Sustaining priority HIV, viral hepatitis and harm reduction services during the funding crisis

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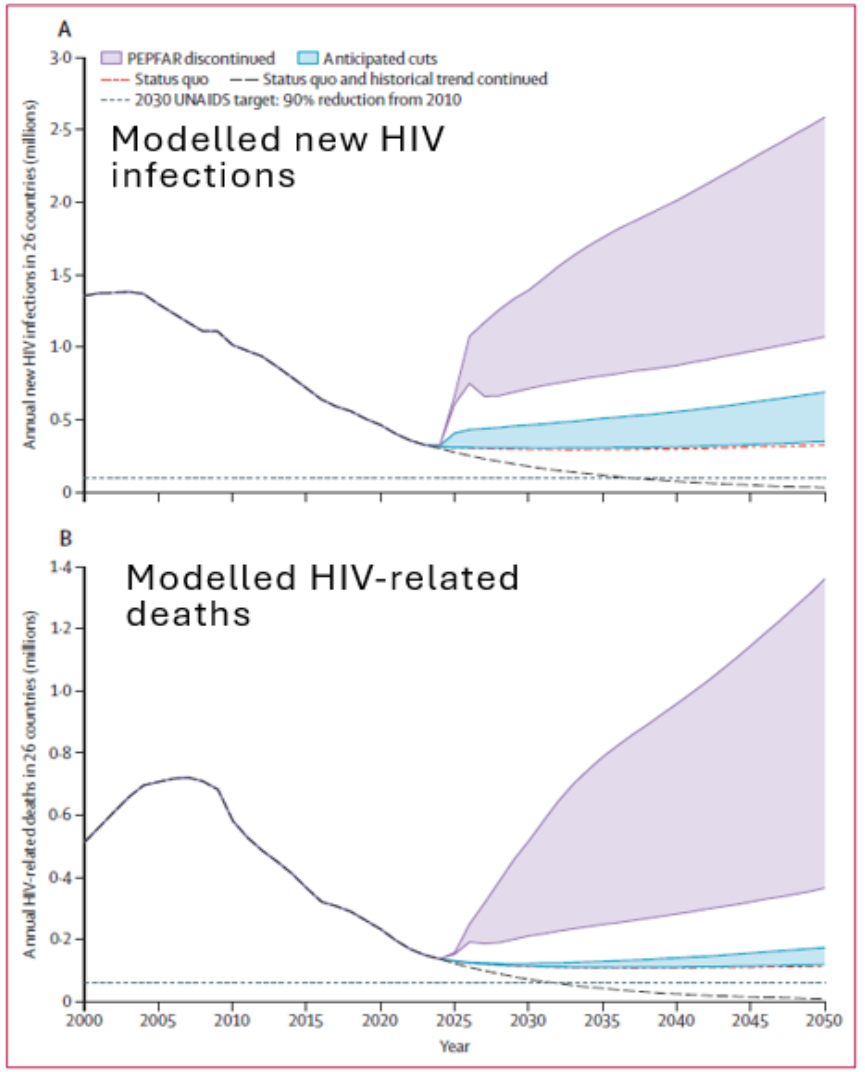
The 2025 funding crisis and its impact

***based on WHO rapid stock-taking in March-April 2025**

- Sudden reductions in global health ODA in 2025
- 70%+ countries reporting service disruptions
- Stock-outs of HIV/OAMT medicines (1/3 countries)
- Disproportionate impact on key populations
- Modelling: millions of additional infections/deaths



4.4 to 10.8 million additional new HIV infections by 2030

770,000 to 2.9 million additional HIV-related deaths by 2030

Brink et al, Lancet HIV, March 2025

Sustaining priority services for HIV, viral hepatitis and sexually transmitted infections in a changing funding landscape (Operational guidance, July 2025)

Responding to increasing requests for technical support from WHO and partners to strengthen national priority-setting processes, improve institutional capacity, and align donor and domestic investments behind national priorities.

- Provide the basis and guidance for an aligned approach and framework on priority-setting, to countries on evidence-informed priority-setting, based on experience and best practices
- A basis to support programmes to both consider ethics, financing, health systems/services and evidence both globally and nationally
- Generic, can be applied to NSP, programmatic, packages

https://www.who.int/publications/i/item/9789240112759

Results from a rapid global assessment exercise: indicative stepwise priority-setting for HIV, viral hepatitis and STI services

Roles and Responsibilities

WHO Global Programme on HIV, Hepatitis and STIs	Manages and oversees the process
Dept. Health Financing and Economics & Ethics group at WHO	Designs the process, with inputs from ethics and WHO experts
Expert Group	Conducts the assessment, the appraisal and makes recommendations
Peer Review Group	Reviews the full guidance, including the results of the assessment and appraisal
WHO Steering Group	Informed by expert group recommendations, makes final decisions

Expert Engagement

👥 **Selection Process**

- 24 experts confirmed interest and participated in the process. Identified reference groups, and expression of interest
- 5 ministries of health, 6 civil society/CBOs/NGO, 8 academic/ research/clinical institutions, 5 implementing partners

🗓️ **Participation**

- 17 joined initial consultation (methodology discussion)
- 14 completed assessment exercise (intervention scoring)
- 10 joined deliberation meeting (review/prioritization)
- 10 provided peer review of the draft guidance

🌎 **Representation**

- Gender: 14 women, 10 men
- Regions: AFRO (11), EMRO (4), AMRO (3), EURO (3), SEARO (3), WPRO (1)
- 3 contributors openly from the PLHIV community

🧠 **Areas of Expertise**

- 24 engaged in some level of the HIV cascade (prevention, testing or treatment)
- Including areas of expertise related to the mapped activities: STIs, Hepatitis, Mental Health, Service Integration/DSD, Key Populations, Harm Reduction, Health Systems.

Results from a rapid global assessment exercise

PREVENTION

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TIER 1: ESSENTIAL

Interventions	Key rationale and decision-making notes
Prevention of mother-to-child transmission of HIV, hepatitis B and syphillis (includes PrEP)	Critical for elimination of vertical transmission; integration enhances service delivery
HIV post-exposure prophylaxis (PEP)	Critical intervention, not limited to occupational settings **and delivered through community networks**
Blood product safety of a functioning health system and health care infection control)	Foundational component Blood product safety of a functioning health system ⇄
Harm reduction services (including OAMT, needle and syringe programmes and naloxone provision for opiod overdose management)	Moved to Tier 1 in countries where already implemented; interruptions carry significant risks
Provision of condoms and lubricants	Important for primary prevention, especially among key populations

TIER 2: IMPORTANT

Interventions	Key rationale and decision-making notes
Pro-exposure prophylaxis (PrEP) - including long-acting PEP ⇄	Should be made available and accessible, particularly for **key populations and those already on PrEP. Delivered through community networks**
Voluntary medical male circumcision (VMMC) ⇄	Rec for 15 high-priority countries in East/South Africa; Tier 2 overall, elevated to Tier 1 in priority contexts
Vaccination for HBV ⇄	**Birth vaccination should be prioritized;** adult catch-up tailored to context and resources

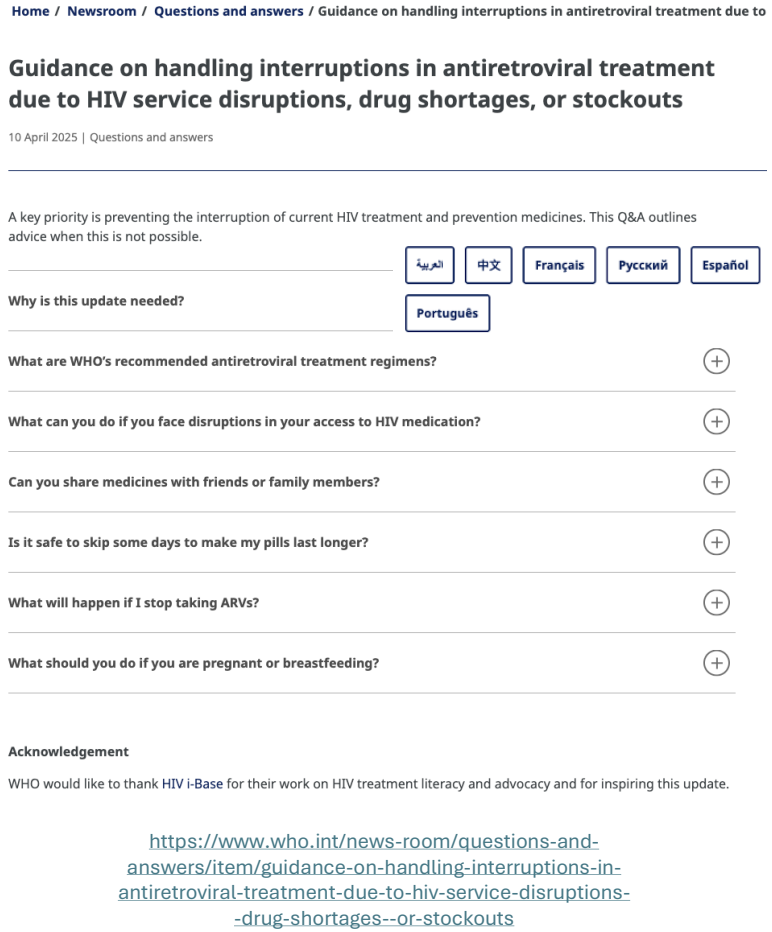
⇄ Indicates movement between tiers depending on contextual and population needs factor

★ **Harm-reduction services (including opioid agonist maintenance therapy, needle and syringe programmes and naloxone provision for opioid overdose management)**

The expert group classified this intervention as tier 2, acknowledging the equity value of these interventions while also considering feasibility and legal barriers within their contexts as very difficult. However, the WHO Steering Group had noted the need to upgrade it to tier 1 – especially for the settings in which these programmes already exist. Continuing opioid agonist maintenance therapy for clients who have been enrolled in the programme needs to be considered lifesaving since sudden disruptions of opioid agonist maintenance therapy may result in immediate increased mortality.

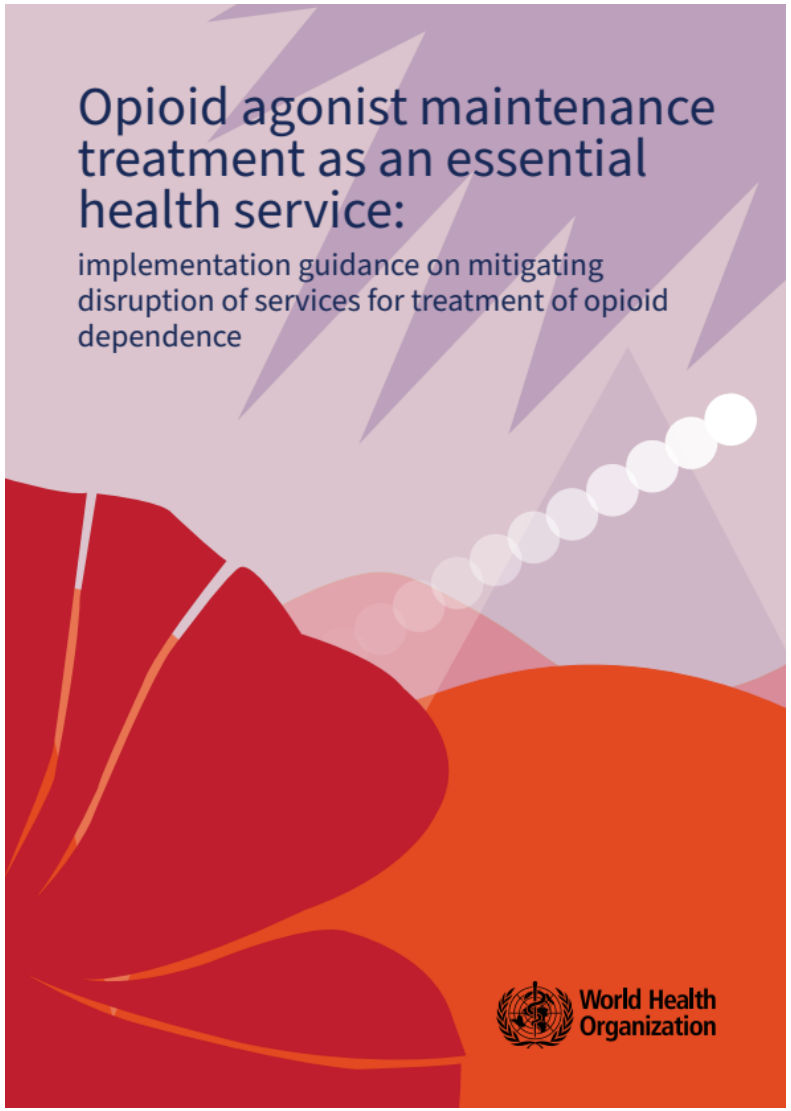
WHO resources: WHO webpage on sustaining HIV, hepatitis and STIs services amid declining health aid

https://www.who.int/activities/sustaining-hiv-hepatitis-and-stis-services-amid-declining-health-aid



https://www.who.int/news-room/questions-and-answers/item/guidance-on-handling-interruptions-in-antiretroviral-treatment-due-to-hiv-service-disruptions--drug-shortages--or-stockouts

https://www.who.int/news/item/27-02-2025-protecting-key-populations-from-abrupt-disruptions-to-essential-hiv-services



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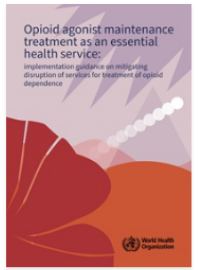
Opioid agonist maintenance treatment as an essential health service: implementation guidance on mitigating disruption of services for treatment of opioid dependence

Opioid agonist maintenance treatment as an essential health service: implementation guidance on mitigating disruption of services for treatment of opioid dependence

13 October 2025 | Technical document



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Overview

Opioid agonist maintenance treatment (OAMT) for people with opioid dependence is proven to be safe and effective in addressing a broad range of health and social issues, and must be maintained without interruption – even during crises or emergencies. It should be integrated within national health systems and strategies to ensure stable funding, reliable access, and equitable care for all who need it.

The document compiles WHO recommendations to advocate for uninterrupted access to OAMT and support countries experiencing service disruptions in opioid dependence treatment. It is intended for use by service planners and providers, as well as other stakeholders involved in the planning, financing, and delivery of treatment services for opioid dependence and the prevention of opioid overdose.

Related

WHO's work on:

WHO TEAM

Alcohol, Drugs and Addictive Behaviors (AD
Global HIV, Hepatitis and STIs Programmes
Mental Health, Brain Health and Substance

EDITORS

World Health Organization

REFERENCE NUMBERS

WHO REFERENCE NUMBER: B09543

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- OAMT must NOT be interrupted
- Treat as a life-saving essential service
- Measures: take-home dosing, overdose prevention
- Integration into national health financing
- Strengthen supply chains & workforce continuity

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https://www.who.int/publications/i/item/B09543

Speakers

Tereza Kasaeva

Director, WHO Department on HIV, Tuberculosis, Hepat
Infections · WHO

Anja Busse

Unit Head, Drugs, Alcohol and Addictive Behaviours ·

Anton Basenko

Executive Director · INPUD

Peter Vickerman

Professor of Infectious Disease Modelling · University

Country case study TBC

Michel Kazatchkine

Commissioner · Global Commission on Drug Policy

Dévora Kestel

Director a.i. Noncommunicable Diseases and Mental H

Moderator: Annette Verster

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Opioid Agonist Maintenance Treatment (OAMT) as an Essential Health Service: Implementation Guidance on Mitigating Disruption of Services for Opioid Dependence

Date & Time	Dec 17, 2025 11:00 AM in Amsterdam, Berlin, Rome, Stockholm, Vienna
Description	Opioid agonist maintenance treatment (OAMT) is safe and effective for addressing a broad range of health and social issues and must be maintained without interruption, even during crises. OAMT should be integrated into national health systems to ensure stable funding, reliable access, and equitable care. This session will present WHO recommendations for uninterrupted OAMT access, discuss the impact of service disruptions, and highlight global efforts to ensure life saving interventions for people who use drugs are maintained. The webinar is intended for service planners, providers,

Webinar Registration - Zoom

How can civil society use the WHO guidance documents in advocacy?

- Demand transparent priority-setting
- Ensure harm reduction stays top-tier as essential health services
- Push for domestic financing & meaningful integration
- Leverage CLM systems where established and maintained

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Thank you

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