local communities, and promote ongoing access to essential SRHR services for adolescents.

Results: During the reporting period, a total of 157 young women accessed condoms, 150 utilized family planning services, 60 tested for HIV with 1 testing positive and linked to care, 7 were screened for STIs, and 5 gender-based violence survivors received post-care services at the One Stop Center. Additionally, 52 young women were newly initiated on PrEP, 40 were screened for mental health and received Psychological First Aid. 30 participants accessed tailoring training, and 5 savings groups continued saving to promote financial resilience. These interventions highlight a comprehensive approach to improving health, safety, and economic empowerment among youth.

Conclusion: This community-led model exemplifies the transformative power of local ownership and collective action, illustrating that lasting impact is possible when communities are empowered to lead their own journeys toward health, stability, and self-reliance. Together, these strategies lay the foundation for a healthier, more resilient future driven by those most affected. We recommend community-led innovative approaches to enable sustainable health outcomes.



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Acceptability of an SMS-Based Intervention to Improve Antiretroviral Adherence among Pregnant and Breastfeeding Women Living with HIV in a Nigerian Hospital

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Background: Interventions involving Mobile Health have shown promise to improve adherence to antiretroviral therapy (ART) among pregnant or breastfeeding women living with HIV (PBWLH), further reducing the incidence of HIV among infants. However, there are concerns surrounding the message preferences, acceptability, and confidentiality. This study examines the acceptability and user preferences of SMS-based reminders to support ART adherence among PBWLH in a Nigerian hospital.

Method: Employing a cross-sectional study design, we used a 14-item structured and self-administered questionnaire to collect data from the PBWLH in the Delta State University Teaching Hospital (DELSUTH). Data was collected from 85 participants from January to March 2025. Inferential and descriptive analyses were done using IBM SPSS 27.0, where significance was set as $p < 0.05$.

Results: The majority of the participants were within the age of 25-30 years ($n = 69, 81.2\%$). Of the 85 participants, 81 (95.3%) accepted and welcomed the idea of using SMS as a reminder for ART. Most of the participants ($n = 79; 92.9\%$) who accepted the use of the intervention preferred the use of covert messages rather than overt messages. The 6 participants were indifferent about the messaging style to be used. The other 4 participants who declined the use of the intervention noted privacy concerns and unintentional disclosures as major reasons for their reluctance. Acceptability of the intervention was significantly associated with the disclosure status of participants ($p = 0.039$).

Conclusion: The acceptability of SMS-based reminders to support ART adherence among PBWLH in DELSUTH was high. There was also a higher preference for covert messaging. Studies should employ the covert messaging style in investigating the role of SMS in improving ART adherence among PBWLH.



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The Interplay of Socio-Cultural, Health System, and Individual Factors on Maternal Health in Mzimba District, Malawi

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This abstract synthesizes information from facts from community's dialogues to provide an overview of maternal and child health challenges in Mzimba, Malawi, focusing on pregnancy, breastfeeding, and contraception.

Pregnancy and Antenatal Care (ANC): Despite free services, the Mzimba District faces significant barriers to the timely and consistent use of ANC. Research indicates that factors such as long distances to clinics, a lack of knowledge about the importance of early visits, and negative perceptions of health worker attitudes contribute to low uptake. The use of traditional herbal remedies during pregnancy is also a common practice that, while culturally significant, has been linked to an increased risk of complications, including uterine rupture. Improving provider-client communication and expanding community-based outreach are seen as critical steps to enhance maternal health outcomes.

Breastfeeding: Exclusive breastfeeding for the first six months is a key public health intervention in Mzimba. However, the practice remains underutilized. A study in the district found that less than half of infants under six months were exclusively breastfed. The research confirmed that exclusive breastfeeding is strongly associated with better growth indicators, such as length-for-age and weight-for-age z-scores, highlighting its role in preventing childhood malnutrition. Sociocultural beliefs—like the notion that infants need water—and food insecurity are primary barriers. Educational campaigns that involve families and communities are crucial for increasing exclusive breastfeeding rates.

Contraception: Mzimba, like the rest of Malawi, has a high unmet need for family planning. Although contraceptive use is increasing, it is still hindered by fear of side effects, misconceptions

about modern methods, and religious or cultural opposition. Injectable contraceptives are the most common choice, but their use is often hampered by inconsistent supply and poor provider-client interactions. Addressing these issues requires a multi-faceted approach, including improving health literacy and ensuring that a wider range of contraceptive options is consistently available.

Conclusion: In Mzimba, the complex interplay of socioeconomic, cultural, and health system factors significantly impacts pregnancy, breastfeeding, and contraception practices. Overcoming these challenges will require integrated interventions that address not only the clinical needs but also the cultural norms and logistical barriers to improve overall maternal and child health.



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Duration to Tuberculosis Diagnosis Following Completion of Tuberculosis Preventive Therapy among People Living with HIV on Antiretroviral Therapy in Eastern Uganda

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Background: Tuberculosis remains a major cause of illness among people living with HIV (PLHIV) whose risk of developing active Tuberculosis (TB) is 19 times higher than HIV negative people. Tuberculosis preventive therapy (TPT) reduces TB incidence by 70-90% among PLHIV and is widely implemented in Uganda with TPT coverage of up to 88.8%. Despite this, TB/HIV co-infection rates remain between 40-45%. Evidence suggests TPT's protective effect diminishes over time and most PLHIV receive it only once leaving them vulnerable to new infections. Understanding the duration of protection following TPT completion is essential to guide repeat dose policies for TB prevention.

Methods: This retrospective case-only cohort study use routinely collected clinical data from Uganda's EMR 3.4.1-alpha, TB registers, and patient files at three TASO COE in Soroti, Mbale and Tororo. All PLHIV on ART who were diagnosed with TB after completing TPT between 2022 and 2024 were included. Data on demographics, HIV/TB treatment timelines, and clinical indicators were extracted and analysed to determine the interval between TPT completion and TB diagnosis, and to identify associated predictors.

Results: 670 patients were included. The mean time from TPT completion to TB diagnosis was 2.62 years. TASO Soroti patients had almost 90% lower risk of early TB diagnosis compared to TASO Mbale. Shorter ART duration was strongly associated with higher risk of early TB. The likelihood of early TB being clinically diagnosed

was 91% more compared to bacteriologically confirmed TB despite most participants (79.9%) having bacteriologically confirmed TB. Surprisingly, suppressed viral load was more strongly associated with early TB than unsuppressed viral load.

Conclusion: The findings show TB still commonly occurs after TPT completion, particularly in PLHIV on ART for less than 10 years, despite viral suppression. Clinically diagnosed TB predominance highlights challenges in TB diagnostic capacity. Continuous TB screening, re-evaluation of TPT strategies for high-risk groups and improved diagnostics are needed.



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“We Have Doctors, We Have Nurses, but Also Those Things from God”: Faith, Religion, and the Involvement of Faith-Based Organisations in HIV-Related Service-Provision in Cape Town, South Africa

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Background: Faith-based organizations (FBOs) play a critical role in HIV healthcare delivery across southern Africa, particularly in South Africa where 85.3% of the population identifies as Christian. However, the complex relationships between faith, religion, and HIV care remain underexplored, particularly regarding how these factors influence HIV testing and counselling (HTC) services and assisted partner notification (APN) processes.

Methods: This qualitative descriptive study employed in-depth interviews and diary methodology across five primary healthcare clinics, a Muslim AIDS program, and an NGO in Cape Town, South Africa. Participants included 10 healthcare providers (5 from Christian FBOs), 12 female patients, and 12 key informants from various sectors. Data were collected between March 2021 and February 2022, with thematic analysis conducted using NVivo 12.

Findings: Four key themes emerged illustrating the complex intersection of faith and HIV care. First, HIV care exists within a normalized plural medical system where patients and providers seamlessly integrate biomedical and faith-based approaches, viewing them as complementary rather than competing systems. Second, religious frameworks significantly influence HIV testing and partner notification decisions, with moral reasoning guiding patient engagement and provider

practices. Third, faith-based care manifests through "spiritual counselling" and "umbrella care" that extends beyond traditional biomedical interventions to include material and spiritual support. Fourth, significant tensions exist between patients' desire for faith-based support and concerns about stigma, judgment, and misinformation from religious communities, creating a "privacy-support paradox" where patients seek individual rather than communal religious support.

Conclusions: Rather than attempting to separate religious and secular elements of healthcare—which appears neither possible nor desirable in this highly religious context—we advocate for developing "faith-sensitive" approaches to HIV service delivery. Such approaches should acknowledge and work constructively with medical pluralism while addressing identified tensions around stigma and misinformation. This requires maintaining professional boundaries while respecting diverse religious beliefs, creating safe spaces for individual faith expression, and developing partnerships with religious institutions to support treatment adherence while combating stigma. The study contributes to understanding how healthcare systems in highly religious contexts can better serve diverse populations by embracing complexity rather than seeking oversimplified solutions, recognizing that faith and religion are central rather than peripheral elements of many patients' healthcare experiences.



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Vaccine Uptake among Women Living with HIV in Uganda

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In Uganda, people living with HIV (PLWH) are a priority group for COVID-19 vaccination due to their increased vulnerability to severe illness. However, data on vaccine acceptability among this population is limited, making it crucial to investigate their willingness to accept COVID-19 vaccines. This study explores COVID-19 vaccine acceptability and associated factors among women living with HIV in Uganda, with a focus on informing vaccination strategies.

A cross-sectional study was conducted among 767 PLWH, of which 63% were women, at six accredited ART clinics in Kampala. Vaccine acceptability was assessed through interviewer-administered questionnaires, and factors influencing acceptability were analyzed using modified Poisson regression. The study aimed to identify key factors associated with vaccine uptake and willingness to receive COVID-19 vaccination among women living with HIV.

The key findings of this study are noteworthy. Women living with HIV showed a higher vaccination rate (73%) compared to men (63%), indicating a positive trend in vaccine uptake among this subgroup. Among unvaccinated participants, 72.7% expressed willingness to accept vaccination, further highlighting the potential for increased vaccine uptake with targeted interventions. Moreover, vaccine confidence (aPR 1.44; 95% CI: 1.08-1.90) and perceived ease of access (aPR 1.57; 95% CI: 1.26-1.96) were identified as key factors associated with vaccine acceptability.

These findings underscore the importance of building vaccine confidence and ensuring easy accessibility to COVID-19 vaccines for women living with HIV in Uganda. Vaccination programs should prioritize targeted interventions to address vaccine hesitancy and accessibility barriers,

ultimately reducing the risk of COVID-19 infection and severe illness among this key population.

In conclusion, women living with HIV in Uganda demonstrate high acceptance of COVID-19 vaccines. By prioritizing vaccine confidence and accessibility, vaccination programs can effectively address the intersection of COVID-19 and HIV vulnerabilities, ultimately promoting better health outcomes for this population. The study's findings have significant implications for policy and practice, highlighting the need for tailored vaccination strategies that address the unique needs of women living with HIV in Uganda.



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From Dreams to Deals: Economic Empowerment as HIV Prevention for Young Women in Nairobi's Informal Settlements

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Background: Economic vulnerability significantly heightens HIV risk among young women in Kenya, particularly those engaged in informal work and sex work. The Reframery Program, in collaboration with the Bar Hostess Empowerment and Support Programme (BHESP), empowers young mothers and survivors of gender-based violence (GBV) by providing essential skills in entrepreneurship and financial literacy, facilitating their transition from mere survival to sustainable livelihoods.

Methods: The second cohort of 16 participants, selected from BHESP's service sites in Nairobi (Kariobangi, Mowlem, and Kasarani), commenced training in August 2025, set to conclude in November 2025. Training sessions, co-facilitated by Reframery trainers and BHESP experts, cover critical topics such as bookkeeping, online marketing, savings strategies, and investment planning. Participants also have ongoing access to BHESP's comprehensive HIV prevention services, including pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and condom distribution.

Results: Eighty percent of participants from the first cohort reported expanding their businesses significantly post-training, transitioning from street vending to owning small shops and engaging in online retail. The second cohort has formed a savings group known as "chama," with members contributing Ksh 20 daily to a microfinance fund for annual reinvestment. Participant feedback indicates increased confidence in client interactions, a reduction in risky encounters, and enhanced financial independence through practices such as participating in Savings and Credit Cooperatives (SACCOs) and chama saving groups.

Conclusion: The integration of economic empowerment with HIV prevention strategies fosters sustainable protection and independence for young women. The Reframery model highlights the profound impact of business training, not only in reducing HIV vulnerability but also in cultivating long-term resilience. By equipping participants with vital economic skills, the program empowers them to exercise greater agency over their lives. As this model proves effective, it holds promise for replication in other regions, contributing to improved health outcomes and economic stability for women in the informal economy.



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Amplifying Youth Voices for HIV Service Improvement: Insights from the Tanzania PEPFAR Youth Congress 2024

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Introduction: Increase of new Human Immunodeficiency Virus (HIV) infections continue to be a major public health challenge among youth aged 15-24 years in Tanzania. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) sponsored the 2024 Youth Congress, developed by youth, for youth. A congress provided a platform at the 11th Tanzania Health Summit (THS) 2024, for youth to amplify their voices, and develop strategies for improving HIV services for young people in Tanzania. This report presents findings from the Congress.

Methods: The congress brought together 100 Tanzanian youth including those in and out of school, university students, rural and urban youth, adolescents, and young adults living with HIV (AYALHIV). Participants engaged in structured sessions including panel discussions and breakout sessions. Qualitative data were collected through session notes and post-event reflection surveys. Using the socio-ecological model (SEM) as an analytical framework, qualitative data were analyzed to explore youth perspectives on increasing access to HIV services, improving HIV treatment adherence, and empowering youth as health advocates.

Results: Key recommendations included enhancing youth-friendly services with an emphasis on confidential, respectful, and non-judgmental care, addressing stigma, and better leveraging digital platforms including social media. Recommendations also included strengthening integration of HIV education in school curricula, and institutionalizing youth participation at the

policy level, systematic approaches to ensure their involvement in program design, and the formation of national youth advisory board.

Conclusion: These youth-driven insights offer critical guidance for stakeholders aiming to design more inclusive, responsive, sustainable and youth centered HIV interventions for youth in Tanzania. Tanzania should look to strengthen confidentiality, service accessibility, flexible working hours, expansion of digital and school-based HIV education platforms and actively involve young people in implementation interventions.



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Epidemiology of Cervical Cancer among Women Living with HIV in KwaZulu-Natal, South Africa

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Background: South Africa continues to face a dual epidemic of HIV and cervical cancer, particularly among Black women in KwaZulu-Natal, where cervical cancer ranks as the second most common cancer, with 10,702 new diagnoses and 5,870 deaths reported in 2022. Women living with HIV (WLHIV) are disproportionately affected due to persistent oncogenic HPV infection and accelerated progression to malignancy despite antiretroviral therapy (ART). This study describes the epidemiological and clinical characteristics of cervical cancer among WLHIV within a hospital-based genomic cohort.

Methods: Data were analyzed from the Cancer Genomic Study (CGS) cohort comprising 1,822 participants enrolled at Inkosi Albert Luthuli Central Hospital (IALCH) in KwaZulu-Natal. Demographic, clinical, and treatment data were extracted for 1,253 females, of whom 982 (78%) were Black. Descriptive statistics were used to summarize disease prevalence, HIV comorbidity, stage distribution, and treatment patterns.

Results and Discussion: Of the 982 women enrolled, 367 (37%) were diagnosed with cervical cancer, of whom 268 (73%) were co-infected with HIV and undergoing ART. The mean age among WLHIV with cervical cancer was approximately 47 years. Most presented with advanced disease: Stage 2 (33.6%), Stage 3 (32.7%), and Stage 4 (14.4%), while only 6.8% were diagnosed at Stage 1 and 12% had an unknown stage. Chemotherapy alone was the most common treatment (48.5%),

followed by chemoradiotherapy (22.9%) and radiotherapy alone (4.4%). Combined surgery-based treatments accounted for 1.9% of cases, whereas 18.5% were untreated and 5% had missing treatment data.

Conclusions: Cervical cancer remains highly prevalent among WLHIV in KwaZulu-Natal, with late-stage presentation persisting despite widespread ART coverage. Strengthening the integration of HIV care with HPV-based screening, rapid diagnostic services, and timely treatment initiation is essential to reduce the burden of cervical cancer in this high-risk population.



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Harnessing Artificial Intelligence to Advance Health Equity: Transforming HIV Care for Women Living with HIV in Sub-Saharan A

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Background: Sub-Saharan Africa (SSA) remains the global epicenter of HIV and STIs with women particularly adolescent girls, young women, and female sex workers, accounting for over 60% of new infections. Despite advances in antiretroviral therapy, women living with HIV (WLHIV) face persistent diagnostic, treatment, and comorbidity management challenges, worsened by stigma, limited access, and reliance on syndromic management approaches. The Fourth Industrial Revolution (4IR) offers Artificial Intelligence (AI) and Machine Learning (ML) tools capable of transforming HIV and STI prevention, diagnosis, and long-term care for women through predictive analytics, personalized medicine, and improved health system efficiency. This study systematically reviewed AI applications in HIV/STI diagnosis and management in SSA to identify how emerging technologies can advance health outcomes for WLHIV and other key populations.

Methodology: A systematic review and meta-analysis was conducted according to PRISMA standards and registered in PROSPERO (CRD42023468734). Searches were performed in PubMed, Scopus, Web of Science, ScienceDirect, EBSCOhost, and Sabinet for studies published between 2015 and May 2024. The review included studies applying AI techniques such as logistic regression, random forest, XGBoost, Deep Learning (DL), and Recurrent Neural Networks (RNNs), to HIV/STI diagnosis, treatment or management in SSA. Methodological rigor and bias were evaluated using CASP, Cochrane, and Newcastle Ottawa scales, and statistical analyses were performed using R version 4.4.1. The F1-score was selected as the effect size for pooled performance, representing the balance between precision and recall in model outcomes.

Results: Twenty studies across 20 SSA countries met inclusion criteria, predominantly retrospective observational in design. Southern Africa contributed the largest share (55%), led by South Africa and Zimbabwe, while East Africa accounted for 30% of studies, notably Ethiopia and Kenya. AI models demonstrated high predictive power for HIV related outcomes, including risk profiling, treatment adherence, and viral load suppression. Random forest and XGBoost achieved the strongest performance (F1-scores up to 0.993, AUCs up to 0.9989), while logistic regression yielded 95% accuracy and 93.9% recall in diagnosing HIV or STIs. Deep learning and RNN architectures achieved precision and recall above 87% in predicting virological failure and ART adherence among women aged 15–49. Across all models, the mean F1-score was 0.7886 (SD = 0.163), confirming robust predictive reliability. However, no studies demonstrated full clinical implementation. All were methodological or pilot in nature. Barriers included limited gender disaggregated data, ethical and privacy concerns for WLHIV, low AI literacy among providers, and infrastructure constraints.

Conclusion: AI technologies show strong potential to revolutionize HIV and STI care for women in Africa by enabling early diagnosis, forecasting treatment adherence, and managing comorbidities such as NCDs linked to aging. Integrating gender-responsive AI solutions such as predictive screening tools, digital counseling agents and ML based risk mapping into existing HIV programs could significantly improve health equity, data-driven decision-making, and patient empowerment. To achieve this, governments and health partners must invest in localized datasets and capacity building for women-centered digital health systems. Scaling these innovations could accelerate progress toward Sustainable Development Goal 3.3: ending AIDS and ensuring healthy lives for all women by 2030.



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Coverage and Predictors of Maternal Viral Load Testing at Delivery and Postpartum: A Longitudinal Analysis of Policy Implementation in Maternal Health Services in Mitchell's Plain, Western Cape

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Introduction: The WHO recommends maternal viral load (VL) monitoring at delivery and at six months postpartum for all women living with HIV (WLWH) for continuous identification of women not virally suppressed whose infants are at high risk of HIV vertical acquisition. The Western Cape province, South Africa updated its Vertical Transmission of HIV Prevention (VTP) policy accordingly in 2020, introducing dolutegravir and lowering the viral suppression (VS) threshold to <50 copies/ml.

Methods: We used routinely collected data on WLWH with a live birth attending Mitchell's Plain subdistrict obstetric services from 01 January to 31 December of 2019 and 2021 (before and after the 2020 policy change, respectively) to compare HIV VL testing and VS between the two periods. We used Poisson robust standard error regression models to quantify the association of a priori-defined characteristics with the likelihood of having a VL test at delivery and six months postpartum.

Results: Of 2,862 WLWH enrolled, 95.4% were on antiretroviral therapy (ART) and 94.8% had at least one antenatal VL done. The proportion with a VL test at delivery was 48.4% (2021) vs 14% (2019) before the policy change; VS (<50 copies/ml) was 72.9% (2021) vs 64.1% (2019). At six months postpartum, 8.8% (2021) and 5.6% (2019) had VL tests, with 83.1% VS and no significant difference between policy periods. Implementation of VL at delivery was associated with policy period 2021 vs 2019 and having an antenatal VL, but less likely for women who delivered at primary care vs hospital.

VL testing at six months postpartum was more likely at primary care facility vs hospital and associated with having had a VL test at delivery. Being on a dolutegravir-based regimen was associated with both delivery and 6-month VL tests being done and with VS.

Conclusion: Mitchell's Plain obstetric services have high antenatal VL coverage. The new policy of VL at delivery and postpartum resulted in increased coverage of the delivery test but was sub-optimally implemented. More effort is required to track and improve VL monitoring and suppression at delivery and postpartum to reduce vertical HIV transmission and optimise maternal health.



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Gender and Age Disparities in Differentiated HIV Service Delivery in Northern Nigeria: Implications for Women and Adolescent Girls

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Background: Differentiated service delivery (DSD) models, implemented through facility and community-based platforms, are central to improving HIV outcomes in Nigeria. Yet gender and age specific uptake in northern states remains poorly described, despite these regions accounting for a substantial share of the national HIV burden. This analysis provides one of the first multi-state comparisons of gender and age patterns in DSD utilization in North-Central and North-East Nigeria, highlighting implications for women's and adolescent girls' access to care.

Methods: Routine program monitoring data from Q1 2024 to Q2 2025 were extracted from Kwara and Gombe States. Data were disaggregated by sex, age group (15-24, 25-49, 50+ years), and service model (facility vs. community). Descriptive statistics summarized uptake, and a Chi-square test assessed gender differences in facility versus community enrollment.

Results: Facility-based DSD models accounted for over 95% of all DSD enrollments across both states. By Q2 2025, Gombe had 18,847 (66%) female and 9,914 (34%) male clients, while Kwara recorded 10,643 (70%) females and 4,457 (30%) males, with women representing approximately 70–75% of all clients on treatment. Women aged 25–49 years constituted the largest demographic group, representing 62% of female clients in Gombe and 58% in Kwara, whereas adolescents and young adults (15–24 years) remained markedly underrepresented, contributing less than 12% of total enrollment in

both states. Young women (15–24 years) represented only 7–9% of all female DSD users. Community DSD uptake, although low, showed steady growth. By Q2 2025, Kwara reported 370 community DSD clients (3.1%), while Gombe registered 490 clients (2.0%), marking the earliest documented scale-up of community DSD in Gombe. Men were proportionally more represented in community models than in facilities (Kwara: 42% vs. 29%; Gombe: 38% vs. 34%), though women still constituted the overall majority of community DSD users. The gender difference between facility and community uptake was not statistically significant ($\chi^2 = 0.012$, $p = 0.914$).

Conclusion: Despite higher overall uptake among women, adolescent girls remain underserved and men are disproportionately absent from facility models. Targeted expansion of adolescent-friendly and male-responsive community DSD is urgently needed to close gender and age gaps and sustain Nigeria's progress toward epidemic control.



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Youth-Led, Person-First Approaches to Reducing Stigma and Strengthening Mental Health among Women in Their Diversities Affected by HIV in Uganda

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Background: Stigma rooted in language continues to undermine the mental health, safety, and SRHR outcomes of women in their diversities in Uganda. Women living with HIV, young women engaged in sex work, young transgender women, young women who use drugs, and young women who are mothers face layered discrimination that is reinforced by stigmatizing words, narratives, and social attitudes. These experiences limit access to essential HIV and SRHR services, weaken treatment engagement, and increase emotional distress. Person-first language and youth-led approaches remain essential in reshaping environments into safer, more affirming spaces.

Methods: The Youth and Adolescent Representatives of Health Uganda (YARHU) implemented a youth-led stigma-reduction intervention rooted in person-first communication principles. Activities included safe-space dialogues, peer-led wellness circles, SRHR and HIV literacy sessions, psychosocial support, and leadership mentorship. Women from key populations were engaged as peer educators to foster trust, relatability, and lived-experience-centered learning. The programme emphasized replacing stigmatizing language with person-first, respectful terminology. Insights were collected through reflective journals, feedback sessions, and observation notes.

Results: Participants demonstrated a marked reduction in internalized stigma and increased comfort using person-first language to describe themselves and others. Women reported improved confidence, strengthened mental wellbeing, and greater willingness to access HIV and SRHR services. Peer-led facilitation deepened

engagement and fostered strong social-support networks. For women from key populations, the shift to affirming and non-judgmental language helped reduce isolation and encouraged active participation in health-seeking behaviors.

Conclusion: Person-first language, when integrated into youth-led, community-rooted stigma-reduction initiatives, significantly enhances mental health, empowerment, and SRHR service engagement among women in their diversities. Centering respectful communication and lived experiences offers a transformative pathway to reducing stigma and strengthening HIV outcomes. Scaling this model can advance a more inclusive HIV response where every woman feels seen, respected, and supported.



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Closing the Gaps: Leveraging Size Estimates to Tailor HIV and STI Care for Female Sex Workers in Nigeria

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Background: Female sex workers (FSWs) in Nigeria face disproportionately high burdens of HIV and other sexually transmitted infections (STIs), yet they remain largely underserved by healthcare systems. A critical challenge in designing effective HIV and STI interventions for FSWs is the lack of accurate population size estimates. Without reliable data on the number and distribution of FSWs across different regions, healthcare providers and policymakers struggle to allocate resources efficiently and develop targeted interventions.

Methods: This study conducted a secondary analysis of the Key Population programmatic mapping and size estimation study comprising 20 states in Nigeria. Employing two sequential steps; Level 1: – Systematic information gathering from primary and secondary key informants regarding the locations (“hotspots”) where FSWs members congregate and/or meet casual or paying sexual partners. This is also termed “Geographical Mapping of Transgenders and Level 2: Validation and profiling of identified “hotspots” to characterize and estimate the size of FSWs. This is also termed “Estimation of the Size of FSWs”.

Results: The total number of FSW estimated across the 20 states was 206,590 (Minimum estimate 158,567 and Maximum estimate 254,613). Delta state reported the highest number of FSW at 27,862 and Ekiti State had the least estimated FSW at 3628. A total estimate of 18,711 FSW hotspots were identified with Katsina having the highest number of active hotspots 1919 and lowest in Yobe at 389. Street/Public Places has the highest percentage of hotspots at 25.6% with Friday (34%) being the peak day of operation at hotspots.

Conclusion: Leveraging accurate population size estimates is pivotal in effectively targeting and reaching female sex workers (FSWs) with tailored HIV and STI care services. By integrating size estimates into strategic planning, policymakers and program implementers can optimize resource allocation, improve service delivery, and enhance health outcomes for this key population. Closing these gaps is essential for achieving a more inclusive and effective HIV response in Nigeria, ensuring that no population is left behind in the fight against HIV/AIDS.



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Factors Associated with Knowledge of HIV-Positive Serostatus among Women Aged ≥ 15 Years in Mozambique, INSIDA, April 2021 to February 2022

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Background: HIV in Mozambique disproportionately affects women, with a prevalence of 15.0% compared to 9.5% among men aged 15-49 years. In 2022, the lack of knowledge of serostatus among some women living with HIV (WLH) was evident in the high rates of new HIV diagnoses during prenatal consultations. We set out to assess the factors associated with lack of knowledge of HIV-positive status among WLH in Mozambique.

Materials and methods: We used data from the National Survey on the Impact of HIV and AIDS in Mozambique (INSIDA-2021). We included WLH aged ≥ 15 years. HIV status was based on home-based testing during the survey following the national algorithm. Women who self-reported knowledge of HIV-positive status or had antiretrovirals detected in blood were considered known HIV-positive. We calculated 95% confidence intervals (CI) for proportions and used logistic regression to compute adjusted odds ratios (aOR), with a p-value < 0.05 for statistical significance. Analyses were adjusted and weighed to account for survey design.

Results: The study estimated that 26.7% (95%CI: 23.6–30.0%) of WLH did not know their serostatus. Among WLH aged 15 to 19 years, 53% were unaware of their HIV status, compared to 20% to 40% among women in other age groups. In the

northern region, 43% of WLH were unaware of their serostatus, versus 18% in the southern and 24% in the central region. Additionally, 37% of WLH in the lowest wealth quintile were unaware of their HIV-positive status, compared to 21% in the highest quintile. Among WLH who did not use a condom during their most recent sexual intercourse, 30% were unaware of their HIV-positive status, in contrast to 15% among those who used a condom and 28% among those who were not sexually active. Women living with HIV aged 15–19 and 20–24 years were more likely to be unaware of their serostatus (aOR=4.28 [95%CI: 1.43–12.8]) and (aOR=3.71 [95%CI: 2.00–6.87]) compared to those aged 50+, respectively), WLH in the northern region were 2.23 times more likely (aOR=2.23 [95% CI: 1.34–3.73] versus those in the southern region), those belonging to the lowest wealth quintile versus the middle quintile, were 1.60 times more likely (aOR: 1.60 [95%CI: 1.06–2.41]). Women living with HIV who did not use a condom during their last sexual intercourse prior to the survey, and those not sexually active, versus those who used a condom, were more likely to be unaware of their serostatus (aOR=1.89 [95%CI: 1.12–3.21], aOR=2.00 [95%CI: 1.10–3.66], respectively).

Conclusions: A significant proportion of women living with HIV in Mozambique are unaware of their serostatus, especially among adolescents and young women, and those in the northern region. Age, educational level, region, wealth quintile, lack of recent pregnancy and condom use were associated with women living with HIV's lack of knowledge of their HIV status. The implementation of inclusive policies to reduce inequalities and improve diagnostic and awareness services, especially among adolescents and young people, could help increase knowledge of HIV status among women living with HIV in Mozambique.



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Communities as Catalysts: Empowering Women Living with HIV to Lead Health, Rights, and Resilience in Africa

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Background: Globally, 40.8 million people are living with HIV, and women and girls account for 45% of new infections; in sub-Saharan Africa, this rises to 63% (UNAIDS 2024). Women living with HIV often experience intersecting stigma, gender inequality, and health inequities. Community-led models rooted in peer support and rights-based approaches have emerged as vital pathways to improving health outcomes and fostering agency.

Methods: This abstract draws from a rapid review of community-led interventions (2018–2025) and programmatic evidence from networks of women living with HIV across Uganda, Kenya, and South Africa. The review focused on outcomes most relevant to women: ART adherence, viral suppression, prevention of mother-to-child transmission (PMTCT), stigma reduction, and access to sexual and reproductive health (SRH) services.

Results: Evidence demonstrates that community-based adherence clubs, peer mentor programs, and community-led monitoring significantly improve retention in care, viral suppression, and SRH service uptake. For example, peer-led PMTCT initiatives reduced vertical transmission rates to below 2% in some national programmes. Community leadership also reduced internalized stigma, strengthened social capital, and enhanced women's economic resilience through integrated livelihood models.

Conclusion: Sustaining the HIV response for women requires prioritizing and financing community leadership. Community-led interventions are not supplementary but essential for equitable outcomes, advancing gender justice, and moving towards ending AIDS as a public health threat.



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Outcomes of Treating Tuberculosis Patients with Drug-Resistant Tuberculosis, Human Immunodeficiency Virus, and Nutritional Status: The Combined Impact of Triple Challenges in Rural Eastern Cape

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Background: In resource-limited settings, tuberculosis (TB) remains a major public health issue, making treatment outcomes a critical measure of success. This study evaluated treatment outcomes among patients with drug-resistant tuberculosis (DR-TB), co-infected with human immunodeficiency virus (HIV), and assessed the impact of nutritional status, measured by body mass index (BMI), on these outcomes in the Olivier Reginald Tambo District Municipality, Eastern Cape, South Africa.

Methods: A retrospective review of 360 patient files from four TB clinics and one referral hospital was conducted from January 2018 to December 2020. Data collected included patient demographics, clinical characteristics, BMI (categorized as underweight, normal, overweight, or obese), HIV status, DR-TB type, and treatment outcomes. Statistical analyses assessed the association between BMI categories, HIV status, and treatment outcomes. A scatter plot illustrated BMI trends as a continuous variable in relation to age, and bar charts explored categorical relationships.

Results: The majority of patients were co-infected with HIV and had DR-TB, with rifampicin-resistant TB (RR-TB) and multidrug-resistant TB (MDR-TB) being the most prevalent forms. Treatment outcomes varied significantly by BMI category. Underweight patients had the lowest cure rates (23.2%), underscoring the adverse impact of

malnutrition. Patients with normal BMI had higher cure rates (34.7%). HIV co-infection further reduced cure rates, with co-infected individuals showing poorer outcomes. Gender disparities were also observed, with females achieving higher cure rates (39.1%) than males (31.4%). Weak trends linked BMI and DR-TB type, such as a higher prevalence of normal BMI among RR-TB cases.

Conclusion: This study highlights the significant influence of nutritional status on DR-TB treatment outcomes, particularly among co-infected patients. Underweight patients face the greatest risk of poor outcomes, emphasizing the need for nutritional support as a critical component of DR-TB management. Comprehensive HIV care and gender-specific interventions are also essential to address disparities. Tailored strategies focusing on these aspects can significantly enhance outcomes in high-burden settings.



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Reaching Adolescents and Young Women Using the HIV Self-Testing Approach in Mozambique

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Background: According to the 2021 PHIA survey, approximately 41.2% of individuals aged 15–24 years living with HIV in Mozambique were unaware of their status. The country continues to face a high HIV burden, particularly among adolescents and young women, who experience significant barriers to accessing conventional HIV testing services (HTS). To increase testing coverage and support early diagnosis, Mozambique scaled up HIV self-testing (HIVST) through community-based distribution initiatives.

Methods: National programmatic data from 2024 were analyzed to assess HIVST distribution and uptake of conventional HIV testing services among adolescents and young people aged 15–24 years. Descriptive statistics were applied to evaluate reach, utilization patterns, and the contribution of HIVST to engagement with conventional testing services.

Results: In 2024, a total of 897,163 HIVST kits were distributed nationwide, of which 429,182 (47.8%) were provided to adolescents and young people aged 15–24 years. Data also show that 50% of women had access to HIV self-testing, suggesting that community-based HIVST has expanded testing coverage and acted as an effective gateway to conventional HTS for adolescents and young women.

Conclusions: Community-based HIVST implementation in Mozambique shows strong potential to reach adolescents and young women, facilitating early diagnosis and linkage to care. HIVST increases access for populations at high risk and stimulates demand for conventional HTS, contributing to identifying previously undiagnosed individuals living with HIV. These findings support the continued scale-up and integration of HIVST within national HIV prevention and testing

strategies, particularly those tailored to the needs of young women.



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Protecting the Gains amid Funding Cuts: Strengthening Psycho-social Support for Women Living with HIV in Resource limited Settings

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Background: Women in sub-Saharan Africa disproportionately bear the burden of HIV and its comorbidities. Recent reductions in international funding threaten the continuity of vital HIV services. These cuts have led to shorter Antiretroviral therapy refill intervals, limited viral load monitoring and reduced access to essential psycho social support services. Furthermore, women report traveling longer distances due to reduced outreach services and emotional distress. This situation poses a significant risk to treatment adherence and threatens to reverse progress towards the ambitious 95-95-95 target in HIV care.

Objective: This study aims to demonstrate the vital role of psychosocial support as a cost-effective strategy to enhance adherence, mental health and resilience among women living with HIV in resource constrained settings, particularly in light of funding cuts.

Methods: A systematic review was conducted, synthesizing published literature and programmatic experiences from the Joint Clinical Research Centre (JCRC) and other contexts in Uganda and Africa. The review focused on facility and community level psycho-social interventions, including peer support groups, community networks, lay counsellors and phone-based counselling.

Results: Findings indicate that psychosocial support interventions significantly enhance Antiretroviral therapy adherence, retention in care and viral load suppression. Peer-led support groups provide emotional encouragement, alleviate stigma and bolster self-efficacy in treatment and management. Lay counselors and community networks normalize HIV experience and alleviate mental health burdens. Additionally,

phone-based counseling expands access, particularly when outreaches are hampered by funding cuts and staff shortages thereby lowering transport costs for Women living with HIV.

Conclusion: Psycho-social support emerges as a sustainable and impactful strategy that healthcare facilities can maintain despite financial constraints. By harnessing peer networks, community volunteers, and phone-based counseling, we can protect adherence and mental well-being among Women living with HIV. This approach is essential for safeguarding progress toward the 95-95-95 goals and ensuring that reduction in funding do not equate to losses in health outcome



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Engaging Men as Allies: A Community-Led Model for Supporting Women Living with HIV and Reducing Transmission Rate in Huruma Nairobi's Informal Settlements

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Background: In Kenya, HIV prevention and care interventions have traditionally centered and more focused on women and adolescent girls, often overlooking the crucial role of men and boys in shaping health outcomes within families and communities. This gap limits progress in addressing gendered stigma, shared responsibility in care, and uptake of services. At the same time, national data from the National Syndemic Diseases Control Council (NSDCC) continues to show high vulnerability among adolescent girls and young women, including high new HIV infections, increased GBV risk, limited access to SRHR information, and significant mental health burdens. Engaging men and boys as partners in advocating for girls' and women's rights is therefore essential for advancing well-being and longevity mostly in urban informal settlements.

Objective: To evaluate how engaging adolescent boys and young men as allies can strengthen support systems for young women living with HIV, improve family-centered prevention and care, and contribute to gender-transformative outcomes in Huruma, Nairobi Kenya.

Methods: The project utilized a community-led participatory model implemented through People Living with HIV (PLHIV) support groups for young adolescent parents and targeted outreach sessions involving 200 adolescents where several were young parents. Activities focused on demystifying gender norms and toxic masculinity, strengthening GBV prevention, addressing stigma and discrimination, and improving health-seeking behavior. Boys and young men received structured training on HIV literacy, mental health awareness, respectful relationships, and shared reproductive

health accountability. Economic empowerment was facilitated through linkages, basic financial literacy, and skills development. Couple-based dialogues and household-level conversations further reinforced joint responsibility in treatment adherence and care.

Results: Over time, boys and young men increasingly embraced positive masculinity, becoming vocal champions of change within their households and broader community spaces. Women reported stronger emotional, social, and economic support from their partners. Community stigma declined noticeably, family communication improved, and more young fathers began accompanying partners to clinics and support groups. Participants also became active advocates in pushing for inclusive reproductive health policies that meaningfully integrate men and boys into decision-making processes affecting women and girls.

Conclusion: This initiative demonstrates that when empowered with knowledge, skills, and supportive platforms, men and boys can play a transformative role in improving HIV outcomes, advancing gender equality, and promoting the wellbeing and access to healthcare of women and girls. Scaling up male-engagement approaches is key to realizing inclusive, sustainable HIV responses in Kenya's informal settlements.



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Far to End HIV Crisis in the Eastern Democratic Republic of Congo: Analysis of HIV Incidence Trends for 10 Years from January 2015 to December 2024 in Butembo City

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Introduction: The HIV pandemic has been the largely infectious disease that has more effort for its control and a lot of efforts deployed for this purpose. Yet, its control is far to be achieved in most of regions including the Democratic Republic of Congo(DRC). DRC was among of the first African countries to recognize HIV and screening cases of HIV among hospital patients and the wider community since 1983. This study contributes to this gap.

Methods: This is a retrospective, quantitative and comparative study collecting data from the HIV clinic at Fepsi Hospital in Butembo. The study covered a period of ten years from January 2015 to December 2024 aiming to analyse all available data for the study period. Data were analysed with SPSS 28.0 using One-Sample test for comparison to the national rate and Paired-Sample test for comparison between categories. The administration of Fepsi Hospital authorised using their data retrospectively for this research.

Results: We found that the incidence in Butembo city is higher than the normal national rate for all the ages and for the ten years covered by the study. The difference is statistically significant (CI8.15[6.069–10.231], $p < 0.001$). The HIV incidences of males and females in Butembo are respectively higher than the normal national rates for these categories of population. The differences are statistically significant (CI 3.18[1.2013-5.1587], $p = 0.003$ and CI2.53[0.4135-4.6465], $p = 0.012$ respectively).

The study found that women were more affected than men all over the ten years covered by the study. This showed a statistically significant

difference, CI2.35[0.56328-4.13672], $p = 0.008$. Comparing adults and children, these two categories were affected equally while showing a higher rate than the normal national rate. The difference is not statistically significant, CI0.43[-4.4578-3.5978], $p = 0.407$.

There was an increase overtime of HIV incidence from 2015 to 2024 for all the categories of participants, making the situation worse regardless of interventions implemented.

Conclusion: There has been increase in incidence overtime during the last decade despite the efforts made to control HIV pandemic in Butembo city with women being most affected than men. Hence, there is need to redefine strategies to effectively control the diseases.



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Strengthening Prevention of Mother to Child Transmission (PMTCT) Outcomes through the Mentor Mother Model: Evidence from Nasarawa State, Nigeria

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Background: Nigeria bears the second-largest HIV epidemic globally and ranks among the highest in sub-Saharan Africa for new pediatric HIV infections. Contributing factors to elevated mother-to-child transmission (MTCT) rates include limited coverage of prevention of mother-to-child transmission (PMTCT) services, poor adherence to antiretroviral therapy (ART), and low retention in care among HIV-positive pregnant women. The Mentor Mother model—where HIV-positive women serve as peer counselors—has been implemented to provide guidance, psychosocial support, and promote adherence and retention. This study evaluates the impact of structured Mentor Mother programs on PMTCT outcomes across five secondary health facilities in three Local Government areas in Nasarawa State, Nigeria.

Methods: A retrospective review was conducted using patient-level data from five facilities supported by the ASPIRE project. Data included antenatal care (ANC) enrollment, HIV testing results, facility-based deliveries or early postnatal presentation (within 72 hours), infant receipt of Nevirapine prophylaxis, and HIV status at 18 months. Mentor Mother engagement records were also reviewed, including their role in client follow-up, adherence support, and home visits.

Results: Of the 10,267 pregnant women enrolled in ANC, 350 (3.4%) tested HIV-positive. All 350 women either delivered at a facility or presented with their infants within 72 hours postpartum. Each of the exposed infants received Nevirapine prophylaxis, and by 18 months, all tested HIV-negative. All five facilities had active Mentor

Mother programs, which were associated with improved retention in care, timely presentation for delivery, and optimal uptake of infant prophylaxis. Mentor Mothers conducted home visits, provided adherence counseling, and accompanied clients to appointments, contributing to a significant reduction in loss to follow-up.

Conclusion: Mentor Mothers significantly enhance PMTCT outcomes by strengthening client engagement, improving adherence, and facilitating continuity of care. Their presence bridges the gap between communities and healthcare facilities, leading to higher HIV-free survival rates among exposed infants. Scaling up this model could be instrumental in reducing MTCT rates in similar high-burden settings.



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The Antiviral Effects of Endophytic Fungi Secondary Metabolites on Integration Site and Integrase Drug Resistant Variants

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Background: Integrase inhibitors block the action of HIV integrase during integration stage. However, drug-resistant variants have reduced the effectiveness of current therapies, highlighting the need for novel agents targeting viral integration. This study investigates the antiviral potential of *Alternaria alternata* PO4PR2 crude extract (CE), focusing on its activity against wild-type and integrase inhibitor-resistant HIV-1 variants.

Materials and methods: The Stanford HIV Drug Resistance Database was used to identify drug-resistant mutations (DRM) in HIV-1 integrase, and the major DRM (Y143H, Q148R, N155H, and R263K) were selected and introduced into the HIV-1 pNL4.3 molecular clone via site-directed mutagenesis. Successful incorporation was confirmed by Sanger sequencing. Integrase-resistant HIV-1 variants were generated by transfection in HEK293T cells and cytotoxicity of the crude extracts was assessed using 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) assay. Antiviral activity was assessed using a luciferase-based assay in TZM-bl cells, while an HIV-1 integration assay was employed to assess its effect on the integration step.

Results: *A.alternata* PO4PR2 showed potent inhibition against Y143H, Q148R, N155H, and R263K mutants, with IC₅₀ values from 0.1628 µg/mL to 0.1961 µg/mL, indicating higher susceptibility than wild-type virus. Raltegravir was used as a positive control (IC₅₀ = 0.0134 µM). An HIV-1 integrase activity assay confirmed the mechanism of action of the crude extract (CE), demonstrating 67% inhibition of integrase activity,

comparable to the inhibition observed with the approved drug raltegravir (67%).

Discussion and conclusion: These findings support *A. alternata* PO4PR2 as a promising source of antiretroviral compounds targeting resistant HIV-1 integrase, supporting its potential as a source of novel antiretroviral agents targeting resistant HIV-1 integrase.



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Living and Thriving: Gendered Stories of Adolescents Living with HIV During the COVID-19 Pandemic in Western Kenya

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Background: The COVID-19 pandemic disrupted social and health systems globally, with unique implications for adolescents living with HIV. In Kenya, school closures, lockdowns, and economic strain intensified stigma and psychosocial challenges. Gender norms further shaped these experiences, exposing girls to pregnancy-related stigma and sexual violence, while boys faced economic pressures and deviant stereotypes. This study explores the lived experiences of HIV-positive adolescents during the COVID-19 pandemic in Kenya, focusing on stigma and coping strategies with gendered differences.

Methods: This qualitative study draws on focus group discussions (FGDs) conducted in Kakamega, Uasin Gishu, and Nandi counties in May 2022. Six FGDs were held with HIV-positive adolescents aged 15–19 years: three with girls (n=18) and three with boys (n=18). Discussions explored stigma, coping strategies, and service disruptions during COVID-19. Verbatim quotes illustrate key findings.

Results: Four themes emerged: (1) heightened stigma and isolation, (2) barriers to HIV care, (3) coping and resilience, and (4) mental health impacts. First, increased discrimination, isolation, gendered vulnerabilities were experienced by both girls and boys. According to the girls, 'People said I was careless because I got pregnant during lockdown,' and 'My friends stopped visiting me after they knew my status.' Whereas boys reported, 'They called us idle and useless because we had no jobs,' and 'We were told we are a burden to our families.' Second, youth experienced disrupted access to ARVs and counseling. Girls mentioned, 'I missed my clinic days because there was no transport.' Boys had similar difficulties and reported, 'Sometimes we

shared ARVs because some of us had no access,' and 'I skipped doses when I couldn't get to the facility.' Third, adolescents were able to cope during the pandemic due to their faith and peer support. Girls mentioned, 'We formed prayer groups on phone calls,' and 'I started writing in my diary to cope with stress.' Whereas, boys said, 'We played football to distract ourselves,' and 'I started doing small jobs to feel useful.' Finally, all youth mentioned that they experienced anxiety, depression, and hopelessness during the pandemic. Girls reported, 'I cried every night because I thought I would die,' and 'I felt worthless and wanted to give up.' Boys faced their reality with similar thoughts, 'I started drinking to forget my problems,' and 'I felt angry and hopeless most of the time.'

Discussion: Gender norms amplified vulnerabilities during COVID-19. Girls faced compounded stigma from pregnancy and HIV, while boys navigated economic survival and peer pressure. Both groups experienced isolation and educational disruption, but coping strategies diverged along gender lines.

Conclusion: The pandemic magnified stigma and service gaps for HIV-positive adolescents. Gender-sensitive interventions are critical to sustain HIV care and psychosocial support during public health emergencies.



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Gender-Responsive Peer Navigation to Improve HIV Care Engagement among Street Connected Young Women in Western Kenya

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Street connected young women (SCYW) in sub-Saharan Africa face a disproportionately high HIV burden and persistent gendered barriers to sustained care, including stigma, poverty, gender-based violence (GBV), and limited adolescent-friendly services. The Peer Navigator (PN) model implemented in Western Kenya paired street connected young women with trained peers who share lived experience, aiming to improve HIV testing and treatment engagement.

We analyzed data from 259 SCYW aged 16–29 enrolled in the Kenya PN program (2021–2024). Quantitative measures included HIV prevalence, ART uptake, viral load monitoring, and viral suppression at baseline and last visit. PN engagement was assessed through encounter logs and referral patterns. Qualitative interviews and focus groups with SCYW provided contextual insights on gender-specific barriers and the acceptability of the PN model.

At baseline, 49 young women (18.9%) were living with HIV, with prevalence highest among participants between the ages of 28 vs. 23 years for HIV-negative; $p < 0.01$). PN engagement was high (median 8 encounters). Among SCYW living with HIVART use remained high throughout program engagement (87.8% at baseline, 78.8% at last visit). Viral load monitoring improved from 73.5% to 84.6%, and viral suppression was strong (91.7% at baseline and 86.4% at most recent test).

Qualitative data revealed major barriers including stigma, fear of returning after missed appointments, lack of private or safe spaces to store or take medications, financial constraints, GBV, and insecurity in intimate relationships. PNs addressed these challenges through counselling, accompaniment, advocacy for temporary housing, and empowerment around adherence, disclosure, safer relationships, and prevention of reinfection and mother-to-child transmission. Some newly diagnosed participants credited PNs for helping them initiate ART.

Peer Navigation is an effective, gender-responsive strategy that improves HIV care engagement and viral suppression among SCYW. Scaling this model could strengthen adolescent-friendly and equity-focused HIV services across Africa.



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Investigating Characteristics of Women Living with HIV Receiving "See-and-Treat" Cervical Cancer Screening at Botswana-Baylor Children's Clinical Centre of Excellence (BCCCCOE): A Retrospective Analysis

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Background: Cervical cancer is the leading cause of death in women in Botswana with 69% of cases occurring among women living with HIV [1]. BCCCCOE, a HIV referral center, implemented the national "See and Treat" program to provide same day treatment for women with positive cervical cancer results [2]. In this study, we investigated demographic and clinical characteristics of women who received cervical cancer screening to understand risk factors and improve screening gaps for higher risk patients.

Material/Methods: A retrospective chart review of women living with HIV who received cervical cancer screening from January 2024 to October 2025 at BCCCCOE was conducted. Patients were screened with visual inspection with acetic acid (VIA) or Papanicolaou test (Pap test). Patients' demographics (age, pregnancies, smoking, adherence, viral load, CD4 count, anti-retroviral regimen) and screening results were compared. Categorical variables were analyzed with Fisher's exact test and continuous variables with Wilcoxon Rank Sum.

Results: - 38% (n=47) of women received Pap test and 62% (n=77) received VIA.
- Median age of all women screened was 28.52 (IQR 25.13 - 30.65) with a minimum of 20.65 and maximum of 64.41, respectively.
- Between the two groups, a median age of 30.13 (IQR 26.56 - 48.69) in the Pap test was significantly

different from a median age of 27.88 (IQR 24.93 - 29.78) in the VIA (p=0.005).

- Among those receiving Pap tests, 11% (n=5) had positive results with a median age of 26.97 (IQR 24.78 - 30.12 and a median age of 30.18 (IQR 26.56 - 49.40) for negative results, (p=0.2).

- Among the positive results, 2 received VIA and treatment with referrals for cryotherapy, and 5 with positive Pap test showing LSIL (low grade squamous intraepithelial lesion) or ACUS (atypical squamous cells of undetermined significance).

- There was no significant difference between the viral load suppression versus non-suppression between those with negative and positive results (p=0.2, p=1) and no significant difference between adherence rates between those with negative versus positive Pap test results (p=1).

Conclusions: BCCCCOE employed more VIA than Pap test especially in younger women. The screening program age ranges (20.65 to 64.41) were comparable to those in Botswana 2023 HIV guidelines (25 to 64)[3]. The median age of women who screened positive for the Pap test was not significantly different from women who screened negative. There were no significant differences in viral load suppression and adherence rates between women screening positive and negative given that 89% (n= 110) has viral load suppression (VL < 200 copies/mm), 97% (n=120) had adherence levels > 90%, and only one patient had a CD4 count <200. This suggests that while we are able to integrate cervical cancer screening into comprehensive HIV care for our patients, we will still need to expand our current screening to include higher risk patients who are younger, have suboptimal adherence rates, unsuppressed viral loads, and lower CD4 counts.

IBR Approval: HRDC (PPME-13/18/1 Vol VII (318) & Botswana Baylor IRB (BCCCCOE/14)



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The Overlooked Intersection: Women Living with HIV in Key Populations (LGBTQI+) and Barriers to Inclusive HIV/SRHR Services in Kenya and Mitigation

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Background: Women in LGBTQI+ communities particularly lesbian, bisexual, and queer (LBQ) women, remain insufficiently represented within Kenya's HIV and SRHR landscape. Although progress has been made in the national HIV response, many people continue to experience the effects of structural inequities, discriminatory norms, and social exclusion. National patterns show that adolescent girls and young women continue to face a higher burden of new HIV infections, while LBQ women continue to experience additional challenges related to sexual orientation, gender identity, and intersecting forms of stigma. Many LBQ women report limited access to queer-friendly healthcare facilities, particularly during pregnancy and childbirth, where public health systems often struggle to deliver respectful, inclusive, and stigma-free maternity care. These challenges reflect broader gaps, including limited healthcare provider sensitization, insufficient gender-transformative health approaches, and a lack of services that address inter-sectional needs. As a result, many LBQ women navigate SRHR, HIV, and mental health services under conditions that compromise safety, confidentiality, and dignity.

Objective: This approach sought to document the barriers experienced by LBQ women living with or at increased risk of HIV when accessing SRHR and HIV services and to highlight community-centered, culturally responsive strategies that promote inclusive and dignified care.

Methods: A community-based dialogue approach was used in in-reach and outreach activities carried out in Nairobi hot-spots areas. Activity reached 400 participants, including LBQ sex

workers, LBQ couples, and bisexual women, each group presenting distinct needs influenced by identity, safety, relational dynamics, and livelihood contexts. One-on-one interactions were used to provide SRHR education, HIV testing and linkage to treatment, STI screening and management, mental health support, and risk-reduction counselling. Peer educators, community advocates, and LGBTQI+ affirming health providers facilitated the health education that explored experiences of discrimination in clinics, challenges in reproductive and maternity care, mental health needs, and systemic barriers in public health facilities. Participants' recommendations for strengthening gender-responsive, intersection, and inclusive health service delivery were also documented.

Results: Participants continued to document cases of discriminatory experiences in various public health facilities, including judgmental communication, insufficient confidentiality, and limited SRHR guidance especially now that integration is on the rise. Pregnant LBQ women reported feeling unsafe, dismissed, or misunderstood during antenatal visits and childbirth due to assumptions about their sexuality, relationships, or family structures. Many participants noted limited access to mental health services and concerns about disclosing identity-related issues. Within the programme, access to safe spaces, peer navigation, identity-affirming counselling, and inclusive outreach activities improved linkage to HIV services, strengthened social support networks, and enhanced confidence in seeking care. Participants also expressed increased motivation to advocate for their rights and to engage in collective efforts to address discrimination.

Conclusion: The intersecting needs of LBQ women must be integrated and implemented more intentionally into Kenya's HIV and SRHR policies and service delivery frameworks. Achieving inclusive care requires gender-affirming health provider training, strengthened community-led advocacy, expanded queer-friendly reproductive and maternity services, and investment in stigma-free environments. Recognizing LBQ women as people with diverse identities, rights, and health needs is essential for advancing dignity, equity, and holistic well-being within Kenya's HIV response.



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Epidemiological Patterns and Structural Determinants of HIV/STI Prevalence among Female Sex Workers: A Systematic Review

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Background: Female sex workers (FSWs) are one of the most vulnerable populations to HIV and other sexually transmitted infections (STIs), with significantly higher prevalence rates than the general population. This review examines the structural and behavioral determinants of this heightened vulnerability, addressing challenges related to sexual health, healthcare access, and the efficacy of existing prevention strategies.

Material and methods: A systematic literature review was conducted, analyzing studies published between 2019 and 2024 from scientific databases using Scopus and Web of Science. We focused on studies examining HIV and STI prevalence, sexual risk behaviors, and the socioeconomic and cultural factors influencing access to sexual health and prevention services.

Results: The review reveals alarmingly high rates of HIV and STIs among FSWs, with HIV prevalence ranging from 8.2% to 31.4% across various regions. For example, the syphilis prevalence rate in a Ugandan cohort reaches 6.2%. Behavioral Risks are prevalent; 74% of FSWs in the Democratic Republic of Congo report engaging in more than five sexual acts weekly, and 70% report consuming alcohol before intercourse. Systematic condom use is reported by less than 40% of FSWs. Additionally, FSWs face significant challenges, including stigmatization, physical and sexual violence, and insufficient socioeconomic support. For example, 26.3% of Brazilian FSWs have experienced sexual violence, yet only 7.5% accessed post-exposure prophylaxis, despite its availability at no cost. Notably, street-based sex workers are particularly disadvantaged, displaying

lower rates of condom use and healthcare access compared to those in brothels. A study in Senegal revealed that during the Tabaski festival, condom use among FSWs decreased by as much as 49.5%, highlighting how economic pressures influence the adoption of riskier sexual behaviors.

Conclusions: FSWs remain one of the highest-risk groups for HIV and STIs, exacerbated by complex interactions between socioeconomic, cultural and structural barriers. A comprehensive, integrated, and multidisciplinary approach is essential to improve HIV prevention, sexual health, healthcare access, and robust economic support. These findings underscore the urgent need for multi-level interventions that address structural barriers and improve access to HIV prevention and sexual health services for FSWs.



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Empowering Young Women: Combating GBV and Sexual Exploitation through the UNICEF - Funded Adolescent and Young Mothers Project in Seven Districts of Zambia

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Background: Gender-Based Violence (GBV) is a pervasive public health challenge that significantly contributes to HIV transmission, functioning both as a cause and consequence of HIV infection. In Zambia, GBV continues to affect adolescents and young mothers disproportionately, hindering their access to health services and impacting their overall well-being. According to the Zambia Statistics Agency 2020-2024 Gender Status Report, nearly 36% of women aged 15-49 have experienced physical violence. Furthermore, about 29% of girls are married by age 18. Recognizing this, Coalition Health Zambia, with support from UNICEF, within its implementation of the Adolescent and Young Mothers (AYM) Project, incorporated GBV, prevention of sexual exploitation, and fostering safe sexual practices among adolescents and young mothers and their partners.

Activities: To combat GBV and promote Prevention of Sexual Exploitation and Abuse (PSEA), the project implemented extensive capacity-building activities. All Mentor Mothers, community-based volunteers, male champions, and facility staff across all seven districts underwent targeted training on GBV prevention, PSEA, and related topics. Facilities were equipped with informational materials and resources to facilitate outreach and education efforts. These conversations were incorporated in one on one, group and outreach sessions.

Results: Between June and October 2025, these efforts enabled the project to reach 18,264 AYM and AGYW with vital messages and services aimed at preventing GBV and promoting safe environments. The training enhanced the

knowledge, skills, and confidence of community and facility actors to address GBV and PSEA issues effectively. The outreach activities resulted in increased community awareness, improved reporting mechanisms, and strengthened support networks for victims of GBV. The high reach among adolescents and young mothers indicates a positive shift toward safer environments, increased knowledge of rights, and accessibility to essential services.

Implications: The AYM Project underscores the importance of integrated, multi-sectoral approaches to GBV prevention among vulnerable youth populations. The success in training and outreach demonstrates that community engagement, combined with capacity-building at facility levels, can significantly reduce instances of GBV and sexual exploitation. Scaling such interventions can contribute to creating protective environments for adolescents and young mothers, thereby reducing their HIV risk and promoting gender equality. Sustained commitment, continuous training, and resource allocation are essential to maintain momentum and achieve long-term impact. The project's experience offers valuable lessons for policymakers, health practitioners, and community organizations working towards ending GBV and ensuring the safety and dignity of young women and girls.



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Evidence for Improved HIV and SRHR Outcomes among Adolescents and Young People in Eastern and Southern Africa: A Scoping Review of Social Norms Interventions

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Background: Social norms interventions have been increasingly used as a strategy to promote the health and well-being of adolescents and young people (AYP) across Africa. Despite growing interest, guidance to inform effective social norms interventions that improve adolescents and young people's sexual and reproductive health and rights (SRHR) outcomes, including those related to HIV prevention and treatment, is needed.

Materials and methods: We conducted a scoping review of evaluations of social norms interventions using experimental and quasi-experimental study designs from Sub-Saharan Africa. We included single and multi-component interventional studies which had a social norms component and assessed impacts on 5 HIV (including HIV testing, knowledge of HIV status and HIV incidence, PrEP and ART use and adherence) and 12 additional SRHR outcomes among 10-to-24-year-old AYP. We mapped interventions across eight types of programmatic strategies and six outcome areas, drawing design and delivery insights from included studies.

Results: N=40 interventions from 12 countries were included in the review. Norms interventions can be effective in improving multiple SRHR outcomes, including increasing HIV testing, and contraceptive use, reducing violence and child marriage. Although included interventions proved to be highly effective for increasing HIV testing, they had mixed results on knowledge of status, and obtained mostly null results in attempts to lower HIV incidence. Limited data on PrEP and ART use and adherence were available. Most effective norms interventions were often implemented in

combination interventions, included life skills programmes, community conversations, mass media and digital programmes with norms components. Integrating gender-transformative approaches such as reflections on gender roles and inequalities, youth sexuality, and gendered power relations, and engaging with key reference groups influencing behaviours and SRHR outcomes of AYP were key intervention principles. Effective approaches delivered SRHR information alongside social norms content, and combined participatory methods with a structured curriculum guiding activities led by trained facilitators. Almost all interventions focused on changing social expectations but fewer focused on publicising and diffusing change and on catalysing and reinforcing change.

Key evidence gaps in social norms and SRHR interventions include integrating operational research in real-life implementation of norms interventions at scale. Moreover, developing and testing social norms interventions that address the needs of marginalised AYP and those living in humanitarian settings is needed.

Conclusion: Successful social norms interventions to address HIV/ SRHR among AYP in Africa adopted an ecological approach and engaged with the reference groups influencing behaviours and SRHR outcomes of AYP. Interventions were more effective when they incorporated elements to raise awareness and change social expectations, as well as publicise and promote the diffusion of change. The presence of these elements can ensure that changes in attitudes and behaviours are not only achieved within a small group, but allow for changes to be sustained over time and diffused to a critical mass of people.



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Empowering Women, Ending HIV: Addressing Women's Vulnerability and Strengthening HIV Response at Mpumudde Health Centre IV, Jinja City

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Introduction: HIV/AIDS remains a major global health challenge, with women disproportionately affected, particularly in sub-Saharan Africa. In Uganda, women account for a higher percentage of new infections compared to men due to a combination of biological, social and economic factors. Mpumudde Health Centre IV, located in Jinja City, plays a central role in providing HIV prevention, care, and treatment services.

Background information: The HIV epidemic in Uganda has evolved over the years, with notable progress in access to treatment and prevention programs. However, women remain at greater risk due to gender inequalities, cultural beliefs and limited decision-making power regarding reproductive and sexual health. Mpumudde HCIV serves a mixed urban and peri-urban population in Jinja City, providing outpatient and inpatient services, antenatal care, Prevention of vertical transmission HIV testing and counselling (HCT) and Antiretroviral Therapy (ART).

Problem statement: Although HIV services are available at Mpumudde Health Centre IV, women still experience higher rates of infection and lower adherence levels compared to men. Socioeconomic dependence, gender-based violence and cultural restrictions undermine their capacity to make informed health decisions. Understanding these underlying factors and strengthening women-centered interventions is essential for achieving equitable HIV outcomes in the community.

Objectives: 1. To identify socioeconomic and cultural factors contributing to women's vulnerability to HIV at Mpumudde HCIV.

2. To assess the availability and effectiveness of HIV prevention, care, and treatment services for women.

3. To identify challenges affecting women's adherence to ART and participation in prevention programs.

Methodology: A descriptive cross-sectional study design was used, combining both qualitative and quantitative methods.

Data were collected through questionnaires administered to 50 women aged 18–49 attending the ART clinic, key informant interviews with health workers, VHTs, and community health volunteers, and document review of patient registers, ART adherence records and PMTCT reports.

Data were analyzed thematically to identify key trends in women's vulnerability, access to services, and health outcomes.

Findings: Findings revealed that women's vulnerability to HIV is largely due to poverty, low education, gender-based violence and stigma.

Essential HIV services such as HCT, PMTCT, ART and community outreach are provided.

However, challenges persist including limited male involvement, inconsistent drug supply, and inadequate follow-up for women living with HIV.

Discussion: The findings indicate that although Mpumudde HCIV has strong HIV service programs, socio-economic and cultural barriers hinder their effectiveness. A comprehensive, gender-sensitive approach is needed to address women's specific vulnerabilities and ensure better adherence and prevention outcomes.

Recommendations: 1. Enhance economic empowerment programs for women through microfinance, vocational training, and income-generating projects.

2. Strengthen community sensitization to address stigma and misinformation about HIV.

3. Increase male engagement in HIV testing and PMTCT services

Conclusion: Women remain disproportionately affected by HIV due to intertwined social, economic and cultural factors. While Mpumudde Health Centre IV provides critical HIV services, achieving better outcomes requires a holistic and gender-responsive approach.



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Assessing the Effectiveness of Cabotegravir Injection Pre-Exposure Prophylaxis Method for HIV Prevention in Livingstone, Zambia. A Retrospective Cohort Study

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Background: Despite the advances in treatment and prevention strategies, HIV remains a global public health concern, especially in Sub-Saharan Africa where the rate of HIV acquisition is unacceptably high. The introduction of long-acting Cabotegravir (CAB-LA) injections marks a significant advancement in HIV prevention. However, limited data in Zambia exists on its effectiveness as well as in other resource-constrained settings. The study aimed to assess the effectiveness of the Cabotegravir injection as a pre-exposure prophylaxis (PrEP) method for HIV prevention in Livingstone District, Zambia.

Methods: We conducted a retrospective cohort study among individuals aged between 16 years and 69 years who received CAB-LA injections from three implementing health facilities in Livingstone from July 2024 to January 2025. HIV Seroconversion rates, incidence of syphilis, side effects, adverse reactions and demographic information were collected from the medical records.

Result: A total of 224 recipients of care were recruited in the study, of whom 120 (53.57% were females and 104 (46.43%) males. The median age and follow-up period were 32 years (interquartile range (IQR) 26, 41) and 1 month (IQR 0, 3) respectively. The majority of the participants had secondary education (n=164 (73.21%) and

belonged to the general population (GP) (n=177 (79.02%). Adolescent Boys and Young Men (ABYM) were only five (5). 102 (45.54%) Of the participants were married, 10 (4.46%) were divorced, and 102 (45.54%) were unemployed. During the follow-up, all maintained an HIV-negative status on all three recorded visits. In the case of syphilis, month 0 (visit 1 or baseline), only 2/224 recipients of care had syphilis, with a steady increase in month 1 (visit 2) 25/224 cases were recorded. Furthermore, at month 3 (visit 3), 11/149 were recorded, and at month 5 (visit 4), 4/56 cases were recorded. The general population had the highest incidence of syphilis with 19 recipients of care testing positive by month 1, followed by the Adolescent Girls and Young Women (AGYW), where four (4) tested positive by month 1. Side effects were seen in 11/224 participants, and all were from the general population, with the site of injection being noted as the most common complaint. Of the 11 recorded side effects, 8 of them were recorded in month 1, 3 in month 3, and no side effects were recorded in month 5.

Conclusion: CAB-LA proved effective in reducing the risk of HIV infection, with mild side effects, the most common being injection site reactions among our study participants. The study observed an increase in syphilis infections, highlighting the need to strengthen comprehensive HIV prevention strategies among high HIV risk populations, including condom use and the introduction of Sexually Transmitted Infection (STI) prophylaxis for individuals receiving CAB-LA injections. Furthermore, active and passive Pharmacovigilance is key in the scale-up of CAB-LA. There is a need for prospective longitudinal studies with a longer follow-up period to understand the implementation of CAB-LA in low- and middle-income countries.



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Low Access to New Biomedical HIV Prevention Services in Uganda: Implications for Women and Girls in the Era of the HIV Prevention Choice Manifesto

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Issues: Despite the introduction of new biomedical HIV prevention technologies such as Dapivirine Vaginal Ring (DVR), long-acting injectable Cabotegravir (CAB-LA), and lenacapavir (LEN), access and uptake remain low among adolescent girls and young women (AGYW) in Uganda. Persistent challenges include limited availability, frequent stock-outs, knowledge gaps, anxiety about proper use, myths and misconceptions about these interventions. All these continue to fuel high HIV infection rates among adolescent girls and young women. where 10,822 acquired HIV and 2941 boys in 2024. (UAC 2024 report)

Description: The HIV Prevention Choice Manifesto for Women and Girls in Africa was launched on September 8, 2023, in Kampala, Uganda by the by the African Women's HIV Prevention Community Accountability Board (AWPCAB). The manifesto envisions a future free of HIV for women and girls in Africa. The manifesto advocates for a community-led approach that prioritizes choice, access, and sustained investment in diverse HIV prevention options—including oral PrEP, DVR, CAB-LA, condoms, and future innovations. It positions African women and girls at the center of decision-making, ensuring prevention programs reflect their realities and preferences. Uganda has integrated these biomedical technologies into national HIV prevention guidelines, yet meaningful access remains limited.

Findings: Following its introduction, the DVR was scaled up at four health facilities in Uganda, with over 150 women receiving the product. , As of late 2024 and early 2025, the Ministry of Health introduced CAB-LA at seven U.S. President's

Emergency Plan for AIDS Relief (PEPFAR) sites and an additional four sites supported by the Global Fund, while LEN is expected to be rolled out by February 2026. ,

Despite, this great milestone, uptake remains low due to; stock-outs and inconsistent supply of DVR, the significant knowledge gaps among health workers and the clients, fear, anxiety, myths and misconceptions such as beliefs that the DVR is a family planning device and that it can get lost inside the body, the general low awareness and limited community sensitization. These barriers undermine the potential of these new interventions despite strong global evidence on their safety, efficacy, and acceptability.

Lessons learnt: Although DVR and CAB-LA offer discreet and empowering prevention options, uptake will remain low without deliberate investment, capacity strengthening, and myth-busting communication including DVR being considered a family planning method. Low utilization is largely driven by inadequate government prioritization, limited funding, and insufficient community awareness.

Next steps: ICWEA is implementing the EmpowerRing project, supported by AIDS FONDOS to address these barriers by; Training and deploying DVR Champions to translate policy commitments into actions. Strengthening advocacy for financing and prioritization especially because when women's lives are on the line, silence is complicity. Using social media, community dialogues, and targeted awareness campaigns to increase accurate knowledge. Advancing a community-led model where women and girls shape the future of HIV prevention.



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Persistent CNS Viral Reservoirs and Neuroinflammation in HIV-Associated Neurocognitive Disorders: Pathophysiological Mechanisms and Therapeutic Implications

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Background: HIV-associated neurocognitive disorders (HAND) are the primary clinical manifestation of HIV-related cognitive impairment and remain common despite excellent antiretroviral therapy. The underlying neuropathogenesis is characterized by a complex interplay of viral persistence, chronic neuroinflammation, metabolic dysregulation, and microglial dysfunction that is mostly unaffected by peripheral viral suppression. This study aimed to identify the main pathophysiological processes underlying HAND, with an emphasis on cognitive abnormalities that persist despite effective peripheral viral suppression.

Material and methods: A comprehensive literature review was conducted based on research published between 2015 and 2025 in PubMed, Scopus, and Google Scholar. The search focused on studies examining CNS viral reservoirs, microglial activation, viral protein neurotoxicity, glutamatergic dysregulation, mitochondrial dysfunction, glial impairment, disruption of the blood-brain barrier, and molecular links with HAND.

Results: Through monocyte trafficking, HIV reaches the CNS early and establishes long-lasting reservoirs inside microglia, causing chronic neuroinflammation marked by generation of TNF- α , IL-1 β , NO/ROS, and activation of the CCL2/CCR2 pathway. Through intracellular calcium disruption, NMDA receptor overactivation, and decreased astrocytic glutamate absorption (EAAT2), the viral proteins Tat, gp120, and Vpr cause excitotoxicity. This cascade leads to deteriorating neuronal

bioenergetics, decreased functional connectivity, and synaptic pruning, forming the fundamental molecular substrate underlying HAND. Cognitive impairments manifest as impairments in memory, attention, and executive functioning. Cognitive decline is exacerbated by complement activation (C1q/C3), mitochondrial stress, and white-matter abnormalities directly associated with oligodendroglial dysfunction. While direct neurotoxic effects cause substantial neurologic impairment, peripheral processes such as endoneurial inflammation and axonal degeneration contribute to distal symmetric polyneuropathy.

Conclusions: HAND pathophysiology is driven by persistent CNS viral reservoirs, chronic neuroinflammation, glutamatergic excitotoxicity, and mitochondrial dysfunction, which persist despite effective peripheral viral suppression. The complexity of these molecular mechanisms underscores the multifactorial pathogenesis of HAND and identifies potential therapeutic targets, including neuroinflammatory pathways, oxidative stress, and metabolic dysfunction, that warrant further investigation to improve cognitive outcomes in people living with HIV.



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Support Program for Adolescent Fathers in Collins Chabane Municipality, Limpopo Province

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Adolescent fatherhood is a global challenge with well-established causes that raise significant concerns for adolescent life's social, educational, health, and financial aspects. Though the consequences of adolescent motherhood have been studied very well, little is known about the magnitude and determinants of adolescent fatherhood.

A qualitative research method, adopting a community engagement research approach using explorative, descriptive, and contextual designs will be utilized in this study. Non-probability, purposive sampling will be used to sample the participants. The study's target population will be adolescent fathers and parents of adolescent fathers in the Mavambe community.

The study will be conducted in two phases. Phase one will be situational analysis, where multiple theories, namely, the Theory of Planned Behavior, Dickoff's six elements of practice, SWOT analysis, and BOEM's action plan theory, will be utilized to guide the study. Data will be generated using focus-groups and semi-structured individual interviews with adolescent fathers' parents. Data will be analyzed thematically using Braun and Clarke's six steps. Trustworthiness and ethical principles will be adhered to throughout the study. Ethical approval will be obtained from the University of Kwazulu-Natal and community leaders.

The second phase will be developing and validating a support program for adolescent fathers in Collins Chabane Municipality, Limpopo Province. This study aims to develop a support program for adolescent fathers in Collins Chabane Municipality, Limpopo Province. The developed program will be validated according to Chinn and Kramer's steps.



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Changing Lives as Women Living with HIV in Your Community

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Background: Women face a lot of challenges, especially when wanting to start a business in the communities where they live, and some include internal and external stigma from both themselves and others. However, understanding the social, economic, and health challenges faced by these women, as well as promoting awareness campaigns to reduce stigma and discrimination, is crucial. Facilitating access to healthcare services, including antiretroviral treatment and mental health support. Encouraging peer support groups to build community and resilience, advocating for policies that protect their rights and provide opportunities for education and employment, and collaborating with local organizations and healthcare providers to create sustainable support systems.

What has been done: Empowering women living with HIV in your community involves reducing stigma, improving healthcare access, providing psychosocial support, and creating opportunities for education and economic participation to enhance their quality of life and social inclusion

Successes as a woman living with HIV: In 2023, I started a school in my community, which was aimed at allowing those parents living with HIV and also have children living with HIV to have a safe place to take their medication without being stigmatized. This has been successful, with 53 children in 2023, 180 children in 2024, and 210 children in 2025. This is a testament that women living with HIV, if empowered, can change their communities positively.

Conclusion: We want to see communities that work together, not because of their HIV status but because of their ability to change the community for the betterment of the people they live with.



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Awareness and Preparedness for Mpox Outbreak among Healthcare Workers in Nairobi, Kenya

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Background: Mpox has emerged as a significant global public health concern, with outbreaks reported in Kenya. The spread of the virus underscores the importance of public awareness and preparedness to mitigate transmission and manage cases effectively. In Nairobi, factors such as high population density and constant movement of people present unique challenges to public health management. Against this backdrop, a survey was conducted by Hoymas Kenya in August 2025 to assess Healthcare workers level of awareness and preparedness regarding the mpox outbreak. This survey aimed to identify knowledge gaps, evaluate existing public health communication strategies, and inform the development of targeted interventions to enhance resilience against outbreaks.

Description: The survey was conducted in Nairobi County through cross-sectional study design implementing randomized questionnaires in August 2025 targeting healthcare workers. The data collected was analyzed through descriptive analysis

Results: Out of the 396 respondents, 40 were medical officers, 128 clinical officers, 170 nurses, 15 lab officers, 26 physiotherapists and 17 other cadres spread across all levels. 303 have had no training on mpox, while only two have had the mpox vaccine, most of the HCWs said they have no screening tools and only half of the facilities have enough hand washing facilities. Most of the HCWs felt unconfident to handle mpox and had no access to the required PPEs.

Conclusion: That as of August 2025, HCWs in Nairobi are largely unprepared and lack the necessary training, resources, and confidence to effectively manage a potential mpox outbreak.
Recommendations

- The county government should prioritize capacity building to improve suspicion index
- Vaccination drives for high-risk populations.
- Provision of a screening tool at all SDPs.
- Provision of PPEs and handwashing facilities at all SDPs.
- Community sensitization and public awareness.
- Development of referral pathways for Mpox.



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Key Populations at the Center: Evaluating HIV Service Uptake, Legal Barriers, and Community-Led Innovations in Nigeria

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Background: Key populations (KPs) including female sex workers (FSW), men who have sex with men (MSM), transgender people (TG), and people who inject drugs (PWID) continue to carry a disproportionate burden of HIV in Nigeria. Despite strong progress in ART coverage and viral suppression, structural and legal barriers undermine access to services. Evaluating national and state-level progress for KPs provides critical insight into how equity, human rights, and community-led innovations are shaping the response.

Methods: The 2024 programme review combined routine HIV programme data, community-led monitoring, and stakeholder consultations. The analysis assessed KP service coverage, PrEP enrolment, and viral suppression, while documenting the impact of stigma, punitive laws, and discriminatory practices. Special attention was given to sustainable, community-driven models such as one-stop-shops, peer navigation, and differentiated service delivery approaches.

Results: In 2024, over 200,000 KP individuals were on ART, with viral suppression rates above 90% among those retained in care. PrEP uptake among KPs improved, though adherence challenges were reflected in a 12–14% discontinuation rate and 418 recorded seroconversions. While community-led models demonstrated success in improving access and trust, punitive laws (e.g., criminalization of same-sex behavior and sex work) and weak domestication of HIV anti-stigma policies in 19 states continued to limit service uptake. Funding gaps threatened sustainability, as more than 80% of KP-focused interventions remained donor-dependent, with disruptions leading to temporary closure of some one-stop-shop facilities.

Conclusions: Community-led and KP-focused service models have proven effective in improving ART coverage and viral suppression, yet progress is undermined by legal, structural, and financial barriers. Scaling up community-led innovations, ensuring legal and policy reform, and mobilizing domestic resources are essential to protect gains and ensure equitable HIV service access for key populations in Nigeria.



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Awareness and Acceptance of Pre-Exposure Prophylaxis of HIV Infection among HIV Sero-Discordant Couples in Sokoto, Nigeria

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Introduction: Human Immunodeficiency Virus infection is pandemic (HIV), with the African region having the highest burden of morbidity and mortality. Nigeria is among the Nations in the World with highest number of people living with HIV infection. This infection weakens the immune system and makes the patients vulnerable to opportunistic infections as well as malignant disease conditions.

This deadly infection is not curable; however, it is treatable with anti-retroviral drugs. HIV sero-discordant couple is a situation in which one partner is not living with HIV infection, while the other is living with HIV infection and they live together with sexual engagement. HIV sero-discordant couples are high in Africa and high incidence of new HIV infection occurs in such couples.

Pre-Exposure Prophylaxis (PrEP) for HIV infection is an effective way of preventing the acquisition of HIV infection by taking anti-retroviral medications by the negative partner of HIV-sero-discordant couple or highly vulnerable groups.

World Health Organization approved the implementation of PrEP for HIV infection among certain groups of people at potential risk of acquiring HIV infection. Consequently, many Nations have incorporated PrEP for HIV infection as part of their National policy for HIV prevention program.

Methodology: A descriptive cross-sectional study design was adopted. The study subjects were HIV sero-discordant couples. The study was conducted at HIV clinic of Usmanu Danfodiyo University Teaching Hospital (UDUTH) and Specialist Hospital all in Sokoto.

A questionnaire was used for the data collection, and interviewer administered technique was

adopted. Statistical Package for Social Sciences (SPSS) version 23 was used for data entry and analysis.

Results: The study participants consist of 120 negative and positive partners of HIV sero-discordant couples. Their age is 30 ± 10 (Mean \pm SD). 46 (38.3 %) of the entire study participants, 23 from both positive and negative partners of HIV sero-discordant couples were aware and knew the usefulness of HIV pre-exposure prophylaxis. Yoruba 5 (100 %) and Igbo 3 (100 %) were observed to be more willing to accept and utilize HIV pre-exposure prophylaxis compared to the other tribes ($P = 0.001$). 58 (96.7 %) of the positive partners of the HIV sero-discordant couples said to be regular on antiretroviral drugs. Dizziness was reported to be the reason for not being regular on antiretroviral drugs.

Conclusion: There was low awareness of HIV infection pre-exposure prophylaxis. Tribes influence the acceptance and willingness to utilizing HIV infection pre-exposure prophylaxis.

Recommendation: We recommend for the enlightening campaign about the HIV infection pre-exposure prophylaxis by the Government, and healthcare professionals.



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Beyond the Mine Shaft: A Gender Analysis of a Mobile Health Program's Impact on Tuberculosis Detection among Women in Mining-Affected Communities of Gombe State, Nigeria

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Background: Tuberculosis (TB) control efforts in mining contexts have historically focused on male miners, rendering women in mining-affected communities a hidden and underserved population. These women—including miners' wives, traders, and service providers—face amplified TB risks due to overcrowded housing, exposure to returning miners, and significant gender-specific barriers to healthcare, such as financial dependence, childcare responsibilities, and stigma. Consequently, their access to standard, facility-based TB services is severely limited.

Objective: This study aimed to conduct a gender analysis of a Mobile Health (mHealth) program to assess its impact on TB case detection among women in mining-affected communities of Gombe State, Nigeria, and to identify the gender-related barriers and facilitators influencing the program's effectiveness.

Methods: A mixed-methods, quasi-experimental design was employed over 18 months. The intervention involved deploying a mobile health team to provide community-based TB screening, symptom assessment, and diagnostic testing via GeneXpert. Quantitative data on TB case notification rates were disaggregated by sex and compared to pre-intervention baselines. Qualitative data were collected through 24 in-depth interviews and 8 focus group discussions with women participants, community leaders, and health workers, and analyzed using a thematic framework approach to explore gendered experiences.

Results: The program led to a 4-fold increase in TB case detection among women in the intervention areas compared to a 1.5-fold increase among men, although the absolute number of male cases remained higher. Qualitative findings revealed that key facilitators for women included the privacy of home-based screening, the presence of female community health workers, and the integration of services with childcare. Primary barriers persisted, such as fear of domestic conflict and economic repercussions following a TB diagnosis.

Conclusion: Mobile Health programs can significantly improve TB case finding among women in mining-affected communities by directly addressing gender-specific access barriers. However, without an explicit gender analysis, public health interventions risk perpetuating invisibility. To achieve health equity, TB control strategies must move "beyond the mine shaft" and integrate gender-responsive designs that address the unique social and economic vulnerabilities faced by women.



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The Role of Communities in Empowering Women Living with HIV: A Case of the Resilient Urban Climate Initiative (RUCI) in Soweto Slums, Nairobi

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Community involvement plays a critical role in empowering women living with HIV, especially in informal settlements where poverty, stigma, and environmental challenges deepen their vulnerability. This study examines how community-led actions through the Resilient Urban Climate Initiative (RUCI) have contributed to improving the well-being, confidence, and social inclusion of women living with HIV in the Soweto slums of Nairobi. RUCI, a grassroots organization addressing environmental and health issues, integrates climate action with social empowerment programs to promote holistic resilience.

Using participatory approaches, RUCI engages affected women in environmental clean-ups, tree planting, and sanitation improvement activities. These efforts not only create a cleaner, safer environment but also restore dignity, provide income opportunities, and strengthen social networks. Interviews and field observations reveal that community-based engagement reduces stigma, enhances self-esteem, and enables women to participate actively in local decision-making.

The findings underscore that empowering women living with HIV requires inclusive, community-driven strategies that address both social and environmental determinants of health. Integrating health awareness, livelihood support, and environmental restoration can build resilient, self-reliant communities capable of breaking cycles of inequality and disease.



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Barriers to HIV Treatment Adherence among Women Living with HIV in Benue State, Nigeria: A Gendered Analysis of Socio-Cultural and Health System Factors

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Benue State has one of the highest HIV prevalence rates in Nigeria, with women disproportionately affected. Recent estimates indicate a prevalence of about 6.3% among women in community-based studies, compared to 5.7% among adults overall. Despite expanded access to antiretroviral therapy (ART), many women still face barriers to consistent adherence, undermining Nigeria's progress towards viral suppression targets.

This study explores the gendered socio-cultural and systemic factors influencing ART adherence among women living with HIV in Benue State. Using secondary data from the National Agency for the Control of AIDS (NACA), the Nigeria HIV/AIDS Indicator and Impact Survey (NAIIS), and relevant NGO and public health reports, the analysis combines descriptive and thematic approaches to interpret patterns of adherence.

Findings reveal that adherence is undermined by stigma, limited sexual autonomy, and unequal gender and power relations. Within marital and intimate partner dynamics, women's economic dependence and restricted decision-making power heighten vulnerability. Stigma within religious and community spaces further discourages women from seeking timely diagnosis or maintaining consistent treatment. Health system challenges, including drug stock-outs and long distances to treatment centres, compound these difficulties.

Nevertheless, interventions such as peer-led support groups, community sensitisation, and gender-responsive counselling have shown potential to improve adherence. The study concludes that sustainable HIV control in Nigeria requires centring women's lived experiences and

integrating socio-economic empowerment into HIV care models. By addressing the cultural and structural roots of non-adherence, Nigeria can move closer to achieving both health equity and the end of HIV among women.



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Evaluating the Effectiveness of Health Workers' Strategies Used in Re-engaging Women Living with HIV with Missed Appointments Post Tropical Cyclone Freddy in Mulanje, Malawi - A Retrospective Analysis

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Climate-related disasters increasingly disrupt healthcare delivery in sub-Saharan Africa, particularly in Malawi, affecting HIV care continuity among Women Living with HIV (WLHIV). Despite Malawi's progress toward the UNAIDS 95-95-95 targets, there is a 15.5% national default rate and limited evidence on effective re-engagement strategies used during climate related emergencies.

The study aimed to evaluate the effectiveness of health workers' strategies used in re-engaging WLHIV who missed ART appointments after Cyclone Freddy at Kabenje and Muloza health centres in Mulanje.

A mixed methods design combining a cross sectional and phenomenological study was conducted from September 2024 to June 2025. All ART records were reviewed retrospectively for quantitative data using a census approach over a three-month period following Tropical Cyclone Freddy. Qualitative data was collected using semi-structured interview guides from 11 purposively selected health workers and 35 WLHIV. Descriptive analysis was used to analyse quantitative data, and qualitative data were analysed manually, using thematic analysis guided by the Consolidated Framework for Implementation Research (CFIR).

Of 100 WLHIV who missed ART appointments, 91% (n=91) were successfully re-engaged. Strategies used were camp based ART delivery for displaced clients, home visits, phone tracing, and collaboration with Health Surveillance Assistants

(HSAs) and local leaders. Challenges reported were damaged roads, long distances, limited resources and high workloads. WLHIV highlighted grief, stigma, food insecurity, and loss of health records as barriers to re engagement. High ART re-engagement during Cyclone Freddy was achieved through community driven strategies, such as camp based delivery, home visits, and collaboration with HSAs and local leaders.



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Sustaining Post-Rape Care for Adolescents and Young Persons in Resource-Constrained Settings in Nigeria through a Community-Embedded, Youth-Friendly Post-Rape First Response System in Nigeria

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Issue: In Nigeria, adolescents and young persons (AYP) face a disproportionate burden of sexual violence, a crisis compounded by severe barriers to accessing critical post-rape care. Data on sexual violence and Post-Exposure Prophylaxis (PEP) initiation reveals a critical gap: despite experiencing high rates of assault, AYP, particularly females, exhibit significantly low PEP completion rates. This analysis underscores how systemic failures including stigma, fear of formal institutions, lack of information, and geographic and financial constraints prevent survivors from navigating the crucial 72-hour window for PEP initiation. The concentration of services in centralized health facilities effectively excludes a vast majority of AYP, leaving them vulnerable to unintended pregnancies, sexually transmitted infections, including HIV, and severe psychological trauma.

Description of the Solution: To address this, we propose a community-embedded, youth-friendly post-rape first response system. This model decentralizes care from formal health facilities alone and integrates it into trusted community structures. It leverages a network of trained, empathetic first responders, including youth peer advocates, survivor mentors, school guidance counsellors, adolescent-friendly hubs, and community-based organization (CBO) workers. These responders are equipped to provide immediate psychological first aid, accurate information on PEP and other medical services, and facilitated referral to partnered clinics. By

meeting AYP where they are in schools, youth clubs, and community centres this system ensures timely, confidential, and non-stigmatizing support, dramatically increasing the likelihood of PEP initiation within the critical timeframe.

Lesson Learnt: Studies have demonstrated that trust and accessibility are paramount. The utilization of peer advocates and survivor mentors drastically increased disclosure rates and service uptake. Furthermore, pre-established “warm handoff” protocols between community responders and clinical providers will streamline the referral process, reduce delays and mitigating re-traumatization. This approach will confirm that decentralizing the initial point of contact is not a dilution of care but a vital amplification of it, effectively bridging the chasm between the community and the formal healthcare system.

Next Step: Piloting this first-response network with a small population would be of great importance, this is to help identify errors and improve on the platform and develop a robust foundation for scale-up. Concurrently, we will develop a standardized national training curriculum and a digital monitoring and evaluation platform to track outcomes, ensure quality assurance, and advocate for nationwide policy adoption, ultimately creating a sustainable ecosystem of post-rape care for all AYP in Nigeria.



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Increasing Maternal HIV Testing Coverage through Same-Day Testing and Health Worker Capacity Building in Anambra State

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Background: Prevention of Mother-to-Child Transmission (PMTCT) is one of the major areas of concern in the HIV program and is critical to achieving epidemic control. The national guideline has recommended that routine HIV testing should be carried out at first antenatal care (ANC) visit but this has remained suboptimal. Anambra State implemented interventions to enhance HIV testing interventions to enhance HIV testing uptake among pregnant women including health worker training, community sensitization and follow-up support. This study aims to evaluate the trend in testing coverage for these pregnant women in Anambra State from 2021 to 2024.

Methods: Anambra State integrated HIV testing into all ANC visits across the 21 LGAs of the state. DHIS2 program data from 2021 to 2024 was used to assess ANC uptake, HIV testing coverage and identification of positive cases which was subsequently analyzed using Microsoft Excel and R to show trend analysis in testing uptake and positivity yield.

Results: A total of 127304 pregnant women attended ANC visits in Anambra State over the study period from 2021 to 2024. However, there were 129628 pregnant women who were tested and received results with the previously known positives declining from 780 in 2021 to 550 pregnant women in 2024. The positivity yield of these pregnant women decreased slightly from

0.9% in 2021 to 0.5% in 2024. The number already on ART before pregnancy remained consistently high, reflecting improved early engagement and better retention in HIV care.

Conclusion: The implementation of PMTCT interventions in Anambra State improved antenatal HIV testing uptake and early linkage to care among positive pregnant women. Sustaining these approaches is critical to achieving elimination of mother-to-child transmission and ensuring equitable access to HIV services.



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Profile and Outcome of Multiple Myeloma with and without HIV Treated at a Tertiary Hospital in KwaZulu-Natal, South Africa

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Objectives: To profile the outcome of multiple myeloma (MM) patients treated at a South African tertiary hospital in KwaZulu-Natal (KZN) and to compare MM in HIV-negative patients and MM in people living with HIV (PLWH).

Methods: A retrospective analysis of patients with MM was conducted over 5 years (2015–2020). Patient demographics, presenting complaints, symptom duration, disease stage, molecular profile, treatment, and survival data were captured. Statistical analysis was conducted using R Statistical software of the R Core Team, 2020, version 3.6.3.

Results: 135 patients; 79% (n = 106) HIV-negative and 21% (n = 29) PLWH were investigated. 54% (n = 74) females and 57% (n = 76) 51–70-year-olds. The 40–50-year-old patient group had a significantly higher proportion of PLWH (p = 0.032). Pathological fractures were the commonest presenting complaint, 47% (n = 57) and 49% (n = 49) had International Staging System, stage III disease. Fluorescent in-situ hybridization (FISH) MM profiling was completed in 58% (n = 78). Positivity for del 11q22 was found in 23.7% (n = 14) with significantly more HIV-negative patients having the mutation (p = 0.027). Overall, 42.2% (n = 57) achieved 2-year overall survival (OS). There were no significant differences in treatment (p = 0.926) and 2-year survival outcome (p = 0.792) between the two groups.

Conclusion: The incidence of HIV in newly diagnosed MM patients in KZN was increasing. KZN patient profile differed from other reports by showing female predominance but was similar in advanced-stage presentation and bone fracture predominance. Statistically significant differences

between the HIV-negative patients and PLWH were observed in age distribution and mutational landscape. Further studies are required in this area.

