July 31, 2026

Global Newsletter

From the REVIVE Trial Steering Committee

Dear REVIVE Colleagues

The continued commitment, collaboration, and hard work across the REVIVE network are producing remarkable results. As of 27 July, 6000 participants have been enrolled, making this another major achievement for the trial. Congratulations and sincere thanks to every investigator, coordinator, research nurse, data team member, and Project Office colleague contributing to this success.

Recruitment to the antimicrobial resistance sub-study is also beginning to gain momentum. A total of 120 participants - 27% of the target sample size of 450 - have now been enrolled. Although recruitment remains slower than we would like, the recent increase in activity is encouraging. Continued attention to offering the sub-study to all eligible participants, completing site activation and training, and addressing practical barriers to sample collection will be important as we work towards the recruitment target.

REVIVE has recorded 572 deaths overall, including 534 deaths occurring within the first 24 weeks after randomization. Verbal autopsy activities are now active in 10 countries, accounting for 560 of the reported deaths. Among 405 deaths eligible for verbal autopsy, 259 verbal autopsies have been completed (64%), while 146 remain outstanding (36%). This represents steady and meaningful progress, but there is still considerable work ahead. We are grateful to the teams conducting these sensitive interviews and encourage all activated sites to continue clearing outstanding cases while completing verbal autopsies promptly for newly reported deaths.

As enrolment advances, maintaining excellent data quality and minimizing loss to follow-up remain essential. Timely and complete data entry, careful participant follow-up, and confirmation of vital status will ensure that the tremendous effort invested in recruitment translates into reliable and definitive trial results.

We look forward to welcoming investigators to the REVIVE Investigator Meeting in Nairobi, Kenya, on 3–4 September 2026. The meeting will provide an important opportunity to celebrate our achievements, share experiences, address common challenges, review trial progress, and consider future opportunities for the network. Nairobi will also host a meeting of the independent DSMB, which will review the planned interim analysis.

Thank you again for your exceptional contribution to REVIVE.

Prof John Eikelboom

REVIVE Co-Principal Investigator

REVIVE Milestones

We are absolutely thrilled to share that the REVIVE trial has reached an incredible milestone of **6000** participants or 75% of the overall recruitment target!

We have made remarkable progress and would also like to acknowledge that the 6,000th participant was enrolled at the **Lilongwe site in Malawi**, led by **Dr Cecilia Kanyama**.

This milestone belongs to every member of the REVIVE community. Thank you for your continued hard work, commitment to excellence, and unwavering focus on delivering this important study.

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Newsletter

Spotlight

One-year mortality among adults with advanced HIV in sub-Saharan Africa: a systematic review and meta-analysis

Abstract

Background: In sub-Saharan Africa (SSA), people with HIV continue to present with advanced HIV disease (AHD), putting them at high risk of life-threatening opportunistic diseases. We aimed to estimate mortality among this population.

Methods: We conducted a systematic review and meta-analysis of studies reporting one-year mortality among adults living with HIV and presenting to care with CD4 counts ≤200 cells/mm 3 in SSA. MEDLINE, EMBASE, and the Cochrane Central Register of Controlled Trials were searched for studies (comprising >500 participants) published between January 1, 2016, and March 21, 2025. Screening and data extraction were done in duplicate. Pooled mortality proportions across CD4 count and time strata were calculated using a generalised linear mixed model. Risk of bias was assessed using a modified Newcastle-Ottawa scale. The protocol is registered with PROSPERO, CRD42023451498.

Results: Thirty-six studies with 313,362 participants were included. The weighted median age was 35 years, 64% were female, and 98.9% were antiretroviral therapy-naive. One-year mortality was 12% (95% CI 8 - 16) among people with CD4 count ≤200 cells/mm 3 and increased with lower CD4 counts (≤100 cells/mm 3 , 15% (95% CI 11 - 19); ≤50 cells/mm 3 , 20% (95% CI 12 - 31)). Most deaths occurred within the first three months after AHD presentation. Heterogeneity was substantial. Risk of bias was high in 18 (50%) of 36 included studies.

Discussion: There is high one-year mortality among people presenting with AHD in SSA. It is a priority to identify AHD with CD4 testing, improve retention in care, and evaluate additional interventions to reduce mortality in this population.

Keywords: Africa South of the Sahara; CD4-positive t-lymphocytes; HIV; acquired immunodeficiency syndrome; mortality.

Authors: Thomas C. Scheier, Keisha De Gouveia, Mark E. Engel, Ameer S.-J. Hohlfeld, Alex Cen, Anne Berhe, Sabrina Fan, Jeffery Li, Shakeap Elliott, Nathan Ford, Graeme Meintjes, Dominik Mertz, John Eikelboom, Sean Wasserman

Full Abstract Link:

https://www.ovid.com/jnls/aidsonline/fulltext/10.1097/qad.0000000000004431~one-year-mortality-among-adults-with-advanced-hiv-in

Worth the Read: Insights That Matter

HIV-Associated Tuberculosis in Adults: Diagnosis and Clinical Management

Read The full article here:

https://pubmed.ncbi.nlm.nih.gov/42150856/

The bias in medical research: Africa carries a huge disease burden but is missing from clinical trials

Read The full article here:

https://doi.org/10.64628/AAJ.xy3ce7ccy

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Recruitment Update — 27 July 2026

Country	Regulatory Status	Sites			Randomizations	
		Planned	Activated	Enrolling	Last 30 Days	Total
South Africa	Approved	21	20	20	33	1283
Sierra Leone	Approved	5	5	5	16	788
Uganda	Approved	5	4	4	60	1243
Nigeria	Approved	11	11	11	79	1239
Ivory Coast	Approved	4	4	4	4	118
Zambia	Approved	3	3	3	19	643
Malawi	Approved	3	1	1	27	205
Ghana	Approved	3	3	3	19	221
Rwanda	Approved	1	1	1	4	79
Mozambique	Approved	1	1	1	3	71
Ethiopia	Approved	4	4	4	7	110
Kenya	Pending	1	0	0	0	0
Cameroon	Pending	3	0	0	0	0
Total		**65**	**57**	**57**	**271**	**6000**

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Spotlight on Excellence

Dr Cecilia Kanyama - Malawi

As an Internal Medicine Physician at Kamuzu Central Hospital (KCH) and Assistant Clinical Research Professor at the University of North Carolina at Chapel Hill, Dr Cecilia Kanyama has dedicated her career to improving the diagnosis and treatment of HIV and its associated conditions.

Based at the UNC Project-Malawi in Lilongwe, she is a Principal Investigator for tuberculosis, cryptococcal meningitis and HIV treatment trials. Internationally recognised for her work in advanced HIV disease, Dr Kanyama has led numerous clinical and implementation research studies aimed at improving care for patients in resource-limited settings. She currently leads the clinical and operational aspects of the DNDi 5FC HIV Cryptococcal Study, evaluating a new formulation of flucytosine for cryptococcal meningitis.

The UNC Project-Malawi has been at the forefront of HIV research for more than three decades, working in partnership with Malawi's Ministry of Health to strengthen clinical research, improve patient care and build local research capacity. Today, it remains one of Africa's leading HIV research centres.

As the **National Lead Investigator for REVIVE in Malawi**, Dr Kanyama leads a dedicated multidisciplinary team delivering high-quality clinical research while ensuring participant care remains central to every aspect of the study. Her extensive experience in advanced HIV disease and implementation research brings invaluable expertise to REVIVE, helping the study generate evidence that has the potential to improve outcomes for people living with advanced HIV disease across Africa.

Next REVIVE Monthly Seminars

27 August at 15H00 SAST (13H00 GMT)

Drug-resistant TB Update (WHO) - Dr Francesca Conradie