AIDS 2026: Key Themes for Australia and the Asia-Pacific Region

The 2026 International AIDS Society Conference (AIDS 2026) took place at a time of both significant scientific progress and growing uncertainty for the global HIV response. While researchers presented major advances in HIV prevention and treatment, including long-acting and less frequent dosing options, discussions were also shaped by concerns about declining international HIV funding and the challenge of ensuring equitable access to prevention and treatment. A recurring theme throughout the conference was that scientific innovation alone will not end HIV unless it is matched by sustained investment, community leadership and effective implementation.

Long-acting prevention and treatment are expanding choice

Long-acting HIV prevention and treatment were a dominant theme at AIDS 2026. New data reinforced strong demand for long-acting options, including six-monthly injectable lenacapavir for HIV prevention. Researchers also presented encouraging results from clinical studies of once-weekly oral treatment with a combination of islatravir and lenacapavir, while the once-monthly PrEP candidate alimatravir (MK-8527) continues to progress through phase III clinical trials. A key message from the conference was that diverse communities need diverse prevention and treatment options. Increasingly, the future of HIV care is likely to involve daily, weekly, monthly and long-acting formulations, allowing individuals to choose the approach that best fits their circumstances.

Australian context: Expanding prevention and treatment options has the potential to improve uptake, adherence and ongoing engagement in care by offering greater choice. Long-acting approaches may be particularly beneficial for people whose needs are not fully met by existing models of care, as well as highly mobile people and those living in rural and remote areas who face additional barriers to accessing healthcare services.

Access and affordability are as important as innovation

Alongside the scientific advances presented at AIDS 2026, many discussions focused on how new prevention and treatment tools can be made accessible to the people and communities who need them. While lenacapavir has the potential to transform HIV prevention globally, concerns were raised about licensing arrangements and whether low- and middle-income countries will be able to access emerging innovations in a timely and affordable manner. Advocates highlighted that a substantial proportion of new HIV infections occur in countries currently excluded from existing low-cost access agreements, such as Pacific Island Countries.

In contrast, alimatravir (MK-8527) attracted considerable attention because of its projected affordability. Researchers at the conference estimated that generic once-monthly alimatravir could be produced for less than US$5 per person per year, potentially making it the cheapest HIV prevention medicine developed to date (1). If proven effective in ongoing phase III trials, it could help address one of the major barriers to HIV

prevention globally: affordable access at scale. Realising this potential, however, will depend on a commitment to affordable pricing and broad availability across low- and middle-income countries (2).

Australian and regional context: These discussions are particularly relevant across the Indo-Pacific region, where affordability, health system capacity and funding constraints can influence access to new technologies. As Australia continues to support HIV responses across the region, equitable access to emerging innovations will remain a critical challenge.

Implementation is critical to achieving impact

Presenters repeatedly emphasised that product availability alone does not guarantee impact. Lessons from early implementation efforts highlighted the importance of community engagement, trusted communication, informed choice and demand generation strategies tailored to local contexts. As Brazil's Minister of Health stated, "innovation without access is an injustice" (3).

Discussions on demedicalising PrEP similarly focused on reducing barriers to care and expanding access through more flexible, community-centred approaches. A recurring message was that successful implementation requires prevention and treatment services to be tailored to the needs and preferences of different communities, including through evidence-based, non-traditional service delivery models.

Australian context: Australia's HIV response has benefited from strong community involvement and innovative service delivery models. As new prevention and treatment technologies emerge, ensuring they are delivered through flexible, accessible and community-led approaches will be critical to maximising their impact, particularly among priority populations and communities that experience barriers to healthcare access.

Community leadership and rights-based approaches remain essential

AIDS 2026 reinforced the importance of community leadership and rights-based approaches in sustaining effective HIV responses during a period of growing uncertainty. Community-led monitoring was highlighted as a critical tool for identifying barriers often missed by traditional health systems, including stigma, discrimination, violence and poor service experiences. Presenters noted that as funding cuts affect HIV programs and surveillance systems, obtaining information about service disruptions and emerging gaps in care is becoming increasingly difficult. Community-led monitoring can help address this gap by providing real-time evidence from affected communities and supporting accountability during periods of uncertainty.

Many discussions highlighted how stigma, criminalisation and other structural barriers continue to undermine HIV outcomes. Speakers described a growing backlash against human rights, gender equality and science, alongside renewed reports of HIV criminalisation and laws targeting key populations (4). In this context, community-led approaches were viewed as particularly important for ensuring that the experiences of affected communities remain visible and that HIV responses continue to be informed by evidence, public health principles and human rights.

Australian and regional context: These discussions highlight the ongoing importance of community leadership across the Indo-Pacific region. Australia can help support community-led responses and advocate for evidence-based, rights-based approaches that improve access to HIV prevention, treatment and care.

Fiji highlights an urgent regional challenge

Many of the themes discussed throughout AIDS 2026, including equitable access to services, community leadership and the importance of effective implementation, were reflected in presentations on Fiji's rapidly growing HIV epidemic. Fiji has experienced a more than thirty-fold increase in HIV diagnoses since 2010 and formally declared an outbreak in early 2025 (5). Presenters reported substantial gaps across the HIV care continuum, with low rates of diagnosis, treatment uptake and viral suppression contributing to ongoing transmission.

The epidemic is being compounded by several structural challenges, including the absence of a national needle and syringe program, limited harm reduction services, drug-related stigma and periodic shortages of HIV testing kits and antiretroviral medicines (5). Presenters emphasised that while political commitment to addressing the outbreak is growing, significant investment will be required to strengthen prevention, testing, treatment and community-based responses. Concerns were also raised about the future sustainability of international funding at a time when many countries are adjusting to changes in the global HIV funding landscape. Fiji's outbreak demonstrates the continuing importance of established public health interventions, including harm reduction, community engagement and reliable access to testing and treatment services.

Australian and regional context: As a major focus of Australian development assistance, the Pacific remains closely connected to Australia through travel, education and labour mobility. Fiji's experience underscores the importance of sustained Australian investment in regional HIV responses, particularly harm reduction, health system strengthening and workforce development.

References

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