



**The Chronic Diseases Clinic of Ifakara and
the Kilombero & Ulanga Antiretroviral
Cohort Study at the St. Francis Regional
Referral Hospital**

Annual Report 2025

A Collaboration between

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Ifakara, 16.02.2026*

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I. Summary

The year 2025 started with the sobering experience, that international collaboration might no longer be taken for granted. USAID has halted or massively downsized most of its international development programs - highlighting dependencies and vulnerabilities to many countries in the world. Just the last year a new preventive drug – applied with only twice-yearly injections came to the market - offering a unique opportunity to stop the HIV pandemics and allow especially young people to effectively protect themselves. Given the current funding cuts, successful implementation will be jeopardized and pressure on governments to increase domestic contributions will mount. For the Chronic Diseases Clinic of Ifakara, the USAID funding stop was a threat to its uninterrupted service delivery since 2004. Strikingly, people living with HIV (PLHIV) from the most remote areas in the district knew about it within days only and reached out in great fear, remembering the early days of the HIV pandemics, when no drugs were available. While drug delivery turned out not to be an issue, immediate stop of salary payments to 35 collaborators at the CDCI was a major challenge. Thanks to the phantastic commitment of collaborators coming to work despite salary stop and an impressive solidarity of private persons in Switzerland helping to bridge salaries of key staff in the laboratory and the clinic for more than half a year, key services could be continued throughout.

Despite these challenges, and even during the political crisis, that hit Tanzania at the end 2025, the shared enthusiasm of the CDCI team and its cooperation partners, the energy and perseverance aiming to improve health of PLHIV, remained unbroken, enabling important milestones to be achieved: High-quality care was delivered to all PLHIV at the hospital alongside targeted community outreaches to villages, including visits to fisher camps and schools. During the funding crisis, a ‘health summit day’ was organized in collaboration with the ministry of health to reassure PLHIV on the ongoing commitment for their health. With these activities, vulnerable populations – rural communities, children, adolescents and young females including pregnant women were reached with the aim to get everyone suppressed, eliminate mother to child transmission, and protect exposed individuals from transmission

We have expanded service integration for communicable and non-communicable diseases with, monthly cervical cancer, breast cancer, and STI screenings and integration of diabetes and mental health screening. Importantly, through KIULARCO, we successfully implemented the Patient and Public Involvement (PPI) initiative, marking a strong step towards actively engaging the community in understanding and contributing to research activities. This initiative strengthens ethical engagement and enables direct assessment of patients’ needs.



Siku ya Kongano at CDCI, with representatives from the district commissioner’s office, hospital director, clinical director, KONGA community leaders and other stakeholders. Left: various booths showcasing different crafts done by PLHIV. Right: adult PLHIV celebrating and empowering one another.

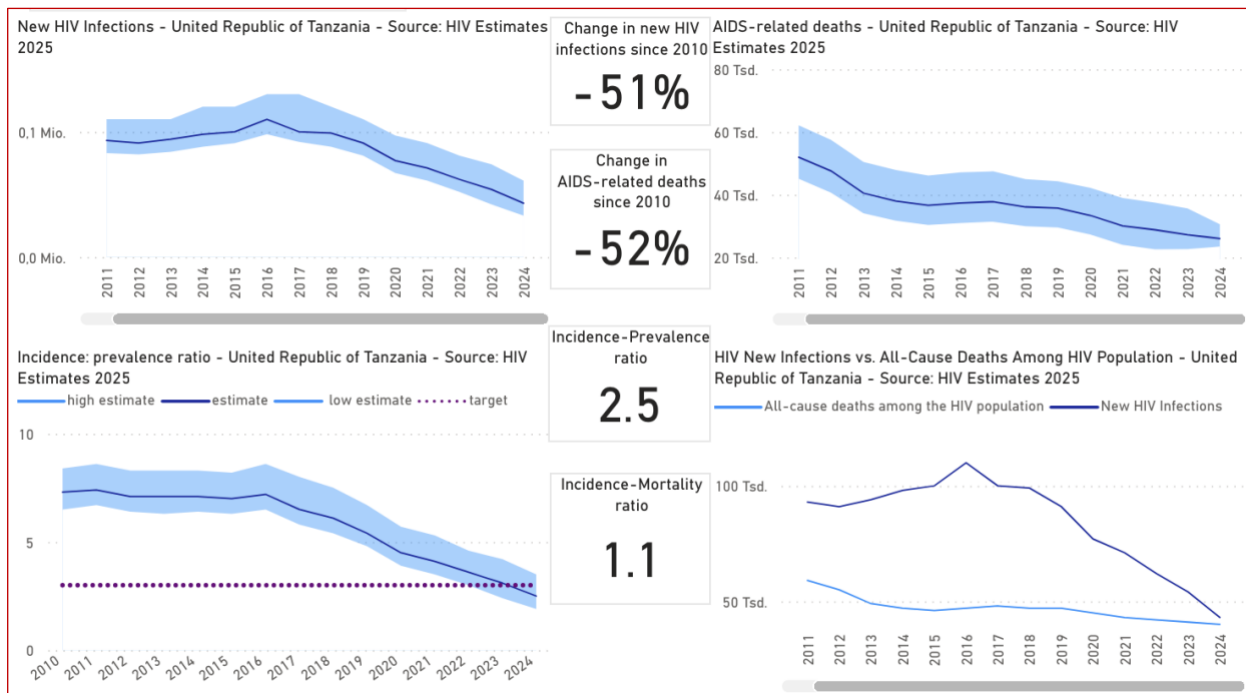
II. Introduction

Current state of the HIV pandemic globally and in Tanzania

The achievement of global HIV programs in Eastern and Southern Africa continues to be most impressive among the global HIV care programs with a decrease of new HIV infections since 2010 of -70%. However, in absolute numbers, this translates into a still high number of new HIV infections in the region with 490,000 out of 1.3 millions globally in 2024 (<https://aidsinfo.unaids.org/databook>, 2025). The UNAIDS care cascade key figures for Southern and Eastern Africa in 2024 were 93% of PLHIV being aware of their status, 85% being on treatment and 80% reaching viral suppression, thus lagging behind the 95%-95%-95% goals set for 2030 – but performing better compared to other regions. While the number of HIV-associated deaths in Eastern and Southern Africa has more than halved since 2010, it remains high with 260,000 deaths in 2024.

In Tanzania, the HIV/AIDS incidence has further decreased to 0.6/1,000 (43,000 new infections in 2024) and the number of AIDS-related deaths has dropped to a third - still 26,000 people died of AIDS in 2024 (UNAIDS 2025; Figure 1). The cascade according the UNAIDS 95%-95%-95% targets have dramatically improved: 87% of people know their HIV status; 82% are in care and 79% are virally suppressed (UNAIDS 2024).

Figure 1: UNAIDS Transition states for Tanzania 2024



<https://aidsinfo.unaids.org/databook>; 3.1.2026

Current Challenges

In Tanzania, over 98% of pregnant women living with HIV access antiretroviral treatment – however vertical transmission rates on the national level still stand at 8%, reflecting important gaps in the prevention programs of mother to child HIV transmission. While the care cascade has greatly improved

overall, it is still underperforming for children with HIV aged 0-14 years with only 75% being aware of their infection, 70% being on treatment and only 67% being virally suppressed (*UNAIDS 2025*).

In HIV prevention, girls and young women in sub-Saharan Africa remain at highest risk with 4 out of 5 new infections (*Mody A, Lancet 2024*). A rollout of pre-exposure prophylactic (PrEP) drugs - especially the two-yearly injections – would be of major step ahead in cutting down new infections – especially for the young generation.

Gender-based violence and stigmatization continue to be a major barrier for access to care leading to late diagnosis, high numbers of patients presenting with advanced HIV and frequent treatment interruptions leading to an increased risk in opportunistic infections and onward transmission of HIV, including infections with pre-treatment resistances. The implementation of integrase-based first line treatments are certainly improving the resistance development through a high genetic barrier of the drug. However, worryingly, increasing numbers of resistance are described in the literature and leave patients with few treatment options.

Future possible reductions in international funding will hit Tanzania particularly hard, as less than 2% of expenses for HIV programs are covered through domestic sources.

The Chronic Diseases Clinic of Ifakara and One Stop Clinic

Since more than 20 years, the collaboration of the St. Francis Regional Referral Hospital (SFRRH), the Ifakara Health Institute (IHI), the Swiss Tropical and Public Health Institute (SwissTPH) and the University Hospital Basel (USB) has allowed to uninterruptedly deliver services to people living with HIV as the Care and Treatment Center (CTC). CDCI works in close collaboration with the district and regional authorities, the National AIDS, STI and Hepatitis control program (NASHCOP) and the implementing partners, currently Afya Yangu – to optimize HIV care to PLHIV in Ifakara and the remote areas in the Kilombero valley. Besides same day start of antiretroviral treatment ('test and treat') in newly diagnosed patients, CDCI offers quality care for in- and outpatients with HIV and/or tuberculosis according to the Tanzanian treatment guidelines. The current viral suppression rate at the CDCI is 95% (<1000c/ml) and 93% <50c/ml. The IHI laboratory continuously serves as a referral hub in viral load and early infant PCR testing for the 4 surrounding districts in the Kilombero valley in close collaboration with the ,STI's and Hepatitis Program (NASHCOP). Besides Services, CDCI provides training and is a platform for clinical research (see below)

The Kilombero and Ulanga Antiretroviral Cohort (KIULARCO)

KIULARCO continues to be one of the longest-standing cohorts of PLHIV in Eastern Africa running since 2005. The prospectively collected data from routine care contains demographic, clinical, treatment and outcome information as well as a large biobank of stored blood samples. Up to now, 13,740 PLHIV have been enrolled – with about 3'600 are under active care. The current HIV suppression rate is 95% for a threshold of 1000copies/ml and 93% for 50copies/ml. Each year 6-8 manuscripts are published from KIULARCO, contributing to the understanding of the needs of the patient populations and building a basis for improving care.

III. This years' highlights and achievements at CDCI (2025)

Patient and public involvement in research

In 2025, CDCI, through KIULARCO, formally established a Patient and Public Involvement (PPI) initiative, representing an important step toward embedding community and patient perspectives within our research processes. This 1st year focused on building a strong foundation for meaningful engagement. A dedicated Steering Committee was built: George Mfanando is the core PPI representative, Leila Samson is the head of counselling at CDCI, Franzisca Mmbando and Getrud Mollel are head of CDCI and OSC, respectively, Maja Weisser is clinical research coordinator of CDCI). The Steering Committee developed the initial concept into a structured, operational framework and selected a diverse PPI Advisory Group, composed of community members and patient representatives (8 members). A first meeting held included a comprehensive orientation and active engagement in research discussions, during which the Advisory Group provided valuable input on a mental health study currently in the planning phase and under preparation for submission to the relevant review board. Looking ahead, CDCI aims to further strengthen this partnership by integrating the PPI Advisory Group into decision-making processes for future studies and clinical trials where community perspectives are essential.



1st meeting with community representatives, launching the Patient & Public Involvement (PPI) project at the CDCI

Community work

HIV, TB and Non-Communicable Disease screening: This year, outreach activities were conducted in some of the most remote areas of the valley, reaching fishermen camps in the villages of Itoo, Katululukila, and Luona. These sites were specifically targeted based on evidence showing that fishing communities represent a key population with high HIV transmission rates and poor treatment adherence. We aimed to improve early detection and timely ART initiation in alignment with the 95-95-95 targets, and provided education on HIV prevention, the importance of good adherence and addressing myths and misconceptions surrounding HIV/AIDS care and treatment. We offered integrated services, including HIV testing and counselling, tuberculosis screening, and screening for non-communicable diseases. A total of 143 individuals consented to HIV testing, of whom one tested positive and was successfully linked to care. Additionally, 38 individuals were screened for tuberculosis; 8 presented with symptoms suggestive of TB, and one case of pulmonary tuberculosis was confirmed and initiated on treatment. In collaboration with the cervical cancer team from University Hospital of Basel and Charité University Hospital Berlin we contributed to cervical cancer screening, breast cancer and STI screening.

Activities at Schools: To reduce HIV transmission and improve awareness among adolescents, school-based outreaches were conducted. Under the leadership of Dr. Farida, with support from counsellor Juma Kupewa, HIV services were provided at Birgit English Medium School, where parents, guardians, teachers, and students accessed free HIV testing services. In addition, together with university students, CDCI conducted community outreach activities in Mlabani, offering free HIV testing, counselling, and health education.

UNAIDS Funding Crisis: We successfully delivered services to PLHIV despite the massive UNAIDS funding cuts with the whole team remaining in their workstations.



HIV, TB and NCD screening at a fishercamp in Kilombero Valley

IV. Current numbers of the CDCI

1. Patient numbers

HIV Testing at SFRRH 2025

Table 1 and Figure 2-3 show HIV test results at the SFRRH from January to December 2025 in routine care. Table 1 shows overall numbers and percentages, Figure 2 shows monthly testing numbers according to sex and total positives per month and Figure 3 shows the total positive according to sex.

Table 1: Testing numbers at SFRRH

	TOTAL	MALE	FEMALE
Tested	10755	3915	6840
Positive	168	70	98
Percentage	1.56	1.79	1.43

Figure 2 Testing numbers from voluntary counselling and testing (VCT) as well as provider (PITC) initiated testing and counselling services.

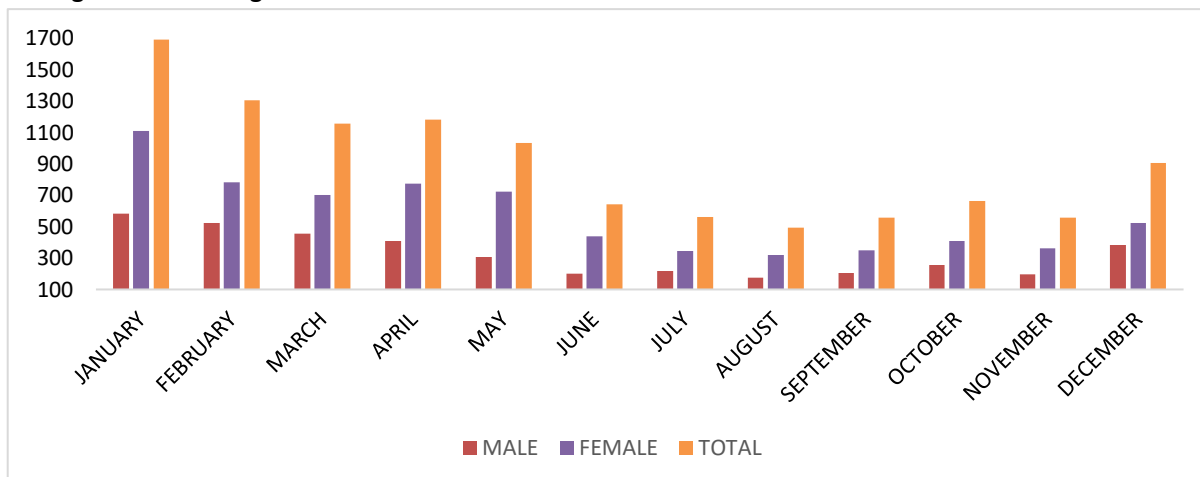
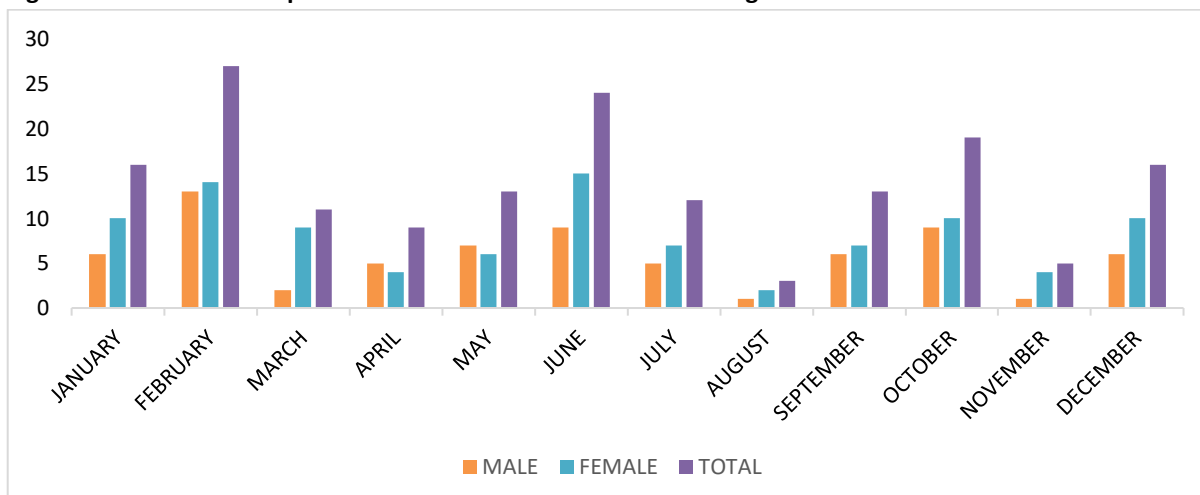


Figure 3 Total number of patients that tested HIV Positive according to sex



Patient enrolment at the CDCI

A) Numbers of the National AIDS, STIs & Hepatitis Control Program (NASHCOP)

Table 2 overall patient numbers with a documented HIV infection seen at SFRRH

	Adult (≥15 years old)		Children (<15 years-old)		Total
	Female	Male	Female	Male	
PLHIV newly enrolled in 2025, n	99	50	1	5	
Total, n	149		6		155
Cumulative N of PLHIV on ART, n	2799	1222	67	57	
Total, n	4021		124		4,145

B) Numbers from KIULARCO (openMRS)

Patient recruitment over the last years has declined likely due to reductions in new HIV diagnoses and also to a higher availability of peripheral CTCs in the proximity of patients’ home (Figure 4 and Table 3).

Figure 4 number of patients enrolled yearly into KIULARCO 2025

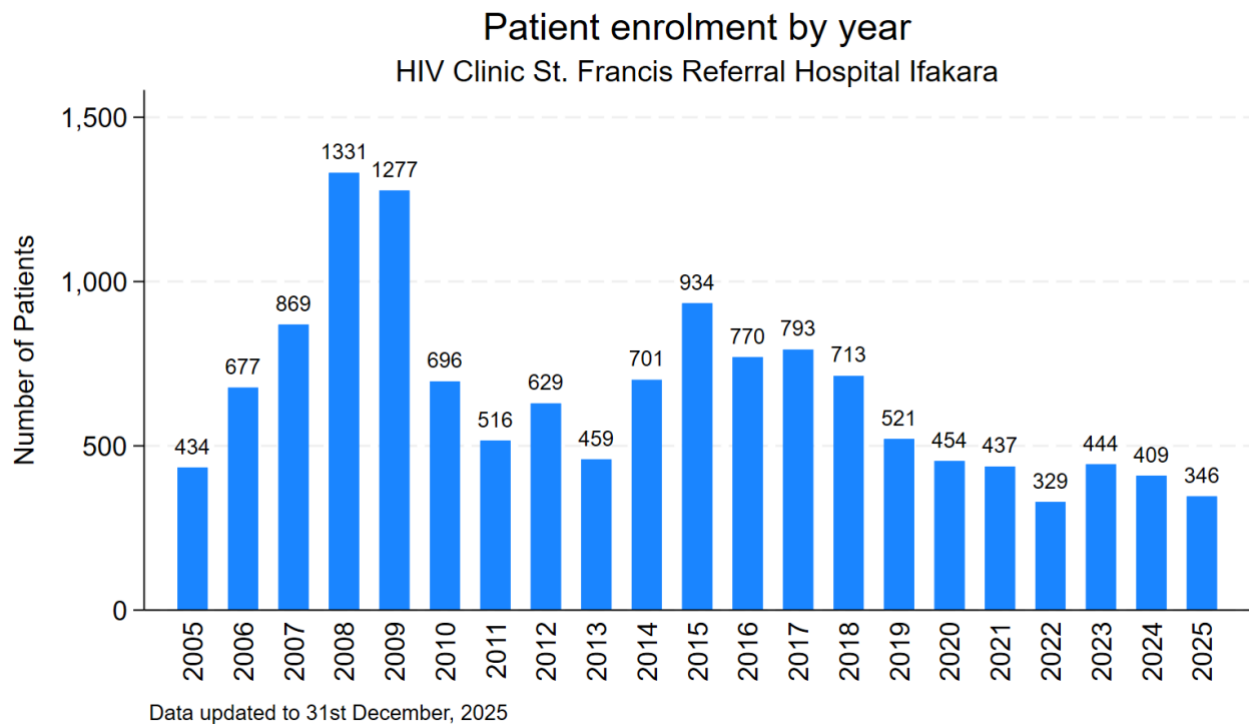


Table 3 Details of patients enrolled according to the KIULARCO (OpenMRS) database (until 31.12.2025)

The table displays numbers for the year 2025 and the years 2005-24. Please note that we did not summarize the overall numbers as there are ongoing challenges in the detailed data export, which we still work on

See appendix 1 for better readability

KIULARCO cumulative (2005-2025) and monthly report for January- December, 2025, for database updated upto 12/31/2025

Characteristics	Cumulative 2005-2024	in 2025	January, 2025			February, 2025			March, 2025			April, 2025			May, 2025			June, 2025		
			All	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male
Newly enrolled patients*	346	346	38	27	11	36	24	12	19	14	5	27	20	7	25	14	11	42	25	17
Total enrolled patients	13794	13740																		
On active follow-up	3641	197	35	24	11	33	22	11	16	12	4	24	18	6	23	13	10	39	25	14
Died	1675	40	3	3	0	1	0	1	2	1	1	3	2	1	1	0	1	3	0	3
Lost to follow-up	5413	90	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transfer out	2664	19	0	0	0	2	2	0	1	1	0	0	0	0	1	1	0	0	0	0
Age at enrolment																				
0 - 9	938	9	1	0	1	1	1	0	0	0	0	1	1	0	0	0	0	2	0	2
10 - 19	493	15	2	2	0	4	4	0	2	1	1	0	0	0	0	0	0	3	2	1
20 - 49	9905	234	28	20	8	25	16	9	9	8	1	21	15	6	19	11	8	23	17	6
50 and Above	2026	88	7	5	2	6	3	3	8	5	3	5	4	1	6	3	3	14	6	8
Pregnancy status at enrolment																				
No	7825	218	26	26	0	23	23	0	14	14	0	18	18	0	13	13	0	22	22	0
Yes	604	16	1	1	0	1	1	0	0	0	0	2	2	0	1	1	0	3	3	0
ART information																				
Never started ART	2047	62	4	2	2	4	1	3	2	1	1	4	2	2	4	2	2	9	3	6
Started ART	8704	125	11	7	4	18	11	7	7	6	1	9	6	3	10	5	5	18	14	4
Started ART in other clinics	2092	159	23	18	5	14	12	2	10	7	3	14	12	2	11	7	4	15	8	7
All enrolled patients																				
Follow-up visits																				
Cumulative number of visits	321184	15165	1762	829	333	1431	981	450	1243	871	372	1200	856	344	1309	914	395	1338	951	387
Patients on ART and on active follow-up*	4218	2359	4084	2813	1263	4049	2789	1252	4019	2771	1240	3982	2747	1227	3945	2723	1214	3902	2692	1202

*New enrolment from January -December, 2025. *In each month this is cumulative number from 2005.

Characteristics	Cumulative 2005-2024	in 2025	July, 2025			August, 2025			September, 2025			October, 2025			November, 2025			December, 2025		
			All	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male
Newly enrolled patients*	346	32	24	8	19	9	10	27	19	8	29	21	8	20	14	6	32	23	9	
Total enrolled patients	13740	13740																		
On active follow-up	3641	197	26	20	6	18	9	9	26	18	8	24	19	5	19	13	6	32	23	9
Died	1675	40	6	4	2	1	0	1	1	1	0	5	2	3	1	1	0	0	0	
Lost to follow-up	5413	90	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Transfer out	2664	19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Age at enrolment																				
0 - 9	947	9	0	0	0	0	0	0	0	0	0	2	1	1	1	0	1	1	0	
10 - 19	508	15	0	0	0	0	0	0	0	0	1	1	0	1	0	2	0	0	2	
20 - 49	10139	234	23	18	5	12	8	4	19	13	6	19	14	5	16	12	4	20	16	
50 and Above	2114	88	9	6	3	7	1	6	8	6	2	7	5	2	2	1	1	9	7	
Pregnancy status at enrolment																				
No	8043	218	22	22	0	8	8	0	17	17	0	20	20	0	13	13	0	22	22	
Yes	620	16	2	2	0	1	1	0	2	2	0	1	1	0	1	1	0	1	1	
ART information																				
Never started ART	2047	62	9	6	3	4	1	3	5	4	1	6	4	2	3	2	1	8	5	
Started ART	8704	125	11	8	3	5	2	3	10	6	4	12	6	6	6	3	3	8	6	
Started ART in other clinics	2092	159	12	10	2	10	6	4	12	9	3	11	11	0	11	9	2	16	12	
All enrolled patients																				
Follow-up visits																				
Cumulative number of visits	321184	15165	1482	1031	451	1444	1004	440	1260	886	374	1061	747	314	1126	794	332	965	672	
Patients on ART and on active follow-up*	4218	2359	3869	2671	1190	3824	2642	1174	3788	2619	1161	3747	2589	1150	3668	2535	1125	3552	2464	

*New enrolment from January -December, 2025. *In each month this is cumulative number from 2005.

C) Suppression rates (of all viral load tests done in Ifakara Town Council)

All samples tested	Suppressed (<50c/ml)	VL 51-999c/ml	VL>1000c/ml	invalid
15,166	14,083 (93%)	656 (4%)	776 (5%)	50 (0.3%)



2. Service delivery

Staff

After reduction of staff paid through USAID, we could only temporarily bridge salaries. The overall number of staff therefore this year was reduced from 73.1 to 46.4 (Table 4)

Table 4: CDCI staff and LOE by different institutions

Staff	N	SwissTPH/ IHI	USB	Donor	SFRRH	USAID/ BM	Research
Medical Specialists	1			1			
Medical Doctors	5.7	1	0	3.7			1
Clinical Officers	3			3			
Nurses	9				4	3→1	4
lab scientists	5.7	1.2	1.3	2.4			0.8
lab technician	1	1					
Auxiliary Lab staff	4			1		6→3	
Prof. Counsellors	2		2			3→0	
Lay Counsellors	2	1				12→	
Community Workers	0					1	
						7→0	
Receptionists	4			4			
Pharmacists	2				1	1	
Data scientists	3			2.4			0.6
Data clerks	4	1				6→3	
Total	46.4	5.2	3.3	17.5	5	38→9	6.4

SwissTPH Swiss Tropical and public Health Institute, IHI Ifakara Health Institute, USB University Hospital Basel, SFRRH St. Francis Regional Referral Hospital, BM Benjamin Mkapa

Clinical visits

This year during 15,165 visits we have seen 2,359 patients on active follow-up. In addition, CDCI took care of around 350 in-patients with HIV.

Tuberculosis

The number of patients treated for TB was 220 (107 (48%) microbiologically confirmed). 44 TB cases (20%) were in patients living with HIV and 143 (65%) were pulmonary, 75 (34%) were extrapulmonary and 1% had both.

Laboratory Services

The lab performs testing for the patients of the CDCI including viral load and safety laboratory. In addition, the laboratory tests 24/7 viral loads from the Kilombero valley including the 4 districts, Ifakara Town, Kilombero, Malyini, Ulanga and also serves as a backup laboratory for all over Tanzania



Table 5: laboratory tests performed at CDCI laboratory in 2025

Test	CDCI	District	Total
HIV Viral Load	4291	Ifakara TC: 10,789	Ifakara TC: 15,080 All districts: 24,081
CD4 cells	437	123	560
Visitect CD4	132 from 10/2025		
Full blood picture	2166	Not tested	2166
ALT	4,480	Not tested	4480
Creatinine	4519	Not tested	4519
VDRL	512	Not tested	512
HBsAg	514	Not tested	514
Cryptococcal Ag	189	2	191
Xpert TB/RIF	1,050	272	1322
Xpert HEID*	284	985	1269

* HIV-exposed infant diagnosis

3. Training

Formalized trainings

In 2026, the following staff members were on training

Table 6: Trainings by CDCI staff

PhD
<ul style="list-style-type: none"> • Dr. Robert Ndege has completed his PhD in Epidemiology at SwissTPH • Aneth Vedastus has finalized her PhD at Witswatersrand (CARTA fellowship) • Dr. Ezekiel Luoga has started a PhD in Epidemiology at Swiss TPH
Master
<ul style="list-style-type: none"> • Hassan Matimbwa has finalized a master in public health at NM-AIST • Justina Maganga has finalized her master in public health at NM-AIST • Dr. Lilian Moshi has completed her master in epidemiology at SwissTPH • Dr. Yvonne Haridas is in her 2nd year of a Master in epidemiology at the SwissTPH • Dr. Bernard Kivuma has completed his master in Public Health in Capetown
Med thesis (Students from abroad)
<ul style="list-style-type: none"> • Florent Héritier is finalizing his medical thesis on advanced HIV in adults • Sara Glanzmann is finalizing her medical thesis on exposed infants • Michele Marpa does his medical thesis on surgical site infection in patients after abdominal surgery



Dr. Robert Ndege at the PhD defense

Training Courses

CDCI has organized this year one MCT-accredited training

Diagnosing and Approach to Bacterial Infections in times of antimicrobial resistance

2-days course: 9th-10th September 2025



2nd course in bacterial infections in the times of AMR

In addition, we have done a refresher GCP Training on Consenting at the CDCI

Other Training activities attended by staff were:

- Edgar Enzigard Martin attended an online training in health informatics, Makerere University, Uganda
- Dr. Franzisca Mmbando attended a 3-days training at ethical aspects of implementation research in HIV, MUHAS, Dar es Salaam
- Dr. Emmanuel Nyenza attended a 2-week course ('Mwanza reserch methods course) at MITU, Mwanza
- Dr. Rodney Melvin workshop on data analysis using STATA, IHI Bagamoyo June 2025
- Farida Bani went to Temeke for an attachment in treatment of TB

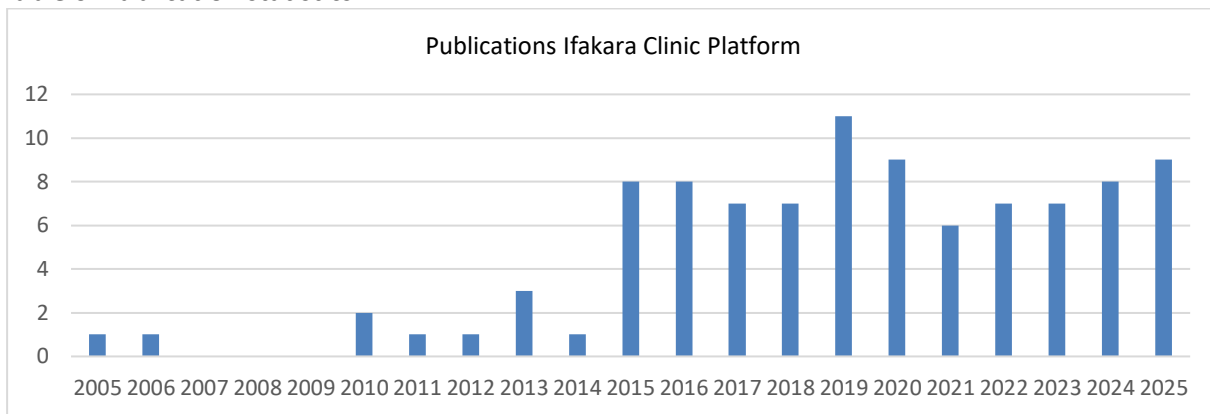


Refresher training on consenting

4. Research

The CDCI serves as a research platform for cohort-based projects within KIULARCO and for clinical trials. Our key areas of interest are treatment outcome in people living with HIV, Comorbidities (tuberculosis, cervical cancer, cardiovascular conditions) and implementation research for maternal and pediatric HIV. About 20 studies are ongoing with participants from the CDCI bringing in their ideas and learning from more experienced researchers how to draft a letter of intent, a statistical analytical plan, then supported by the statistical team from CDCI and the SwissTPH for analysis, resulting in a steady flow of publications (Table 6).

Table 6: Publication statistics



Publications from KIULARCO 2025

- Hassan Matimbwa, Sarah Andrea Lolo, Leila S Matoy, Regina Ndaki, Suzan Ngahyoma, Henry Abraham Mollel, Ezekiel Luoga, Fiona Vanobberghen, John-Mary Vianney, Boniphance Idindili, Maja Weisser, On behalf of the KIULARCO Study Group Factors Contributing to Retention in Care and Treatment Adherence Among People Living With HIV Returning to Care in South-Eastern Tanzania: A Qualitative Study. *HIV/AIDS Research and Palliative Care* 2025;17, 39-57
- L. S. Moshi, J. Okuma, E. Luoga, A. V. Kalinjuma, G. J. Mollel, G. Sigalla, L. Wilson, E. Dotto, T. Glass, F. Vanobberghen, M. Weisser, on behalf of the KIULARCO study group. Trends of severe HIV disease and mortality among children in rural Tanzania. *HIV Med.* 2025; 1-13. doi:[10.1111/hiv.70015](https://doi.org/10.1111/hiv.70015)
- Maganga JJ, Katende A, Luoga E, Nshatsi N, Siru J, Sigalla G, Mollay C, Weisser M, Mtenga S. "I Don't Have Time to Exercise": Determinants of Physical Activity and Diet Consumption Among Adolescents Living with HIV in Southern Tanzania – A Phenomenological Qualitative Study. *HIV AIDS (Auckl)*. 2025;17:63-76 <https://doi.org/10.2147/HIV.S519922>
- Robert Ndege, James Okuma, Bernard Kivuma, Raphael Magnolini, Leila Samson, Ezekiel Luoga, Elizabeth Senkoro, Olivia Kitau, Fiona Vanobberghen, Daniel H. Paris, Maja Weisser, on behalf of the KIULARCO Study Group. Stigma, depression and pillbox return among adults living with HIV in rural Tanzania: A prospective cohort study First published: 05 August 2025. <https://doi.org/10.1111/hiv.70090>
- Senkoro, E., Muwonge, T., Samson, L. *et al.* Experiences of undetectable = untransmittable among couples with different HIV serostatus: a qualitative study in Tanzania and Uganda. *BMC Public Health* 25, 2854 (2025). <https://doi.org/10.1186/s12889-025-24120-1>
- Eichenberger, A., Moshi, L., Okuma, J., Vanobberghen, F., Sambuta, A., Kitau, O., Matoy, L. S., Senkoro, E., Kimera, N., Mbaruku, M., Siru, J., Magnolini, R., Glass, T. R., & Weisser, M. (2025). PrEP Cascade and Barriers Among Serodifferent Couples in Rural Tanzania: A Prospective Study on Awareness, Uptake, Adherence, and Retention. *AIDS and behavior*, 10.1007/s10461-025-04957-8. Advance online publication. <https://doi.org/10.1007/s10461-025-04957-8>

Other Publications from the Ifakara clinic platform 2025

- Herry Mapesi, Martin Rohacek, Fiona Vanobberghen, Ravi Gupta, Herieth Ismael Wilson, Blaise Lukau, Alain Amstutz, Aza Lyimo, Josephine Muhairwe, Elizabeth Senkoro, Theonestina Byakuzana, Jacqueline Nkouabi, Geoffrey Mbunda, Jamali Siru, Ayesha Tarr, Elsie Ramapepe, Madavida Mphunyane, Johanna Oehri, Valeriya Nemptsova, Xiaohan Yan, Moniek Bresser, Tracy Renée Glass, Daniel Henry Paris, Günther Fink, Winfrid Gingo, Niklaus Daniel Labhardt, Thilo Burkard, Maja Weisser. Treatment Strategies to Control Blood Pressure in People With Hypertension in Tanzania and Lesotho: A Randomized Clinical Trial. *JAMA Cardiol.* 2025 Jan 29. doi: 10.1001/jamacardio.2024.5124. Online ahead of print.
- Katende A*, Rossier J*, Mlula C, Chitimbwa C, Mtula ME, et al. (2025) Diagnoses and critical care outcomes in a rural Tanzanian high dependency unit: A prospective cohort study. *PLOS ONE* 20(6): e0324640. <https://doi.org/10.1371/journal.pone.0324640> (*equal contribution)
- Sarah Andrea Lolo, Andrew Katende, Leila Samson, Chipegwa Mlula, Evance Mahundi, Hassan Matimbwa, Liliane Pasape, Irene R. Moshi, Martin Rohacek. Knowledge Gaps and Barriers to Heart Failure and Hypertension Management among Patients in Rural Tanzania: A Patient's Perspective Qualitative Study. *American Journal of Public Health Research.* 2025, 13(4), 145-151.

Clinical trials running in 2025

1. Sauti ya vijana (SYV): A Mental Health Intervention to Improve HIV Outcomes in Tanzanian Youth
 - finalized this year

Conference Attendance 2025

International Workshop on HIV & Hepatitis Observational Databases (IWHOD), Portugal 2025

- Eliza Dotto together with Tracy Glass from SwissTPH participated and showed work of the KIULARCO

SNIP AFRICA General Assembly March 24th-28th 2025

- Ezekiel Luoga and Getrud Mollel represented Ifakara Health Institute and the CDCI at the general meeting in Dar es Salaam

European Conference of Clinical Microbiology & Infectious Diseases (ESCMID Global) Vienna, April 12th-15th 2025

- Dr. Ezekiel Luoga had an oral presentation on the effect of dolutegravir on exposed infants

Scientific Conference SFUCHAS, Ifakara May 2025

- George Sigalla was part of the Scientific Committee for the program planning and presented research work from OSC

26th International AIDS Conference Kigali, July 2025

- Dr. Getrud Mollel presented results from the SYV trial

Ifakara Annual Scientific Conference (IASC2025) in Dar es Salaam, September 2nd-4th 2025

- Multiple presentations from the team (Getrud Mollel, Edgar Enzigard Martin, Jamali Siru, Franzisca Mmbando)

Tanzania Health Summit Dar es Salaam, October 1st – 3rd 2025

- Dr. Getrud Mollel moderated 90minutes SYV Plenary session presented results from SYV trial (mental health outcomes)
- George Sigalla participated in Panel Discussion on experiences from peer led HIV services for adolescents and young adults with HIV
- George Mfanando participated in the panel discussion on experiences from peer-led HIV services for adolescents and young adults with HIV
- Suzan Ngahyoma presented results from SYV trial



Dr. Ezekiel Luoga presenting on ESCMID global



The SYV Team presenting results during the Tanzania Health Summit

IV. Overview of the CDCI and OSC organization and procedures

This year, we had a change in the leadership: Dr. Franzisca Mmbando has taken over the role of head of the CDCI from Dr. Ezekiel Luoga, who started his PhD in September 2025. Dr. Getrud Mollel was leading the One Stop Clinic. Clinical coordinator is Dr. Nyenza, Farda Bani leads the Tuberculosis Clinic.

Within the CDCI services, testing of suspect clients and their partners remains key, followed by immediate start of antiretroviral treatment. Follow-up in stable patients according NASHCOP guidelines occur at 2 weeks after ART start, monthly until 6 months and then yearly with monitoring of Viral loads and safety parameters once a year. Within the One Stop Clinic Program we provide services for all family member under one roof. In addition, we take care of inpatients with HIV and or tuberculosis, with one clinician always appointed to the wards, seeing patients daily. Areas, which we work on improved services are stigmatization, attrition from care, late presentation and hospitalized patients.

Increasingly, we aim to integrate services for non-communicable diseases, most importantly cervical cancer screening and hypertension in close collaboration with the Heart and Lung Clinic located next door – a collaborative project of SwissTPH, IHI and SFRRH together with Charite University and the University Hospital Basel. Other services are integrated into the other departments of the hospital, e.g., testing activities and inpatient care.

V. Budget and Funding

The CDCI and KIULARCO are funded through different institutions, organizations and donors. The financing for drug and basic clinical services continues through the NASHCOP Program and importantly international partners, such as PEPFAR and Global Fund. Currently, the local organization ‘Afya Yangu’ continues to be funded through these sources. However, if more cuts in international funding will occur, it will be an important challenge to the national HIV programs to cover drug and reagents costs.

Within the collaborative projects, we continue to fund the additional activities for quality care, training and improving health through partnership of the involved institutions and funds from foundations and donors. In addition, we regularly submit research grants for specific scientific projects, about half of those being granted. With increasing quality (trained staff, improved equipment) financial sustainability is a challenge. We work on the diversification of funding sources for these activities, from private donors, institutional money and research projects.

VI. Conclusions

In 2025, the Chronic Diseases Clinic has continued its high-quality services for PLHIV within the NASHCOP program despite all challenges faced. It remains a role model for integrated patient care, research and training with a national reputation. Most importantly, as a clinic we attain high viral suppression rates for those in care. Increasingly, non-communicable disease management is integrated and training becomes an even more central aspect with MCT-accredited training activities on site and many collaborators moving ahead to formal trainings. A strong collaboration with national stakeholders is maintained to ensure implementation of lessons learnt from the cohort.



Daily ‘KUMEKUJA’ huddles of the CDCI at 7.50 before start of the day

Appendix 1

KIULARCO cumulative (2005-2025) and monthly report for January- December, 2025, for database updated upto 12/31/2025

Characteristics	Cumulative 2005-2024		in 2025		January, 2025		February, 2025		March, 2025		April, 2025		May, 2025		June, 2025	
	All	Female	All	Male	All	Female	All	Female	All	Female	All	Female	All	Female	All	Female
Newly enrolled patients¶	346		38	27	11	12	19	14	5	27	20	7	25	14	11	42
Total enrolled patients	13740															
On active follow-up	197		35	24	11	33	22	11	16	12	4	24	18	6	23	13
Died	1675		3	3	0	1	0	1	2	1	3	2	1	1	0	1
Lost to follow-up	5413		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transfer out	2664		0	0	0	2	2	0	1	1	0	0	0	1	1	0
Age at enrollment																
0- 9	938		1	0	1	1	1	0	0	0	1	1	0	0	0	2
10 - 19	493		2	2	0	4	4	0	2	1	1	0	0	0	0	3
20 - 49	9905		28	20	8	25	16	9	8	1	21	15	6	19	11	8
50 and Above	2026		7	5	2	6	3	3	5	3	4	1	6	3	3	14
Pregnancy status at enrollment																
No	7825		26	26	0	23	23	0	14	14	0	18	18	0	13	13
Yes	604		1	1	0	1	1	0	0	0	2	2	0	1	1	0
ART information																
Never started ART	2047		4	2	2	4	1	3	2	1	4	2	4	2	2	9
Started ART	8704		11	7	4	18	11	7	6	1	9	6	3	10	5	18
Started ART in other clinics	2092		159	23	18	5	14	12	2	10	7	3	14	12	2	11
All enrolled patients																
Follow-up visits																
Cumulative number of visits	321184		15165	829	333	1431	981	450	1243	871	372	1200	856	344	1309	914
Patients on ART and on active follow-up*	4218		2359	4084	2813	4049	2789	1252	4019	2771	1240	3982	2747	1227	3945	2723
¶New enrollment from January -December, 2025. *In each month this is cumulative number from 2005.																

Characteristics	Cumulative 2005-2024		in 2025		July, 2025		August, 2025		September, 2025		October, 2025		November, 2025		December, 2025	
	All	Female	All	Male	All	Female	All	Female	All	Female	All	Female	All	Female	All	Female
Newly enrolled patients¶	346		32	24	8	19	9	10	27	19	8	29	21	8	20	14
Total enrolled patients	13740															
On active follow-up	197		26	20	6	18	9	9	26	18	8	24	19	5	19	13
Died	1675		6	4	2	1	0	1	1	1	0	5	2	3	1	1
Lost to follow-up	5413		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transfer out	2664		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Age at enrollment																
0- 9	947		0	0	0	0	0	0	0	0	0	2	1	1	1	0
10 - 19	508		0	0	0	0	0	0	0	0	1	1	1	1	1	0
20 - 49	10139		23	18	5	12	8	4	19	13	6	19	14	5	16	12
50 and Above	2114		88	9	6	7	1	6	8	6	2	7	5	2	1	1
Pregnancy status at enrollment																
No	8043		22	22	0	8	8	0	17	17	0	20	20	0	13	13
Yes	620		2	2	0	1	1	0	2	2	0	1	1	0	1	1
ART information																
Never started ART	2047		9	6	3	4	1	3	5	4	1	6	4	2	3	2
Started ART	8704		11	8	3	5	2	3	10	6	4	12	6	6	3	3
Started ART in other clinics	2092		159	12	10	2	10	6	4	12	9	3	11	11	0	11
All enrolled patients																
Follow-up visits																
Cumulative number of visits	321184		15165	1482	1031	451	1444	1004	440	1260	886	374	1061	747	314	1126
Patients on ART and on active follow-up*	4218		2359	3869	2671	1190	3824	2642	1174	3788	2619	1161	3747	2589	1150	3668
¶New enrollment from January -December, 2025. *In each month this is cumulative number from 2005.																

Appendix 2: Publications (last 5 years)

2021

- Herry Mapesi, Ravi Gupta, Herieth Ismael Wilson, Blaise Lukau, Alain Amstutz, Aza Lyimo, Josephine Muhairwe, Elizabeth Senkoro, Theonestina Byakuzana, Madavida Mphunyane, Moniek Bresser, Tracy Renée Glass, Mark Lambiris, Günther Fink, Winfrid Gingo, Manuel Battegay, Daniel Henry Paris, Martin Rohacek, Fiona Vanobberghen, Niklaus Daniel Labhardt, Thilo Burkard, Maja Weisser The coArtHA trial—identifying the most effective treatment strategies to control arterial hypertension in sub-Saharan Africa: study protocol for a randomized controlled Trial. *Trials* (2021) 22:77. <https://doi.org/10.1186/s13063-021-05023-z>
- Vanobberghen F, Weisser M, Kasuga B, Katende A, Battegay M, Tanner M, Glass On Behalf Of The Kiularco Study Group. **Mortality Rate in a Cohort of People Living With HIV in Rural Tanzania After Accounting for Unseen Deaths Among Those Lost to Follow-up.** *Am J Epidemiol.* 2021 Feb
- Magnolini R, Senkoro E, Vanobberghen F, Weisser M. "Linkage to care" among people living with HIV - definition in the era of "universal test and treat" in a sub-Saharan African setting. *Swiss Med Wkly.* 2021 Jul 7;151:w20535. doi: 10.4414/sm.w.2021.20535. eCollection 2021 Jul 5.
- Andrea Kummerle, George Sikalengo, Fiona Vanobberghen, Robert C Ndege, Gideon Foe, Chloé Schlaeppli, Christian Burri, Manuel Battegay, Daniel H Paris, Tracy R Glass, Maja Weisser, Catia Marzolini, the KIULARCO Study Group, Recognition and management of clinically significant drug–drug interactions between antiretrovirals and co-medications in a cohort of people living with HIV in rural Tanzania: a prospective questionnaire-based study, *Journal of Antimicrobial Chemotherapy*, 2021;, dkab254, <https://doi-org.eres.qnl.qa/10.1093/jac/dkab254>
- Herry Mapesi, James Okuma, Fabian Franzeck, Herieth Ismael Wilson, Elizabeth Senkoro, Theonestina Byakuzana, Robert Ndege, Fiona Vanobberghen, Tracy Renée Glass, Manuel Battegay, Maja Weisser and Daniel Henry Paris on behalf of the KIULARCO Study Group. Prevalence, incidence and predictors of renal impairment in persons with HIV receiving protease-inhibitors in rural Tanzania. *PLOS One* 2021-12-15, DOI: 10.1371/journal.pone.0261367
- Robert C Ndege, James Okuma, Aneth V Kalinjuma, Julius Mkuambo, Elizabeth Senkoro, Gideon Foe, Leila Samson, Herry Mapesi, Siraji Shabani, Tracy R Glass, Manuel Battegay, Daniel Paris, Fiona Vanobberghen and Maja Weisser on behalf of the KIULARCO Study Group. Failure to return Pillbox is a Predictor of Lost to Follow-Up among People Living with HIV on Antiretroviral Therapy in rural Tanzania. *HIV Medicine* 2021; 00:1-12

2022

- Getrud Joseph Mollel, Lilian Moshi, Hoda Hazem, Anna Eichenberger, Olivia Kitau, Herry Mapesi, Tracy R. Glass, Daniel Henry Paris, Maja Weisser, Fiona Vanobberghen, on behalf of the KIULARCO Study Group. Causes of death and associated factors over a decade of follow-up in a cohort of people living with HIV in rural Tanzania. *BMC Infectious Diseases* 2022) 22:37
- Magnolini R, Senkoro E, Kalinjuma AV, Kitau O, Kivuma B, Samson L, Eichenberger A, Mollel GJ, Krinke E, Okuma J, Ndege R, Glass T, Mapesi H, Vanobberghen F, Battegay M, **Weisser M.** Stigma-directed services (Stig2Health) to improve 'linkage to care' for people living with HIV in rural Tanzania: study protocol for a nested pre-post implementation study within the Kilombero and Ulanga Antiretroviral Cohort. **AAS Open Research. Accepted 09/2022.**
- Ndege R, Ngome O, Vanobberghen F, Bani F, Temba Y, Wilson H, Hella J, Gingo W, Sasamalo M, Mnzava D, Kimera N, Hiza H, Wigayi J, Mapesi H, Kato IB, Mhimbira F, Reither K, Battegay M, Paris DH, **Weisser M,** Rohacek M. Ultrasound in managing extrapulmonary tuberculosis: A randomised, controlled, parallel, superiority, open-label trial. *Clin Infect Dis.* 2022 Nov 4;ciac871. doi: 10.1093/cid/ciac871. Online ahead of print.
- Max Bauer, Faraja Kitila, Ipyana Mwasongwe, Issa S. Abdallah, Evelyne Siongo, Sylvester Kasunga, Winfrid Gingo, Robert Ndege, Karin Hasler, Daniel H. Paris, Maja Weisser, Martin Rohacek. Ultrasonographic findings in patients with abdominal symptoms or trauma presenting to an emergency room in rural Tanzania. *PLoS ONE* 17(6): e0269344. <https://doi.org/10.1371/journal.pone.0269344>
- Maja Weisser, Martin Rohacek, Robert Ndege, Ezekiel Luoga, Andrew Katende, Getrud J. Mollel, Winfrid Gingo, Fiona Vanobberghen, Manuel Battegay on behalf of the KIULARCO study group. The Chronic Diseases Clinic of Ifakara (CDCI) – a model clinic for chronic care delivery in rural sub-Saharan Africa. *Diseases* 2022;10, 72
- Linda Stöger, Andrew Katende, Herry Mapesi, Aneth V Kalinjuma, Liselot van Essen, Thomas Klimkait, Manuel Battegay, Maja Weisser, and Emilio Letang Persistent High Burden and Mortality Associated With Advanced HIV Disease in Rural Tanzania Despite Uptake of World Health Organization "Test and Treat" Guidelines. *Open Forum Infect Dis.* 2022 Dec; 9(12): ofac611.
- Alex J Ntamatungiro, Juliana Kagura, Maja Weisser, Joel M Francis. Pre-treatment HIV-1 drug resistance in antiretroviral therapy-naïve adults in Eastern Africa: a systematic review and meta-analysis. *Journal of Antimicrobial Chemotherapy*, Volume 77, Issue 12, December 2022, Pages 3231–3241

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- Mnzava D, Okuma J, Ndege R, Kimera N, Ntamatungiro A, Nyuri A, Byakuzana T, Abilahi F, Mayeka P, Temba E, Fanuel T, Glass TR, Klimkait T, Vanobberghen F, Weisser M; KIULARCO Study Group. **Decentralization of viral load testing to improve HIV care and treatment cascade in rural Tanzania: observational study from the Kilombero and Ulanga Antiretroviral Cohort.** *BMC Infect Dis.* 2023 Apr 7;23(1):222. doi: 10.1186/s12879-023-08155-6.
- Chuwa F, Kivuma B, Ndege R; KIULARCO Study Group **Repeated false-negative HIV rapid test results in a patient presenting to care with advanced HIV disease: A case report.** *IDCases.* 2023 Feb 14;31:e01719. doi: 10.1016/j.idcr.2023.e01719. eCollection 2023
- Alex J Ntamatungiro, Anna Eichenberger, James Okuma, Fiona Vanobberghen, Robert Ndege, Namvua Kimera, Joel M Francis, Juliana Kagura, Maja Weisser on behalf of the KIULARCO Study Group. Transitioning to dolutegravir in a programmatic setting: Virological outcomes and associated factors among treatment-naïve patients with HIV-1 in the Kilombero and Ulanga antiretroviral cohort in rural Tanzania. *Open Forum Infectious Diseases*, ofad321, <https://doi.org/10.1093/ofid/ofad321>
- Aneth Vedastus Kalinjuma, Hannah Hussey, Getrud Joseph Mollel, Emilio Letang, Manuel Battegay, Tracy R. Glass, Daniel Paris, Fiona Vanobberghen, Maja Weisser, on behalf of the KIULARCO study group. Body mass index trends and its impact of under and overweight on

outcome among PLHIV on antiretroviral treatment in rural Tanzania: A prospective cohort study. *PLoS ONE* 2023, 18(8): e0290445. <https://doi.org/10.1371/journal.pone.0290445>

18. Anton-Vazquez V, Mnzava D, Okuma J, Mlembe S, Lo Riso L, Sanchez JM, et al. (2023) Improving anaemia diagnosis using peripheral blood smear with remote interpretation in adults living with HIV with moderate to severe anaemia: A prospective study nested within the Kilombero and Ulanga antiretroviral cohort. *PLoS ONE* 18(10): e0293084. <https://doi.org/10.1371/journal.pone.0293084>
19. Kalinjuma AV, Glass TR, Masanja H, Weisser M, Msengwa AS, Vanobberghen F, Otjombe K. **Statistical methods applied for the assessment of the HIV cascade and continuum of care: a systematic scoping review.** *BMJ Open*. 2023 Nov 23;13(11):e071392. doi: 10.1136/bmjopen-2022-071392.
20. Di Salvo I, Mnzava D, Nicoletti GJ, Senkoro E, Ndege RC, Huang DJ, Makunja NT, Kassiga GI, Kaufmann AM, Weisser M, Kind AB. **Upscaling cervical cancer screening and treatment for women living with HIV at a rural referral hospital in Tanzania: protocol of a before-and-after study exploring HPV testing and novel diagnostics.** *BMC Health Serv Res*. 2023 Mar 10;23(1):234. doi: 10.1186/s12913-023-09113-3.

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21. Katende A, Oehri J, Urrio VZ, Mahundi E, Wilson L, Myovela V, Mlula C, Chitimbwa C, Mbawala C, Faustine F, Mteki V, Gingo W, Kitila F, Mwasongwe I, Bucher C, Elzi L, Okuma J, Zoller T, Paris DH, Weisser M, Rohacek M. Use of a Handheld Ultrasonographic Device to Identify Heart Failure and Pulmonary Disease in Rural Africa. *JAMA Netw Open*. 2024 Feb 5;7(2):e240577. doi: 10.1001/jamanetworkopen.2024.0577. PMID: 38416495; PMCID: PMC10902720.
22. Andrew Katende, Laurine Roos, Victor Z. Urrio, Evance Mahundi, Victor Myovela, Dorcas Mnzava, Chipegwa Mlula, Christamonica Chitimbwa, Dominick M. Raphael, Winfrid Gingo, Fabian C. Franzeck, Daniel H. Paris, Luigia Elzi, Maja Weisser & Martin Rohacek. Recovery of left ventricular systolic function in peripartum cardiomyopathy: an observational study from rural Tanzania. *BMC Cardiovasc Disord* 24, 243 (2024). <https://doi.org/10.1186/s12872-024-03906-y>
23. Magnolini R, Staehelin S, Senkoro E, Kruijver M, Krinke E, Weisser M. **Effectiveness and acceptance of group therapy as a mental health intervention for people living with HIV in Africa – a scoping literature review.** *AIDS Care*. 2024 Jan 30:1-15. doi: 10.1080/09540121.2023.2298779. Online ahead of print.
24. Robert Ndege, Martin Rohacek, Farida Bani, Omary Ngame, James Okuma, Mohamed Sasamalo, Dorcas Mnzava, Klaus Reither, Fiona Vanobberghen, Jerry Hella, Daniel H Paris, Maja Weisser, Diagnostic Yield of Urine Xpert MTB/RIF Ultra in Adults With Suspected Extrapulmonary Tuberculosis, *Open Forum Infectious Diseases*, Volume 11, Issue 7, July 2024, ofae338, <https://doi.org/10.1093/ofid/ofae338>
25. Leila S Matoy, Felista S Tarimo, Efraim M Kosia, Josephine J Mkunda, Maja Weisser, Sally Mtenga. Healthcare Workers' Experiences and Challenges in Managing Gender-Based Violence Among HIV-Positive Women Living in Southern, Tanzania: A Qualitative Study. *HIV AIDS (Auck)*. 2024 Jul 11:16:275-287. doi: 10.2147/HIV.S438672. eCollection 2024.
26. Jennifer Anne Brown, Isaac Kaumbuthu Ringera, Ezekiel Luoga, MD; Moniek Bresser, Buoang Mothobi, Lorraine Kabundi, Mulume Ilunga, Kuena Mokhele, Andreas Boy Isaac, Ntsepiseng Tsoaeli, Thomas Mbaya, Brenda Simba, Kasasi Mayogu, Elizabeth Mabula, Molisana Cheleboi, Mamello Molatelle, Namvua Kimera, Getrud Joseph Mollel, David Sando, Nadine Tschumi, Alain Amstutz, Lineo Thahane, Mosa Molapo Hlasoa, Buntshi Paulin Kayembe, Josephine Muhairwe, Thomas Klimkait, Tracy Renée Glass, Maja Weisser, Niklaus Daniel Labhardt. Resistance-informed versus empirical management of viraemia in children and adolescents with HIV in Lesotho and Tanzania (GIVE MOVE trial): a multisite, open-label randomised controlled trial. Volume 12, ISSUE 8, e1312-e1322, August 2024. Open AccessPublished: August, 2024DOI:[https://doi.org/10.1016/S2214-109X\(24\)00183-9](https://doi.org/10.1016/S2214-109X(24)00183-9)
27. Weisser, Maja*; Mapesi, Herry*; Vanobberghen, Fiona; Okuma, James; Eichenberger, Anna; Wilson, Herieth Ismael; Paris, Daniel Henry; Kalinjuma, Aneth Vedastus; Luoga, Ezekiel; Wilson, Lulu; Glass, Tracy Renée; Franzeck, Fabian Christoph; the KIULARCO Study Group. Body weight changes in people living with HIV starting dolutegravir versus efavirenz-based regimens in a large cohort in rural Tanzania. *AIDS* (>):10.1097/QAD.0000000000004085, December 04, 2024. | DOI: 10.1097/QAD.0000000000004085
28. Ezekiel Luoga, James Okuma, Lilian Moshi, George Sigalla, Dorcas Mnzava, Daniel H. Paris, Tracy R. Glass, Fiona Vanobberghen, Maja Weisser*, Getrud Joseph Mollel* on behalf of the KIULARCO working group. Viral suppression and adherence in adolescents living with HIV in rural Tanzania. Published: December 20, 2024; <https://doi.org/10.1371/journal.pone.0315866>

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