Contributions of the African Cohort Study to HIV Epidemic Control in sub-Saharan Africa: 2013 - 2025

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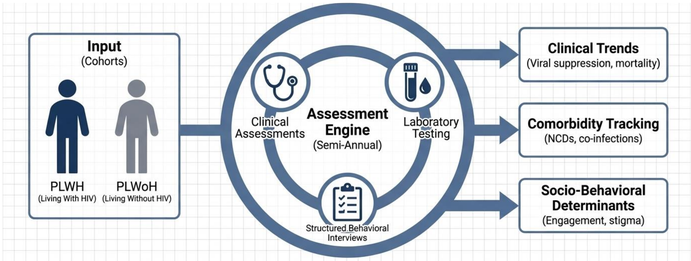
Background

- Sub-Saharan Africa bears a disproportionate burden of the global HIV epidemic. The African Cohort Study (AFRICOS), launched in 2013, evaluates HIV outcomes across Kenya, Nigeria, Tanzania, and Uganda.
- AFRICOS evaluates the longitudinal impact of clinical practices, biological factors, and socio-behavioral issues on HIV infection and disease progression.
- Over more than a decade, AFRICOS has generated scientific evidence spanning clinical outcomes, adherence, mental health, non-communicable diseases, and co-infections to support progress toward UNAIDS 95-95-95 targets.

Methods

- Participants initially seen every 6 months but since 2025, seen annually for Clinical assessments, laboratory testing, and structured behavioral interviews
- Recruited from 12 clinics in 4 countries that are Department of War collaborating sites and are supported by the President's Emergency Plan for AIDS Relief (PEPFAR)
- Analyses examine trends in viral suppression, adherence, mortality, comorbidities, and socio-behavioral determinants influencing care engagement.



Results

- As of June 2026, the cohort had 4345 participants

Median Age: 35.0 years

Median CD4: 421 cells/mm^3

Gender: 57.3% female

HIV Care Status:
- 17.5% new to HIV care (<1 month)
- 87.3% *not* new to care were on ART at enrollment

12-Year Clinical Breakthroughs

Over the 12 years, there has been a decrease in mortality, advanced HIV disease and time to treatment initiation

Clinical Metric	2013 Baseline	2025 Progress
Mortality	16.93	5.27
CD4 < 200	10.6%	4.1%
Time to ART Initiation	19.3 Months	0.4 Months

Emerging Threats: Drug Resistance (2018–2023)

High Mutation Rates in Unsuppressed Patients
Among participants not virally suppressed, **52.1%** (74/142) exhibited mutations conferring HIV drug resistance.

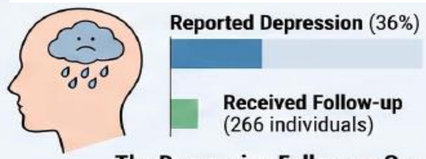
Resistance to Modern ART
Mutations were identified conferring high-level resistance to Dolutegravir (6 participants) and Cabotegravir (7 participants).

Co-infections and Comorbidities

TB Program Success (2013-2025)
Despite **4.2%** acquiring active TB, program saw a **98.2%** treatment completion rate and **86.1%** initiation of prevention therapy.

Benefits of 6-Month Dispensing (MMD)
Patients receiving 6-month drug supplies (vs. 3-month) had a lower risk of persistent low-level of treatment failure

The NCD Treatment Gap



The Depression Follow-up Gap.

TLD Transition Success
While TLD transition saw a 1.77-fold higher hazard of high BMI, there were no adverse effects on patient adherence or viral suppression.

Policy Actions

Scale up TLD and MMD
- expand access to DTG-based regimens and MMD
- Specific focus on reaching the youth population

Integrate Comprehensive Screening
- Mandatory blood pressure screening at every clinic visit
- Transition TB symptom screening to molecular testing or chest x-ray

Viral Load Thresholds
- Strengthen clinical standards by lowering viral load suppression from <1000 copies/mL to <200 copies/mL

Conclusions

- AFRICOS has provided critical data to guide PEPFAR policy and to ensure optimal HIV treatment and management
- AFRICOS has achieved these objectives by leverages mil-mil and mil-civ partnerships and an extensive research platform
- AFRICOS will continue to adapt to meet American First Priorities and to continue to monitor the HIV epidemic as PEPFAR transitions continue to government-led programs

AFRICOS
African Cohort Study

WRAIR Walter Reed Army Institute of Research MILITARY HIV RESEARCH PROGRAM
www.hivresearch.org