

Leading Article

Presidential address: Let science reach all

Priyantha K. Weerasinghe 

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*Chief Guest Dr Palitha Mahipala, secretary to the ministry of health,
Guest of honor Dr Emily Cleark, Consultant in Sexual health and HIV Medicine, Liverpool, UK,
Distinguished invitees of the overseas faculty
Past presidents,
Fellows of the college,
Members of the council of the Sri Lanka College of Sexual health and HIV Medicine,
Members of the college,
Distinguish guests, friends, ladies and gentlemen,*

It is my great pleasure to address these distinguished guests at the inaugural ceremony of the 29th academic sessions of the SLCOSHH. The theme of the sessions this year is **“Let science reach all”**. I believe that this is a very timely and appropriate topic as science behind the field of sexual health and HIV Medicine is growing rapidly, especially in relation to HIV medicine.

First of all, let me take you through the content of my presentation

I will be discussing about...

- Major landmarks of Science of HIV Medicine
- Application of latest medical advancement into clinical practice
- How local context is adapted to advancement of science, especially HIV medicine

- Strengths and Challenges in reaching science into those who need in Sri Lankan context
- Finally, I will talk about a few future directions of the science in HIV Medicine.

Journey of Venereology

I think, Fascinating Journey of Venereology starts with the discovery of syphilis.

One of the fascinating diseases that can affect virtually any organ. It is named as a great imitator and mimicker.

Sir William Osler once said, “he who knows syphilis, knows medicine,” that is due to the heterogeneity of clinical presentations associated with the disease. The historical tabes dorsalis and general paresis are now rare. With widespread use of antibiotics, alternative presentations of neurosyphilis are more common. It is clear that science has opened up a modern form of syphilis presentations, especially in relation to neuro-syphilis.

Many Scientists showed interest in studying syphilis due to its fascinating nature and pathophysiology attached to it. It is clear that science of venereology is evolving rapidly especially with the recognition of the so-called new great imitator of HIV.

Landmarks in HIV medicine

Let's see advances of science over the past four decades in relation to HIV Medicine, I am going to concentrate on only a few key areas and try to see the adaptation to advances of science in the local context, and perhaps to explore future directions.

I will quickly go through the landmarks of HIV Medical science.

Journey of HIV Medicine begins with the identification of new PCP pneumonia among previously healthy homosexual men in Los Angeles in 1981.

Later, the causative agent is identified by French virologist Luc Antoine Montagnier and American physician-scientist Robert Charles Gallo. They are credited with discovering the cause of the acquired immunodeficiency syndrome (AIDS)

In 1987, the antiretroviral drug azidothymidine (AZT), now known as zidovudine, was approved for use. It is a viral reverse transcriptase inhibitor, and provided a temporary reduction in HIV RNA levels in the blood and resulted in modest health improvements for individuals living with HIV.

Subsequently, two-drug therapies were considered, but they often resulted in incomplete suppression of the virus.

The year 1996 marked a significant turning point in HIV medicine, with the introduction of highly active antiretroviral therapy (HAART), it demonstrated substantial benefits for both individuals and populations. The combination of ARV not only improved the health of those with advanced disease but also slowed disease progression in individuals who exhibited no obvious symptoms.

I have witnessed the initiation of ART across various CD4 count levels, and ongoing research continues to provide new evidence. For instance, findings from the START trial supported the approach of treating all individuals with HIV, regardless of their CD4 counts. Current HIV medicine guidelines are aligned with this evidence and recommend starting ART irrespective of CD4 levels.

Historically, many older ART medications were associated with considerable side effects. For

instance, we experienced this even in the recent past around 2012 with two ARV used up to 2012 in many countries.

Nevirapine has been linked to serious complications, such as liver toxicity and severe skin reactions, I am sure some of you have experienced worse cases, sometimes with fatal outcomes.

Stavudine (d4T) was good in relation to metabolic profile but known for causing lipoatrophy, causing many physical changes in the body and causing distress to the patients.

The landscape of antiretroviral therapy (ART) for HIV has significantly advanced, with around 30 FDA-approved options currently available for clinical use. Newer, more user-friendly regimens have emerged, greatly enhancing treatment adherence and outcomes for individuals living with HIV (PLHIV). Integrase inhibitors like dolutegravir and bictegravir, typically offer a more favorable side effect profile. These medications tend to be well-tolerated and have fewer long-term complications, making them friendly choices for initial treatment regimens.

Currently, long acting injectable, Cabotegravir, and lenacapavir are in clinical practice. They would be very useful in providing options for sub optimum adherence to daily pills.

Many countries have started to adopt integrase inhibitor-based regimens as first-line treatments, due to their effectiveness and lower toxicity, this shift leads to better adherence and overall health outcomes.

I am proud to say that Sri Lanka was successful in transitioning from EFV, NNRTI to dolutegravir in 2023 and currently 96% of PLHIV in care in Sri Lanka are on Dolutegravir based ART.

Miracles of ART

HIV was once a deadly disease but later with advancement of science it became manageable chronic infection.

Evidence is supporting that estimated life expectancy for PLHIV on long term ART with high CD4 counts is only a few years lower than that in the general population, irrespective of when ART was started. Results suggest the continuing importance of early and sustained ART.

The evidence from the HPTN 052 study first demonstrated that combined antiretroviral therapy (ART) is effective in preventing the spread of HIV. The concept of "treatment as prevention" marked a pivotal advancement in HIV prevention strategies, and opened up a new era in HIV medicine and Treatment as prevention concept is well proven by many subsequent scientific studies.

The "U=U" that is (Undetectable = Untransmissible) concept has made significant attention and had a profound impact on public health. It provides us the hope for reversing the epidemic by treating all.

Today, we observe many sero-discordant couples successfully maintaining their sero-status over time, pursuing pregnancy, and fulfilling their family aspirations.

The use of ART as pre-exposure prophylaxis (PrEP) represents a remarkable achievement in HIV medicine, demonstrating strong evidence for preventing HIV transmission among at-risk, uninfected individuals.

Studies have shown that PrEP can be up to 99% effective in preventing HIV among at-risk populations. Additionally, there is evidence supporting the use of injectable formulations for HIV prevention, which has attracted many at-risk individuals to the services provided by sexual health clinics. For example, Cabotegravir is being used in developed countries with promising results, and early analyses of Lenacapavir for PrEP have also shown encouraging outcomes. This progress will likely continue, with future studies exploring various new agents.

However, despite the established safety and efficacy of oral PrEP, its uptake among at-risk populations has not been as robust as anticipated. This trend is observed in many parts of the world, including Sri Lanka. Although we launched wide scale PrEP services in 2022 with great enthusiasm, the uptake has not been up to the level expected, and adherence to PrEP remains not up to the level. Event-driven PrEP has gained more popularity among at-risk individuals. It is true that currently we have only oral PrEP in Sri Lanka, Currently, we are in the process of scaling up PrEP services for at-risk populations, with user-friendly and more feasible services.

As mentioned earlier, while scientific advancements are significant, it is crucial that these developments reach those in need. More adjustments are required to cater to the specific needs of at-risk populations. Those who have yet to be reached must be prioritized, while individuals already accessing PrEP may face their own challenges in maintaining adherence, which need to be addressed. Future options may be more suitable, user friendly for them, but until then, every effort should be made to keep them HIV-negative so they can benefit from upcoming options.

We have expanded Post Exposure Prophylaxis following risk Sexual Exposure and non-sexual exposure services in all over the country. Science has proved that combining ART as post exposure prophylaxis is effective in preventing HIV if used in a timely manner.

Advanced science vs. outcome

Some of you in the audience might wonder, with the availability of ART, and with promising results of U equal U, PrEP, and Post exposure prophylaxis, why do we continue to have a significant new HIV burden worldwide and locally?

Let's see How latest research findings are incorporated into the clinical practice: It is with the evidence based medicine.

Evidence-based medicine (EBM)

Evidence-based medicine (EBM) is an approach that emphasizes the use of the best current evidence in making decisions about patient care. In the fields of sexual health and HIV medicine, EBM integrates clinical expertise, patient values, and the best research evidence into the decision-making process.

Importance of EBM in sexual health and HIV medicine

Firstly, it can improve Patient Outcomes based on the interventions that are scientifically validated.

Secondly, Research evidence is very useful in taking Informed Decision-Making: EBM empowers healthcare professionals to make informed decisions based on the latest research findings. This helps in tailoring treatment plans to meet the specific needs of patients.

Thirdly, it is very useful in Resource Allocation: By focusing on effective interventions, EBM assists healthcare systems in optimizing resource allocation, ensuring that limited resources are used where they will have the greatest impact.

Finally, Guideline Development: EBM supports the creation of clinical practice guidelines that are based on rigorous research, ensuring that healthcare professionals are guided by the most reliable information

Guidelines

Internationally many STI HIV management guidelines are in parallel with latest findings in science. Almost all well recognized guidelines are updated periodically and accessible for health care professionals all over the world. I am proud to say that the local situation is also the same. In Sri Lanka, we have locally updated management guidelines on STI / HIV / Prevention of mother to child transmission of HIV / Syphilis and many others.

Despite the progress in HIV medical science, and with its clinical applications, prevention and treatment programs worldwide continue to face numerous challenges. Many scientific advancements have not effectively reached those in need, and adherence to preventive measures remains an issue. This reality is evident both globally and locally, with approximately 40 million people currently living with HIV.

Let's see the situation in the world

In 2023, there were numerous new HIV infections reported. The local context is no exception, as we continue to witness a growing epidemic in the country.

Globally 39.9 million of PLHIV estimated to live in, this could be even due to increased life expectancy of PLHIV with the introduction of ART.

However, a striking feature is, globally 1.3 million newly infected with HIV in the year of 2023, and further, people dying with AIDS, It is clear that science has not reached all.

Globally only 86 % of all people living with HIV knew their status in 2023. Striking figure is that about 5.4 million people did not know they were living with HIV in 2023.

When it comes to the local context of course there is no difference.

Local situation

Here is the Summary of HIV Data by End of 2023 in Sri Lanka

- Estimated Number of People Living with HIV (PLHIV) is about 4,700, but only 88 % of them know their sero-status.
- The number on Antiretroviral Treatment (ART) was 3,500 that is , 81% of the estimated people living with HIV)

Figure 1: HIV testing and treatment cascade

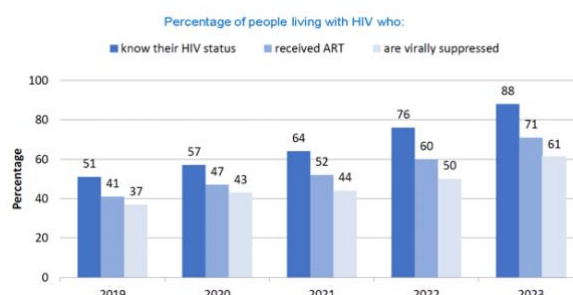


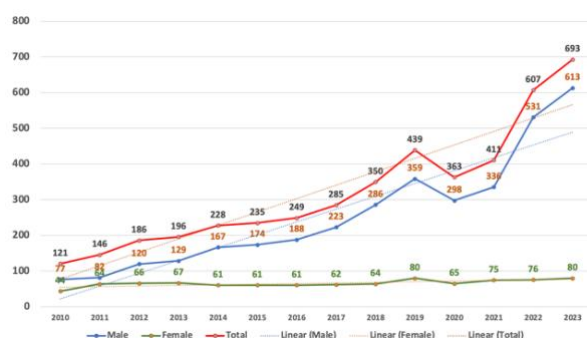
Figure 1 shows HIV testing and treatment cascade from 2019 to 2023, and illustrates the percentages of individuals living with HIV who are aware of their HIV status, have accessed antiretroviral therapy (ART), and are virally suppressed. You can see here throughout these years; all three categories have shown a consistent upward trend. This positive trajectory due to significant advancements in the diagnosis, treatment, and management of HIV. However, we have to do more.

As per UNAIDS declaration, Sri Lanka is committed to end AIDS by 2030. In order to achieve this goal, it is necessary to diagnose 95% of those who are infected with HIV by 2025 and out of them 95% should be on antiretroviral treatment (ART) and of them 95% should be virally suppressed.

By the end of 2023 88% of PLHIV in Sri Lanka knew their status and 81% were on ART while 86% were virally suppressed.

There has been a significant increase in HIV cases among males from 2010 to 2023. In contrast, the number of cases among females has remained relatively stable during this time.

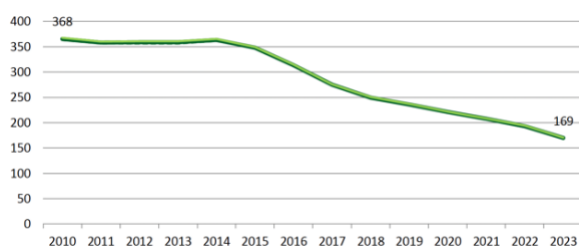
Figure 2: Trends of HIV case notifications, 2010-2023



The majority of new HIV infections were reported in males, who accounted for 88% of the total.

Figure 3 shows the New HIV estimations based on spectrum and other AIDS epidemic model

Figure 3: Estimated number of new HIV infections, 2010-2023



According to estimates, the number of new HIV infections was approximately 368 in 2010. By 2023, the estimated number of new HIV infections had dropped to 169.

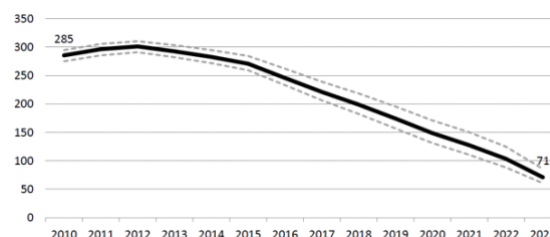
You may wonder why we see declining New HIV cases while seeing more detections each year. New HIV infections refer to the cases of HIV that occur within a specific year. Data from 2010 to 2023 indicate a significant downward trend in overall new HIV infections. However, there is a concerning rise in infections among younger populations, along with an increase in infectious syphilis and gonorrhea, both of which are considered proxy indicators of new infections. Analyzing CD4 counts among reported cases each year can provide insight into the likelihood of recent infections.

Currently, we have not adopted testing methods to detect recent infections, as it may not be cost-effective. So it is possible that our new HIV case estimate might not be well within the real number.

AIDS deaths in recent years

This data illustrates the estimated number of AIDS-related deaths from showing a significant decline over a period. By 2023, the estimated number of AIDS-related deaths had fallen to below 100. This decline is most likely due to the progress made in HIV treatment and care, which has greatly reduced the mortality rate associated with AIDS.

Figure 4: Estimated number of AIDS-related deaths, 2010-2023



Among reported AIDS-related deaths, the primary causes were respiratory tract infections associated with advanced immunodeficiency and central nervous system (CNS) infections.

Managing patients with advanced immunodeficiency who suffer from respiratory and CNS infections presents significant challenges, not only locally but also in developed countries. Tuberculosis (TB) is the leading cause of morbidity and mortality among individuals living with HIV worldwide.

In Sri Lanka, during 2023, a total of 555 PLHIV underwent TB screening, and the positivity rate was 12.5%. This included 34 cases of smear-positive pulmonary TB and 22 cases of smear-negative pulmonary TB, along with 19 individuals diagnosed with extra pulmonary TB.

Diagnosis of TB is advancing, and we have established a TB screening protocol for PLHIV based on the latest medical evidence. All PLHIV should reach all medical expertise, laboratory tests to get early diagnosis.

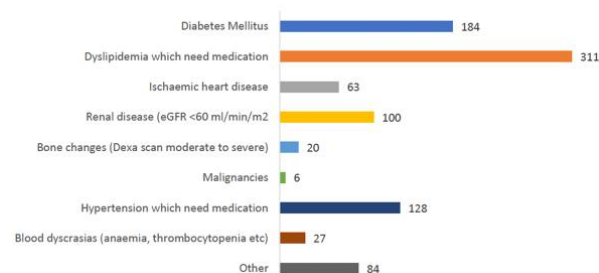
Early diagnosis of HIV is crucial for effective management. As I emphasize, scientific advancements allow for the early detection of opportunistic infections (OIs) through advanced laboratory testing, which can help prevent mortality and morbidity among affected individuals.

So that laboratory facilities to diagnose Tuberculosis and other OI need to be strengthened and widely available.

Furthermore, the timely initiation of prophylactic agents and antiretroviral therapy (ART) is essential.

In Sri Lanka, non-communicable diseases (NCDs) among PLHIV are also on the rise. Data from 2023 indicates that dyslipidemia was the most common NCD in this population.

Figure 5: Number of reported NCD among PLHIV in 2023



Research has shown that the early initiation of lipid-lowering medications among PLHIV is beneficial in reducing cardiovascular risk. As you may know PLHIV carries a higher risk of developing cardiovascular diseases even after achieving undetectable viral levels. It is important to recognize the risk and manage them appropriately to get the maximum out of the evidence. Having established laboratory services are key to success in this.

EMTCT of HIV and syphilis

The elimination of mother-to-child transmission of HIV is now a scientifically proven strategy. In fact, Sri Lanka has been certified as a country that meets the World Health Organization's (WHO) criteria for reaching this target.

The overall risk of mother-to-child transmission of HIV has significantly decreased, and the safety of dolutegravir as a first-line antiretroviral therapy (ART) for women of childbearing potential is well established. However, in the context of pregnancy and lactation, the application of the U=U (Undetectable = Untransmittable) principle may not be fully guaranteed.

From 2014 to 2023, Sri Lanka successfully prevented the transmission of HIV to 136 babies through interventions. We are proud to

report that not a single case of transmission occurred among identified mothers with HIV since 2014. This achievement did not come without challenges, as some mothers faced difficulties adhering to ART in the early stages of treatment. Nevertheless, with a robust scientific approach, we implemented all possible measures to prevent transmission during the latter part of pregnancy, particularly in institutionalized care settings for some mothers. It is important to acknowledge that scientific evidence played a crucial role in achieving this success.

Figure 6: Number of mother-to-child transmitted HIV cases by year of birth, 2010-2023



I can recall a case in 2012 when we faced a failure, where we relied solely on the recommended Zidovudine (ZDV) monotherapy for preventing mother-to-child transmission, resulting in a positive test for the baby. It is likely that the mother experienced seroconversion during pregnancy, making ZDV insufficient to protect the infant.

Since then, we have ensured that all identified mothers have successfully prevented their babies from becoming infected. However, we have recently identified a few cases of HIV in children born to mothers who were not tested for HIV during pregnancy or acquired HIV during later part of the pregnancy. This highlights the importance of ensuring that scientific advancements reach those in need. As prevention of mother to child transmission of HIV is a realistic goal, we have to facilitate testing of all pregnant mothers during the first trimester and second test for mothers at risk in the third trimester.

As I discuss, science is getting advanced and new findings will be available now to health care professionals. All Guidelines are in place, but still a considerable population will be unaware about their infection.

Stigma and discrimination

Stigma and discrimination against people living with HIV (PLHIV) remain significant barriers that prevent individuals from accessing HIV prevention services, testing, and linkage to treatment and care.

Stigma and discrimination against at-risk populations pose significant challenges to accessing necessary services and support.

Science should reach all key affected populations to have control in Sri Lanka. As I said previously, we are offering PrEP services for Men who have sex with men and TG as they are the current drivers of the epidemic. According to the estimates there are nearly 40 000 MSMs in the country, however that figure might be an underestimation. Unless science reaches them, we could not think about a reversal of the epidemic.

Further, according to estimates, there are about 30000 female sex workers, about 2200 transgender women, about 900 injecting drug users and 4500 beach boys and prison inmates in the country. Need to update the estimates and find innovative ways to reach them with advancement of science.

Stigma and discrimination toward at-risk populations can have profound effects on HIV control efforts in a country. There are several ways in which this stigma can impact HIV prevention and treatment:

Reduced access to healthcare services

At-risk populations may avoid seeking testing, treatment, or preventive measures due to fear of being judged or discriminated against, leading to undiagnosed cases and untreated infections.

This will result resulting in missed opportunities for early diagnosis and intervention.

Delayed diagnosis and treatment

Late Presentation: Stigma can cause individuals to delay seeking care until they experience severe symptoms, which may result in worse health outcomes and increased transmission risk.

Poor Treatment Adherence: Individuals who face discrimination may struggle with adherence

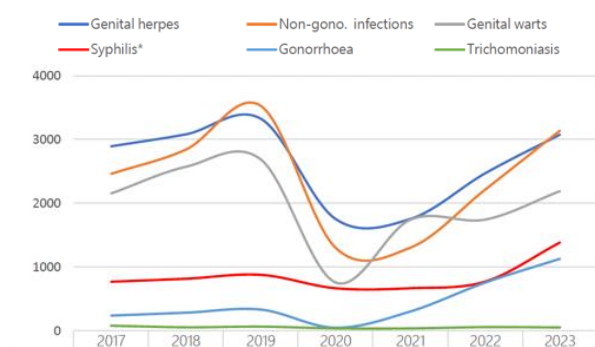
to antiretroviral therapy (ART), leading to higher viral loads and increased risk of HIV transmission

Apart from that, stigma discrimination plays significant negative psychological Effects: Stigma can lead to feelings of shame, isolation, and depression among at-risk individuals, further discouraging them from seeking help or engaging in healthy behaviors. Make them lower Quality of life.

Gender inequality significantly contributes to the vulnerability of women and girls to HIV infection. Societal norms, power imbalances, and violence against women hinder their ability to negotiate safe sex and access healthcare. For example, in 2022, women and girls accounted for 63% of all new HIV infections in the WHO African region.

If I did not talk about the STI burden of the country my talk will not be completed. The following figure 7 shows the number of reported STI in the country year of 2023.

Figure 7: Trends of number of reported STIs, 2017-2023



As you know Private sector data is not reporting to us. So the burden is much more. Tip of the iceberg phenomenon is applicable for STI, and perhaps the suffering of STI.

Table 1 shows the number of STI diagnosed in the year 2023.

Genital herpes, genital warts and non-gonococcal genital infections are the highest reported STIs in Sri Lanka. The number of reported cases remains more or less the same during both years.

Table 1: Diagnoses reported from STD clinics during 2023

Diagnosis	Male		Female		Total	
	No	%	No	%	No	%
Genital herpes	1,335	23%	1,742	30%	3,077	27%
Non-gonococcal infections	868	15%	2,271	39%	3,139	27%
Genital warts	1,079	19%	1,110	19%	2,189	19%
Syphilis*	1,046	18%	337	6%	1,383	12%
Gonorrhoea	927	16%	201	3%	1,128	10%
Trichomoniasis	10	0%	41	1%	51	0%
Other STIs	467	8%	155	3%	622	5%

*Early and Late syphilis

Strengths in achieving STI and HIV control in Sri Lanka

Sri Lanka's STI and HIV control programme is led by the National STD/AIDS Control Programme (NSACP), which operates under a comprehensive national strategic plan that is periodically revised based on new evidence and progress. The country follows up-to-date guidelines aligned with international standards, ensuring scientific and evidence-based service delivery.

A key strength is the availability of 41 well-established sexual health clinics across all 25 districts, offering integrated care for HIV, STIs, and sexual health under one roof. These clinics are supported by a well-functioning laboratory system with trained staff, enhancing the quality and accuracy of diagnostic services.

Human resource capacity is another strength, with 28 board-certified consultants and 10 acting consultants contributing to service delivery nationwide. Monitoring and evaluation systems are robust, with a fully functional electronic data management system facilitating accurate tracking of programmatic outcomes.

The programme benefits from strong integration with other public health sectors, including the Medical Officer of Health network and the Family Health Bureau, enabling better coordination in maternal and child health services.

Collaboration with other national health programmes, such as the National Programme for Tuberculosis Control and Chest Diseases (NPTCCD), National Blood Transfusion Services

(NBTS), and the Health Promotion Bureau, adds value to the HIV/STI response. Partnerships with the private health sector further extend the reach of services.

Multi-sectoral collaboration is well established, involving stakeholders from education, youth affairs, law enforcement, military forces, the Bureau of Foreign Employment, and the National Dangerous Drug Control Board. These partnerships facilitate HIV interventions across diverse populations and sectors.

Community engagement is strong, with peer-led outreach initiatives launched in 2013 and recently expanded to include case-finder strategies in some districts. Non-governmental organizations (NGOs), community-based organizations (CBOs), and groups of people living with HIV (PLHIV) are actively involved in collaboration with NSACP.

The country has implemented a range of HIV testing strategies, including facility-based testing, community-based testing, online outreach, social network-based approaches, index case testing, and HIV self-testing (introduced in 2020). Efforts are currently underway to implement a three-test rapid algorithm for HIV confirmation at district clinics.

Challenges in achieving STI and HIV control in Sri Lanka

Despite progress, several challenges persist. Laboratory diagnostic capacity for STIs remains limited, particularly in the area of molecular and rapid diagnostics for gonorrhoea and chlamydia. Diagnosis of non-gonococcal urethritis (NGU) and non-specific cervicitis (NSC) often relies on syndromic approaches and microscopy, which may not provide sufficient specificity or sustainability. *Mycoplasma genitalium*, a known STI pathogen, is not currently being tested due to a lack of capacity and data.

Although multiple HIV testing methods are available, a significant proportion of people in need of testing remain untested. HIV is still often diagnosed at a late stage due to missed opportunities in recognizing indicator conditions. There is a growing effort to normalize HIV testing and reduce associated stigma, but progress is ongoing.

Access to comprehensive sexual health education remains limited, particularly among young people. Age-appropriate sex education is not widely implemented, and many stakeholders hold negative attitudes toward its introduction. This results in low awareness and knowledge of sexual health issues.

Stigma and discrimination continue to hinder access to services, particularly among key populations such as men who have sex with men, sex workers, and people who use drugs. Legal and policy barriers further complicate service access and create structural vulnerabilities.

Substance use and "chemsex" (the use of drugs during sexual activity) among at-risk populations present additional challenges for prevention and treatment efforts.

There are also limitations in clinical management for people living with HIV. Regular viral load testing is not yet universally available, and baseline resistance testing is not conducted. This undermines the full application of modern HIV clinical care. Similarly, diagnostic tests for opportunistic infections (OIs) are not widely accessible across the health system.

Finally, Sri Lanka must be prepared for emerging infectious threats, such as Mpox and other infections with potential sexual transmission, which require forward planning and strengthening of diagnostic and surveillance systems.

Creating a supportive environment is important in reaching science to needy people.

AIDS policy is in place: Some of the laws in the country might affect the application of science.

Need to create a favorable environment for the at risk population to reach by making the general public more aware, regular training for health staff. This will facilitate a favorable environment for at-risk populations to reach services.

Achieving an AIDS-free world – The way forward

Ending the HIV/AIDS epidemic requires a comprehensive, inclusive approach that addresses medical, social, and structural factors. Central to this effort is HIV testing, which serves as the gateway to treatment and prevention.

Increasing testing uptake is critical to meeting the UNAIDS 95-95-95 goals, with early diagnosis enabling timely treatment, reducing mortality, and significantly lowering transmission rates—by up to 93%, according to major studies. HIV testing also encourages safer behaviors, such as reduced syringe sharing and increased condom use. The WHO promotes a variety of testing strategies—facility-based, community-based, self-testing, and partner notification—while emphasizing the importance of accessibility, confidentiality, and linkage to care.

Integration of HIV testing with other health services and the removal of legal and social barriers are also essential. A rights-based, science-driven, and community-led approach is key to achieving an AIDS-free future.

HIV cure research

At the 25th International AIDS Conference (AIDS 2024), a new case of long-term HIV remission was reported, offering renewed hope for an eventual cure. While such transplants are not a practical cure for most due to their high risk and cost, these cases are guiding research into gene editing and other methods to mimic the protective effect of CCR5 mutations. WHO emphasizes that, despite these advances, focus must remain on testing, treatment access, and prevention, to reach the global goal of ending AIDS by 2030.

Thank you