

Pre-launch global webinar: WHO operational guidance for sustaining HIV, viral hepatitis and STI priority services in a changing funding landscape

**Global HIV, Hepatitis and STIs
Programmes**

02 July 2025



Upcoming publications on priority setting

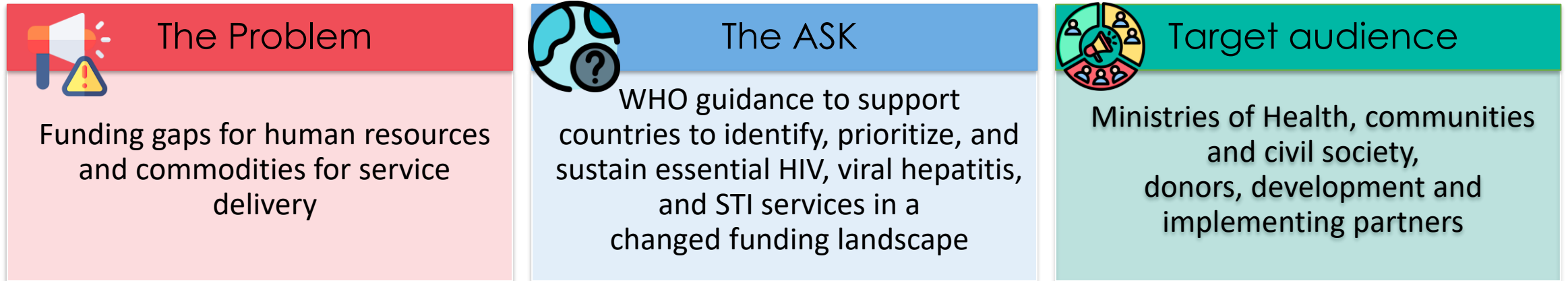
Final stages – *“Sustaining priority services for HIV, viral hepatitis and STI in a changing funding landscape: Operational guidance” – First Edition*

This is a **‘living document’** and future editions are planned in 2025 to respond to feedback from countries, communities and partners

Under development – *Interim WHO Guidance for Evidence-Informed Priority-Setting in Health, including guidance on how to respond to shocks across disease areas – HFE Q3 2025*



Sustaining HIV, viral hepatitis and STI priority services in a changed funding landscape: An operational guidance



Operational Guidance provides two elements:

1. Prioritization Process Guidance

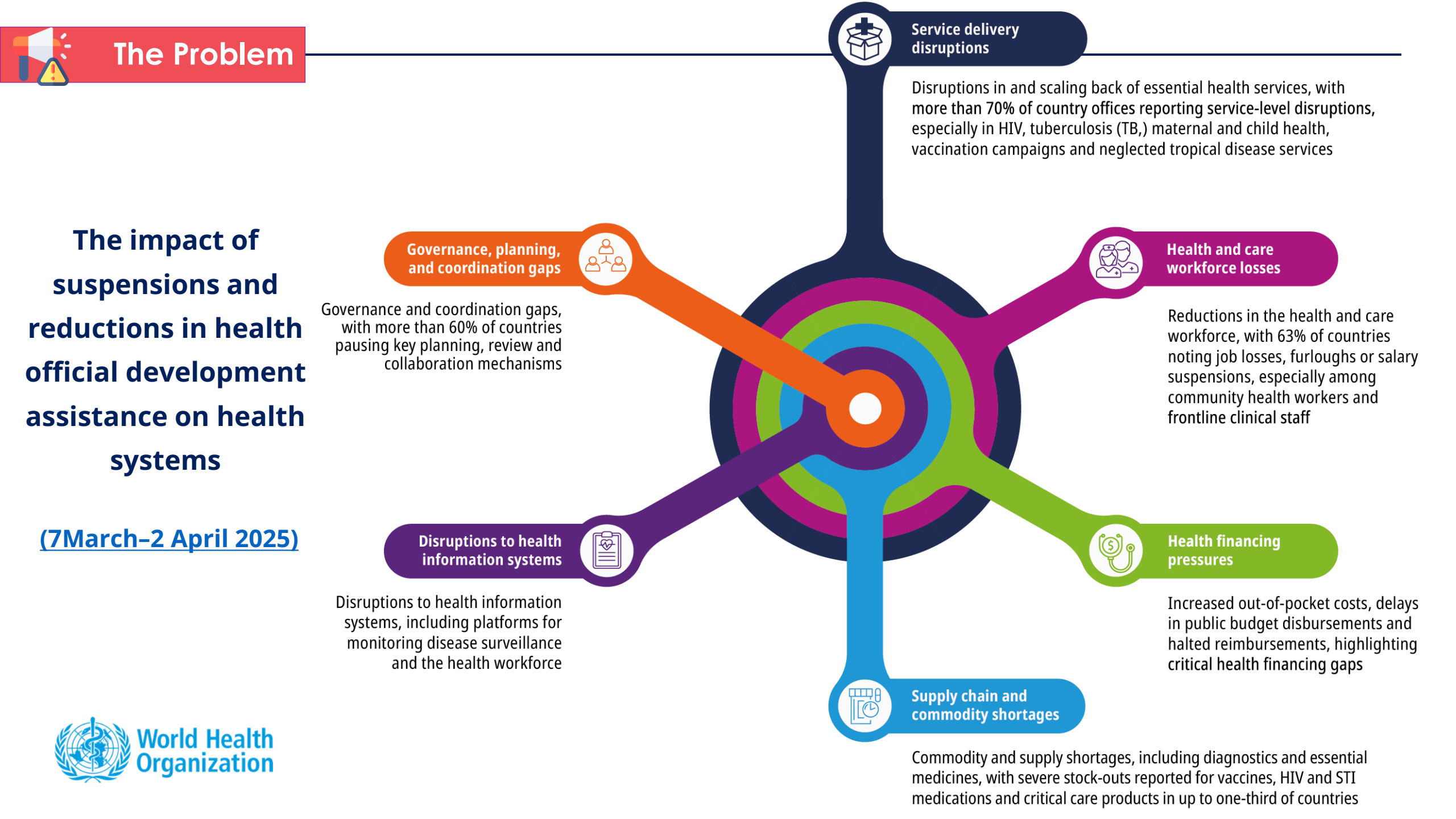
- Guidance to support countries in prioritizing HIV, viral hepatitis, and STI services to sustain under reduced funding.

2. Baseline Service Prioritization Exercise

- A structured 'starting point' list of prioritized services and interventions for countries to adapt based on global review.
- An example of an approach to rapid priority setting that can inform countries to set up their own procedures, until further guidance is issued.

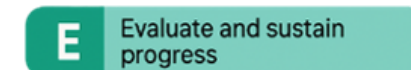
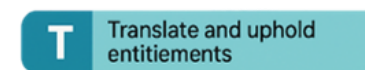
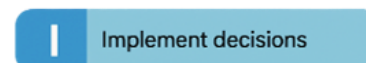
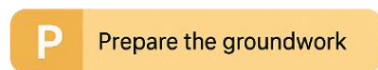
Users are encouraged:

- to adapt the content to their regional and country context and strategic priorities;
- to use the guidance in transition planning, policy dialogue and joint programme review





The ASK: WHO Prioritization Process Guidance



Ethical Principles

Substantive principles:

- Efficiency,
- Equity,
- Social and economic impact,
- Feasibility

Procedural Principles:

- Transparency,
- Participation and inclusion,
- Evidence and responsiveness,
- Accountability

These form the moral and decision-making backbone of the guidance. They ensure that all prioritization decisions are fair, non-discriminatory, and based on values like equity, efficiency, and transparency.

Governance

(Strategic and Operational Enablers for Prioritization)

- Institutionalizing priority-setting within national governance mechanisms.
- Establishing leadership and coordination led by health authorities.
- Engaging multisectoral and community stakeholders from the outset.
- Aligning prioritization with national strategies, budgets, and planning cycles.
- Building ownership and accountability through transparent, participatory processes.

Services Prioritization

(Scoping, Assessment, Appraisal and Recommendations)

Refining the Scope

Assessment Methods and Results

- Defining Prioritization Criteria
- Scoring Process

Organization of Appraisal

- Stepwise Prioritization Approach
- Ensure all population groups (Common barriers to maintaining engagement)

Formulating and Finalizing Decisions

- Engaging in Follow-up Stakeholder Consultation
- Ensure Accountability and Integration of Appraisal Results

Systems, Strategic and Operational considerations

Integrating priority-setting into broader health systems resilience strategies.

Integration of service delivery within PHC person-centered models of care

Health Workforce and Systems Resilience

- Sustaining Community Health Workforce

Medicines and other health products

Health Financing Considerations:

- Urgent, Medium to longer term actions

Communicate Decisions

Document and Disclose Decisions

Communicate clearly and Strategically

Use multiple channels and trusted messengers

Ensure accessibility and Clarity

Support Health Providers

Enable Feedback and Accountability

Evaluate and Sustain Progress

Data and Monitoring Systems Support:

- Monitoring implementation progress using simple, actionable indicators.
- Evaluating priority-setting outcomes and system performance.
- Using disaggregated, integrated data systems to guide adaptive decisions.

Documenting and sharing lessons, tools, and good practices for learning

Continuing to work toward a sustainable response



3 Foundational Pillars

1. WHO Health System Framework Building Blocks

The guidance adopts a systems approach, recognizing that service delivery decisions occur within and affect broader health system functions.



2. Priority-setting steps PRIORITE framework



3. Primary Health Care (PHC) strategic and operational levers

STRATEGIC LEVERS

1. Political commitment and leadership
2. Governance and policy frameworks
3. Funding and allocation of resources
4. Engagement of communities and other stakeholders

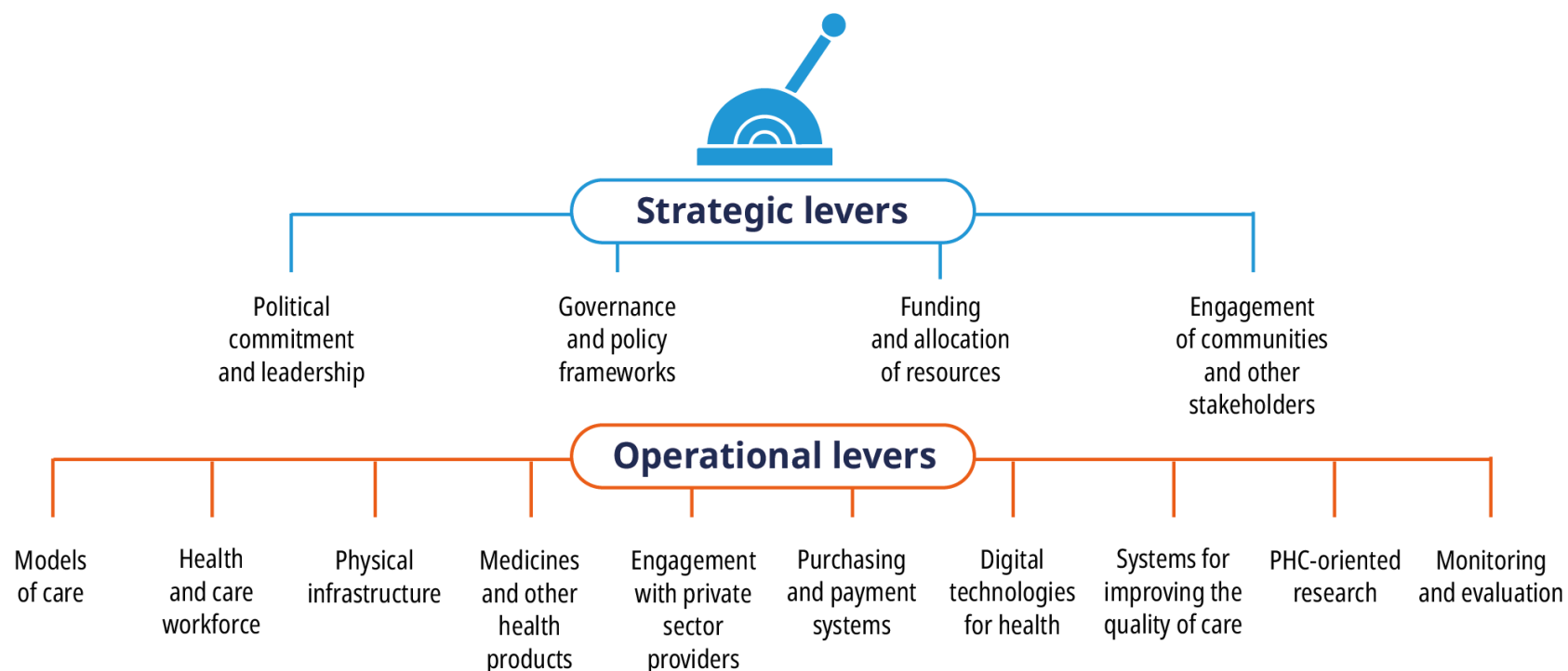
OPERATIONAL LEVERS

5. Models of care
6. Health and care workforce
7. Physical infrastructure
8. Medicines and other health products
9. Engagement with private sector providers
10. Purchasing and payment systems
11. Digital technologies for health
12. Systems for improving the quality of care
13. Primary health care-oriented research
14. Monitoring and evaluation



PHC and HIV, viral hepatitis and STIs – Shared Principles, Common Challenges, Convergent Actions

Fourteen levers that support PHC implementation



<https://www.who.int/publications/i/item/9789240077065>

- Scaling up high-quality, people-centred services through a **PHC approach is critical** to achieving both health and disease-specific goals.
- Integration should be guided by **strategic and operational levers**, tailored to each context.
- Sustained progress depends on equitable, stigma-free access to health services for **all populations**.
- Collaboration across the health system is key to advancing shared priorities.

The **WHO/UNICEF PHC Operational Framework** offers a coherent pathway to select, implement and then learn from PHC and HIV convergent actions <https://www.who.int/publications/i/item/9789240017832>



Navigating the health financing emergency

Susan Sparkes,
Department Health Financing
and Economics (WHO)



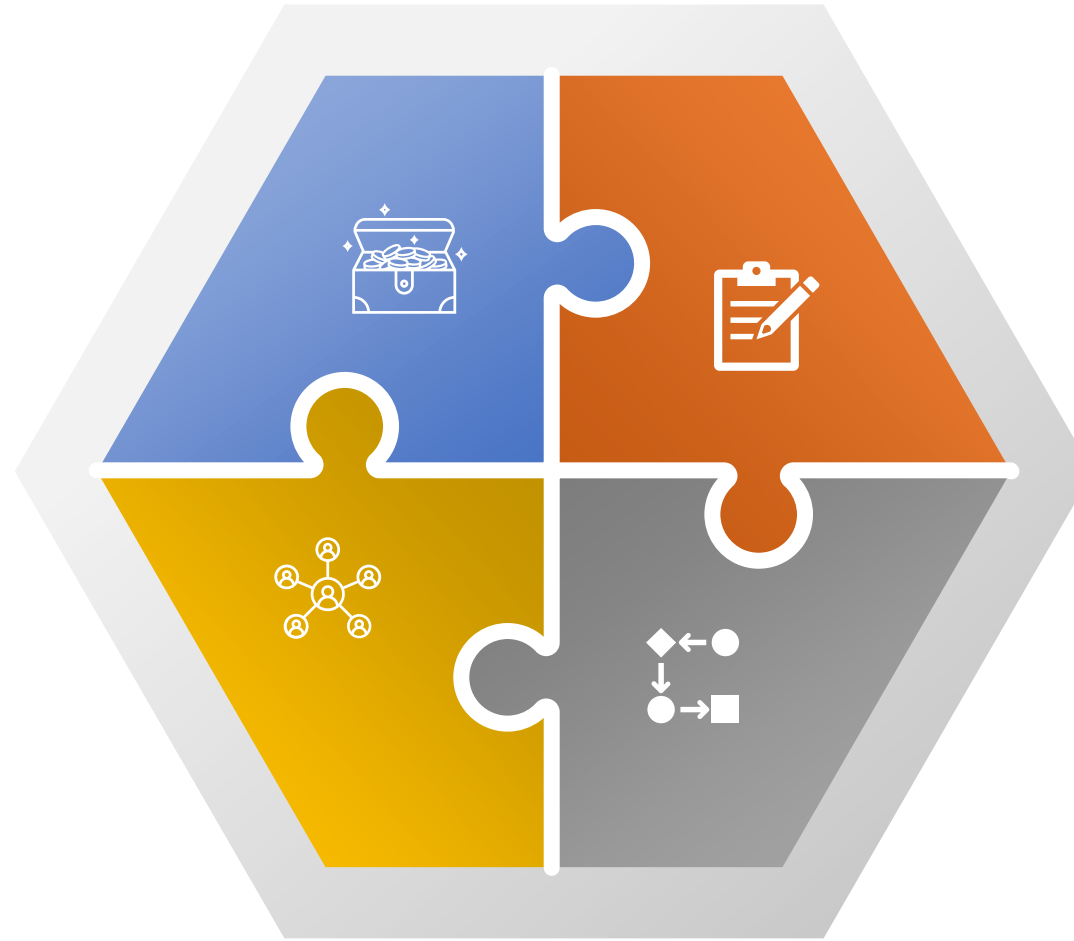
Navigating the health financing emergency

1. Fiscal capacity

Engage with finance and parliament to address underlying revenue generation

3. Political advocacy domestically and globally for health

Continue to make the case for prioritization of health in budgets



2. Efficiency and priority setting

Improve public financial management (PFM) systems, reducing duplications, improving alignment, strategic integration, deliberately setting priorities within boundaries

4. Different approach to donor funding

Align with domestic PFM systems, supporting institutional development (not replacing), avoiding recurrent costs, aligning to country priorities

System-wide actions to navigate the health financing emergency



External resources

- Funding flow mapping (quantity, flows, channels, purposes)
- Shift aid priorities and alignment

Domestic resources

- Rapid macro-fiscal and health financing landscape
- Budget re-prioritization
- Use existing budgets
- Safeguard against increased out of pocket spending

Domestic and external resources

- Evaluate potential for additional revenues
- Rapid review of benefit package/critical services list based
- Functional integration roadmap: cross—programmatic efficiency analysis
- Process to evaluate cost scenarios and resource requirements
- Improve technical efficiency and pursue cost-reducing substitution

Sector-wide decision-making, analytics, prioritization, and reforms

Donor- and programme-specific considerations need to plug into sector-wide, domestic health budget dialogue

Focus on efficiency/cost reductions and sustaining coverage wherever possible



Priority-setting process



Altea Sitruk,
Department Health Financing
and Economics (WHO)

Resources to support global and country-led priority-setting



Interim guidance on priority-setting processes to respond to shocks

Evidence-informed
Participatory
Aligned with ethical principles



Methodological support

Synthesizing and using economic data for priority-setting



Real-world examples

Practical application on global prioritization of HIV interventions
Upcoming country sector-wide applications



South-south exchange

Exchange of knowledge, experience and data

Contact: whochoice@who.int



Priority-setting steps – PRIORITE framework

P Prepare the groundwork

Identify the guiding committee and secretariat, technical support where required and overarching policy framework for setting priorities. This typically requires high-level policy support and reflects core health policy context and goals, considers existing institutionalization of priority-setting processes and may require a situation analysis of core capacity.

R Refine the scope

Determine the scope in terms of services and interventions to be considered and define criteria and methods for assessment. Identify the relevant technical expert communities to assess and appraise the scope of services.

I Implement the assessment

Collect and analyse evidence on services and interventions using agreed criteria and methods (such as the burden of disease, cost-effectiveness, budget impact and equity). Assess the extent to which each service or intervention achieves the criteria.

O Organize the appraisal

Facilitate the deliberation of options through a transparent and inclusive appraisal process. Arrive at a list of services with priorities set to present to decision-makers and payers.

R Recommend actions

Develop evidence-informed recommendations on priority-setting that are legitimate, aligned with values and policy relevant. Relevant authorities decide and communicate decisions to those affected, including the health workforce and populations and allow for the decisions to be appealed.

I Implement decisions

Operationalize decisions through revised guidance, essential medicines and product lists where relevant, implementation plans for service delivery and integration into financing instruments, public financial management and procurement.

T Translate and uphold entitlements

Clearly communicate guidance, plans and conditions of access to users and providers and establish mechanisms for accountability.

E Evaluate and sustain progress

Monitor delivery and spending against plans, generate insight to inform revision and ensure long-term financial and programmatic sustainability and improvement.

Implementing the assessment



Approach:

- Evidence-informed but deliberative.
- Involves expert judgment and dialogue.
- Rapid evidence synthesis.

Count of Traffic score		Column Labels			
Row Labels		High	Moderate	Low	#N/A (
Adherence and Mental health support for HIV treatment and care					
ARV adherence interventions: Intervention comprised of elimination of ART copayments, Provision of free OI medications, increased training of healthcare workers, reimbursement of trans			2	2	
ARV adherence interventions: Link4Health intervention			1		1
ARV adherence interventions: Two types of interventions: (1) risk reduction, (2) outreach: re-link					1
ARV adherence interventions: Weekly interactive SMS interventions			1		
Advanced HIV disease (AHD) management					
Advanced HIV disease (AHD) management			1		
Cervical cancer screening and treatment					
Cervical cancer screening and treatment					8
One-off vaccination and treatment					2
PAP, every 3 years from age 20 until age 65+ vaccination + treatment					1
PAP, every 5 years from age 20 until age 65+ vaccination + treatment					1
screening by visual inspection with acid+ vaccination + treatment					2
Community-based testing for HIV					
Community-based HIV self-testing Adult men		6	7		
Community-based HIV self-testing WTS		1		1	
Community-based HIV self-testing Young				1	
Community-led HIV self-testing				1	
HIV self-testing/Community-based self-test followed by confirmatory testing and counseling - Adult men, (25-49 years)				2	
HIV self-testing/Community-based self-test followed by confirmatory testing and counseling - Women having transactional sex		2			



Goal: Guide—not dictate—prioritization decisions.



Basis: Ethical principles + health technology assessment norms



Key Considerations:

- Rapid yet structured
- Inclusive of local context and expert insight
- Supports fair, transparent, and evidence-based decision-making

Implementing the assessment: Criteria for consideration

Health impact

Cost effectiveness

Financial sustainability and budget impact

Equity

Feasibility

Social and economic impact

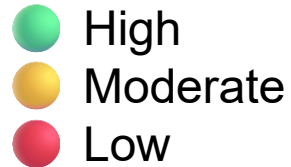
Financial risk protection

Acceptability

- Criteria should be:
 - explicit
 - locally-defined and relevant to context
- They are primarily derived from two pairs of health system objectives:
 - to improve population health and access to services
 - to distribute health and health services fairly

Implementing the assessment: Scoring system

- Simple color-coded for each criterion indicating high, moderate, or low performance on that criterion.



- Cutoffs defined for each criterion.
- Factsheets and instructions provided to assist in the assessment of the criteria and deliberation.
- Use scoring sheets & pilot tests
- Individual scoring → group consensus
- Document reasoning for transparency

Score	What it means	Criteria*
● High	Strong value for money	Consistent evidence suggesting an incremental cost per DALY averted < 0.5x GDP per capita or cost-saving
● Moderate	Acceptable value	Consistent evidence suggesting an incremental cost per DALY averted between 0.5 and 1x GDP per capita
● Low	Weak value for money	Limited evidence of an incremental cost per DALY averted < 1x GDP per capita or dominated

Services and Interventions	Criteria						Comments
	Health impact & effectiveness	Cost-Effectiveness	Feasibility & Health System Capacity	Equity & Vulnerability	Budget impact	Social and Economic Impact	
Prevention of mother-to-child transmission of HIV, hepatitis B and syphilis	[select]	[select]	[select]	[select]	[select]	[select]	
Vaccination for HBV	[select]	[select]	[select]	[select]	[select]	[select]	
HIV Post-exposure prophylaxis (PEP)	[select]	[select]	[select]	[select]	[select]	[select]	
HIV Pre-exposure prophylaxis (PrEP)	[select]	[select]	[select]	[select]	[select]	[select]	
Blood product safety and health care infection control	[select]	[select]	[select]	[select]	[select]	[select]	
Prevention and Harm reduction services for people who use drugs	[select]	[select]	[select]	[select]	[select]	[select]	
Provision of condoms and lubricants	[select]	[select]	[select]	[select]	[select]	[select]	
Voluntary Medical Male Circumcision (VMMC)	[select]	[select]	[select]	[select]	[select]	[select]	
Differentiated HIV Testing Services (HTS)	[select]	[select]	[select]	[select]	[select]	[select]	
Facility-based testing for syphilis	[select]	[select]	[select]	[select]	[select]	[select]	
Differentiated testing for viral hepatitis	[select]	[select]	[select]	[select]	[select]	[select]	

Criteria	Summary of scores				Overall score
	Green	Yellow	Red	Cannot score	
Health impact & effectiveness	14	0	0	0	●
Cost-Effectiveness	10	2	0	2	●
Feasibility & Health System Capacity	6	8	0	0	●
Equity & Vulnerability	11	3	0	0	●
Budget impact	7	6	1	0	●
Social and Economic Impact	13	1	0	0	●

Organizing the appraisal



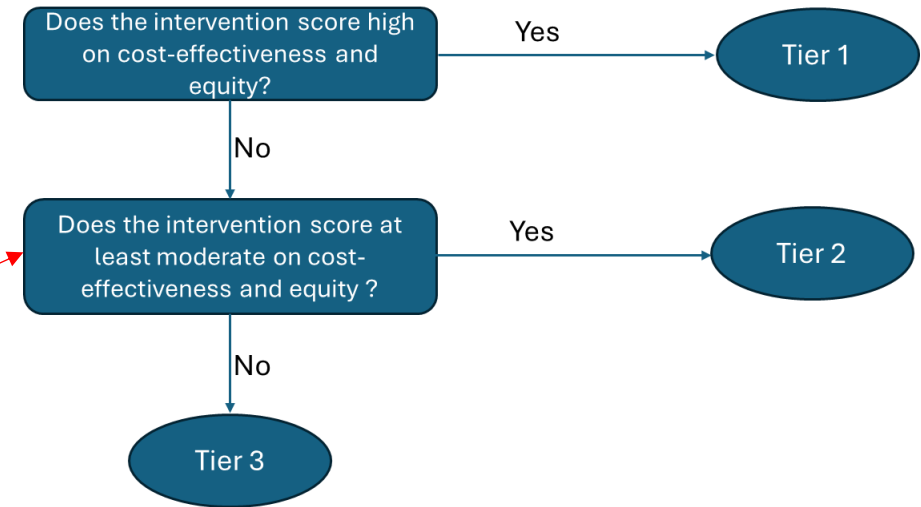
Approach

- Uses consensus scoring to inform—not replace—dialogue on formulation of recommendations.
- Deliberation via consultative meetings.
- Scores highlight strengths/weaknesses; qualitative nuances considered.
- Decision rules may also be established.
- Documentation of decisions, stakeholder views, and disagreements is critical.



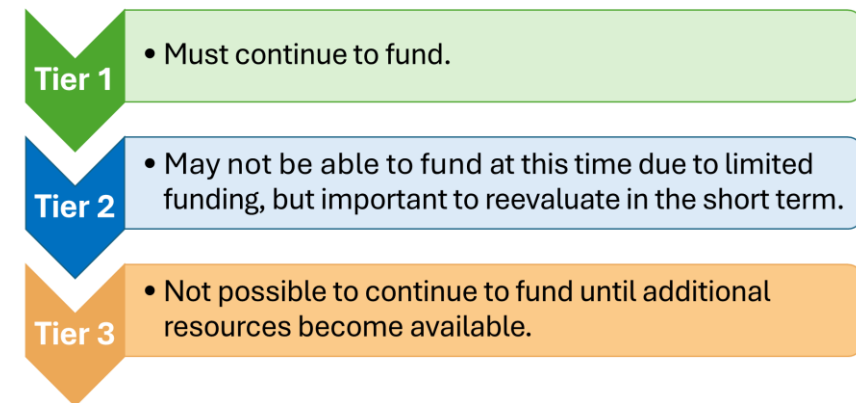
Key Considerations

- Focus on maintaining equity—avoid widening disparities.
- Time-bound deliberations to avoid delays in planning.
- Adaptable to country-specific contexts and evolving needs.

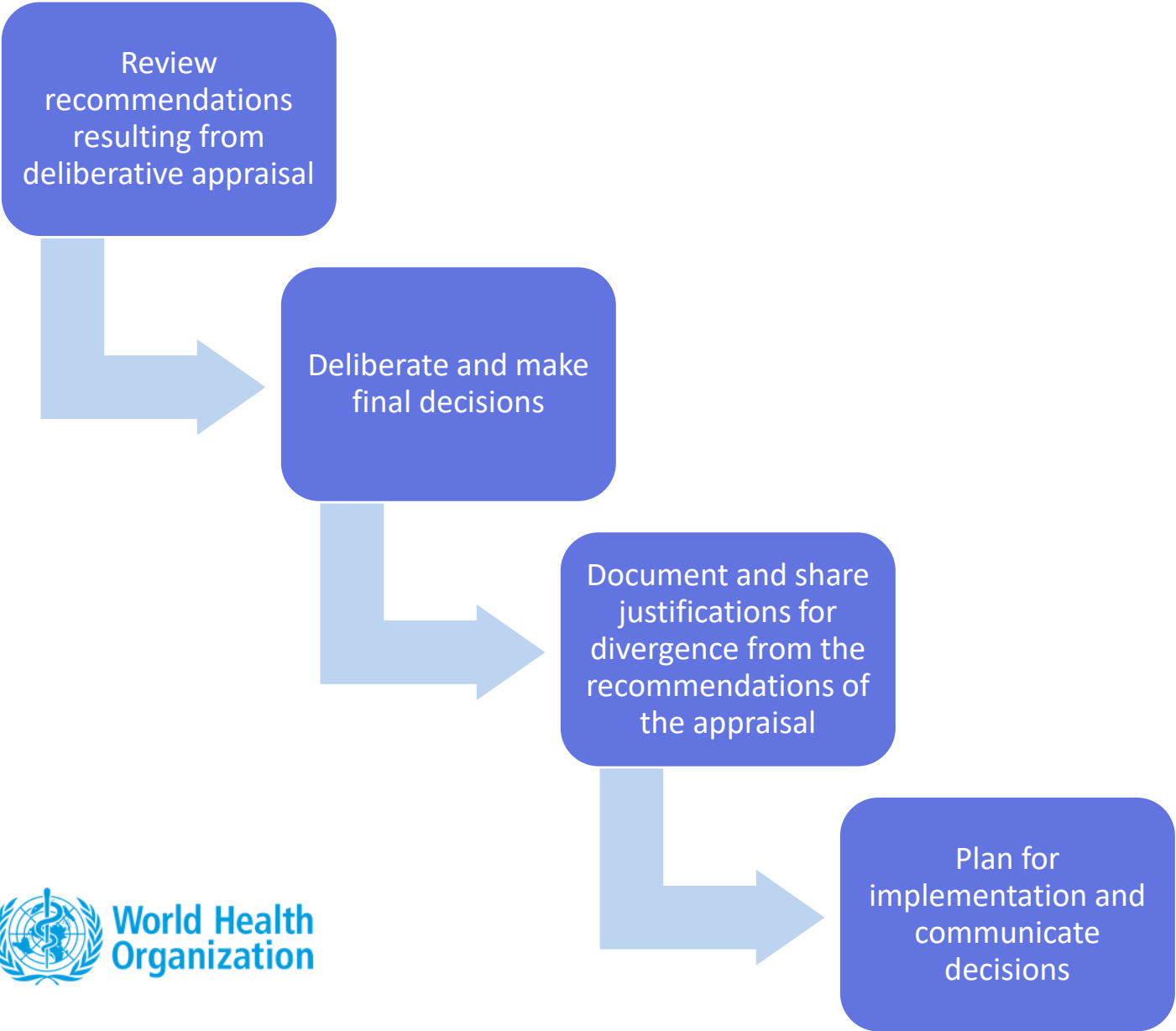


Stepwise Prioritization

- Structured approach aligned with national priorities and context.
- E.g. Three-tier model based on funding necessity.



Recommend actions: Formulate and finalize decisions



Operational guidance and global prioritization exercise



Think of the global prioritization exercise findings like a basic cake recipe—it gives you the structure, but you still need to choose your own ingredients.

Clarice Pinto,
Department of HIV, viral
Hepatitis, and STIs (WHO)



*What works in one country or sub-national level might be too sweet, too dry, or missing key flavors in another.
The real art is in using local ingredients, tailoring to different tastes, and what's available in your pantry.*





Operational Guidance

PRIORITE Framework (country guidance)

Objective: Enable countries to set their own priorities for essential health services in a transparent, inclusive, and technically sound way.

Scope: Adaptable across all health areas, addressing local contexts and needs. Country-identifies set of criteria.

Process: Proposes a comprehensive, participatory process, and built-in steps for operationalization, financing and accountability, among other areas.

Output: Nationally and sub-nationally adaptable and tailored priorities, guiding implementation plans development to ensure sustainability and relevance.



Rapid Global Assessment Exercise
(adapted version **PRIORITE**)

Objective: Provide indicative global exercise on priority-setting for HIV, viral hepatitis, and STI services

Scope: Global-level analysis based on WHO normative guidance, using 6 criteria

Process: Conducted rapidly by WHO with global expert input, without direct implementation planning.
Focused on one scenario:

- Generalized epidemic,
- High-burden,
- LMIC)

Output: Consolidated, indicative global priorities to inform—but not dictate—country decisions.

Limitations of the Global Exercise (Adapted PRIORITE)

⚠ Not directly implementable: Global results must be adapted to local contexts—countries should not adopt them as-is.

⚠ Limited local nuance: The global assessment does not fully capture country-specific challenges, resources, or social/political dynamics.

⚠ No operational plans: The global process stops at prioritization—it does not address implementation, financing, or monitoring for countries.



Roles and Responsibilities



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, Viral Hepatitis, Mental Health, Service Integration/DSD, Key Populations, Harm Reduction, Strategic information, Health Systems.

WHO Rapid Global Assessment Exercise: Methodology



Key Steps	Description
1. Mapping & Framework Development	Developed a rapid prioritization framework (adapted from PRIORITE) based on WHO guidance and health technology assessment principles. Used to map and assess interventions.
2. Expert & Stakeholder Consultations	External expert group from all WHO regions—including community reps, governments, and partners—reviewed mapped interventions to ensure relevance, feasibility, and alignment with country realities.
3. Ethics & Governance Review	The WHO Ethics and Governance Steering Group reviewed the framework to ensure consistency with ethical principles.
4. Evidence-Informed Deliberative Assessment	Interventions were scored using six criteria: health impact, cost-effectiveness, equity, feasibility, budget impact, and social/economic impact. The scoring guided (not prescribed) initial tier assignments.
5. Consensus-Building & Peer Review	WHO’s Economic Evaluation and Analysis Unit led deliberations. Trade-offs were reviewed and consensus on tiered priorities was achieved with input from all WHO regions.

1a. Mapping Services and Interventions

PREVENTION

- Prevention of mother-to-child transmission of HIV, hepatitis B and syphilis
- Follow-up of syphilis-exposed newborns
- Post-exposure HIV prophylaxis (PEP)
- Pre-exposure prophylaxis (PrEP)
- Blood banks
- Opioid Agonist Maintenance Therapy (OAMT) to treat and monitor opioid dependence, and provision of naloxone
- Harm reduction services, including needle and syringe programmes
- Voluntary medical male circumcision (VMMC)
- Provision of condoms and lubricants

TESTING

- Differentiated HIV Testing Services (HTS)
 - Facility-based HTS
 - HIV self-testing (HIVST)
- Network-based testing services
- Linkage to care
- Facility-based testing for syphilis
- Facility-based testing for viral hepatitis
- Community- based testing for HIV, viral hepatitis, and syphilis

TREATMENT AND CARE



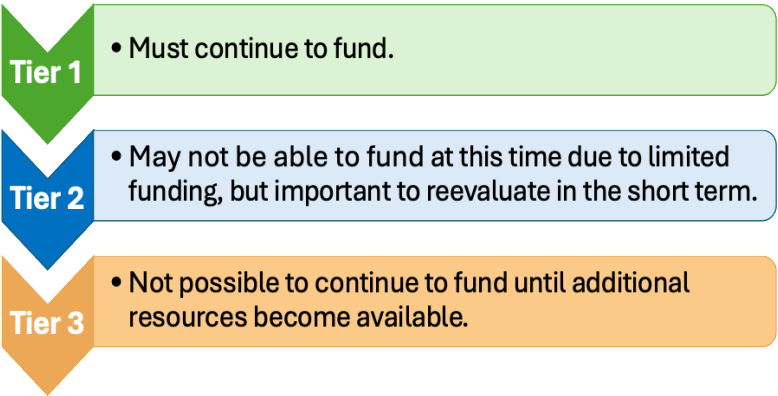
- Routine ART for Adults, adolescents and pregnant, breastfeeding women
- Routine ART for Children
- Preventives and diagnostics for patients with advanced HIV disease (AHD)
- TB-HIV coinfection services
- Management of Mpox (essential for outbreak control)
- Reduced frequency of ART refills 3- to 6-month - Multi-month dispensing (MMD) and Differentiated service delivery (DSD) for HIV treatment models
- Routine screening for people with HIV
- ART treatment monitoring
- Viral hepatitis treatment and monitoring
- Syndromic management of STIs (genital discharge; ulcer disease)
- Task sharing
- Prevention and continuation care of common comorbidities in HIV infection Cervical cancer screening and treatment
- Adherence and Psychosocial support for HIV treatment and care
- Tracing and Re-engagement support

15

1b. Setting Criteria for prioritization

Disease Burden, Epidemiological Impact, Progress Towards Global Targets	Cost-Effectiveness and Resource Optimization
Ethical and Equity Considerations	Feasibility and Health System Readiness
Social and Economic Impact	Acceptability and Community Engagement

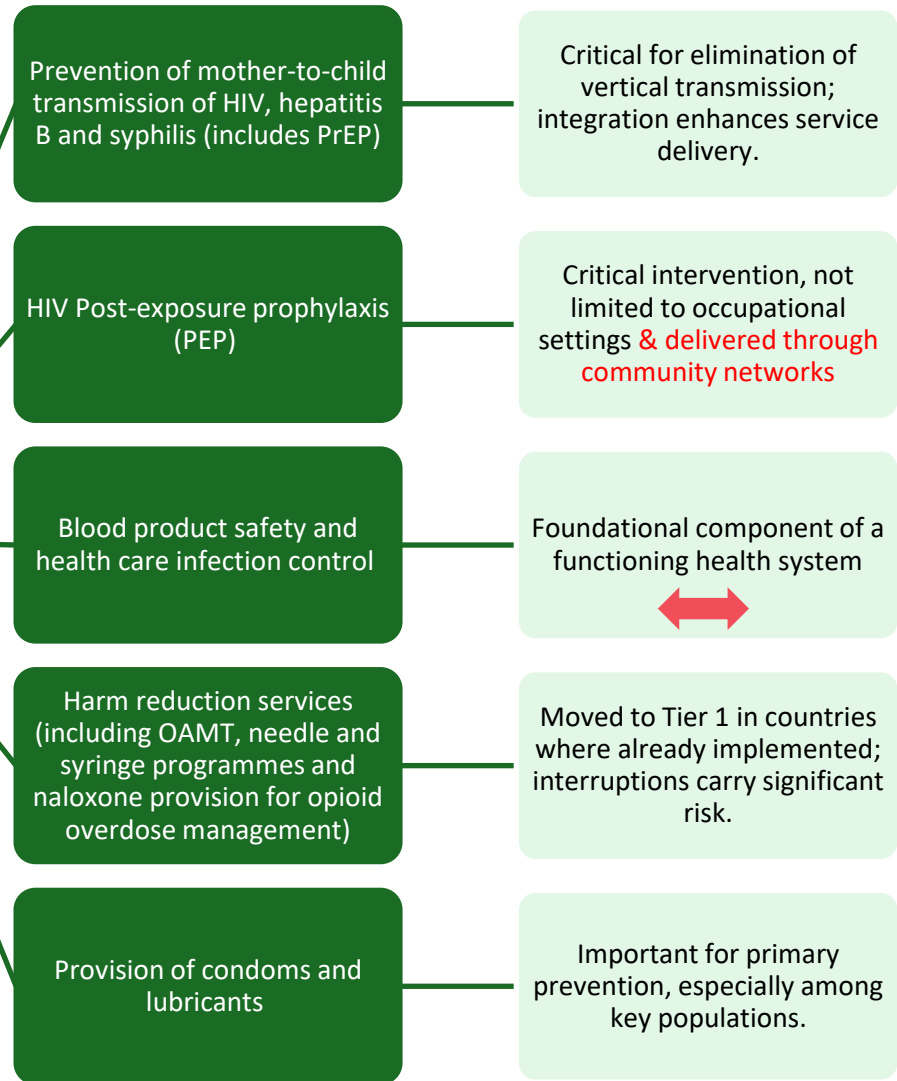
1c. Stepwise Three-Tier Prioritization Approach





PREVENTION

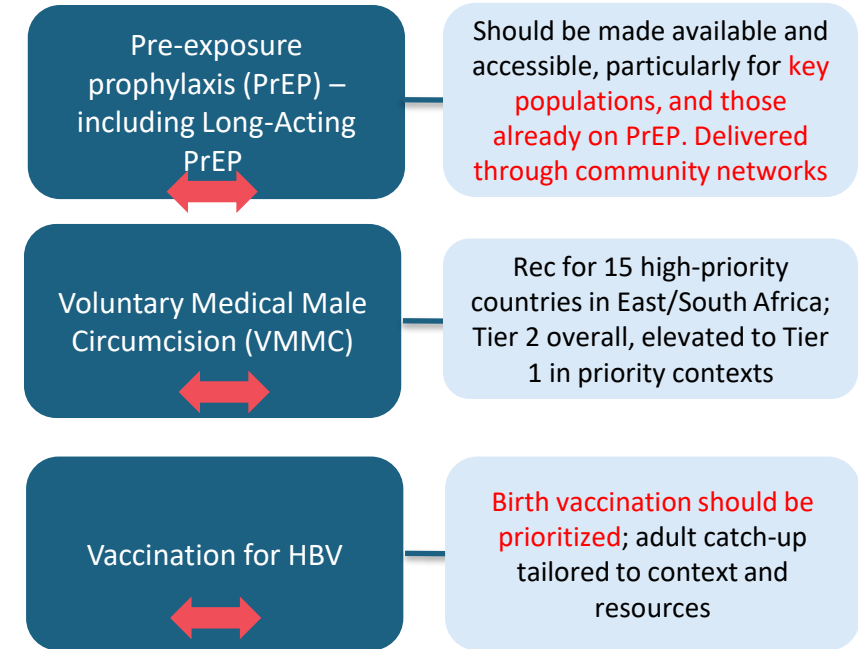
TIER 1: ESSENTIAL



Interventions

Key Rationale and Decision-Making Notes

TIER 2: IMPORTANT



Interventions

Key Rationale and Decision-Making Notes

↔ Indicates movement between tiers depending on contextual and population needs factors



TESTING

TIER 1: ESSENTIAL

Facility-based HIV Testing Services (HTS)

Reclassified as Tier 1 due to its central role in case finding, especially when guided by epidemiological data and health system capacity.

Community-based testing for HIV, viral hepatitis, and syphilis

Prioritize for underserved/high-risk populations; self-testing and peer-delivered options encouraged.

Facility-based testing for syphilis

Reinforced due to links with maternal health outcomes.

Interventions

Key Rationale and Decision-Making Notes

TIER 2: IMPORTANT

Facility-based testing for viral hepatitis

Tier 2 overall but may be elevated to Tier 1 in countries with high burden and program capacity.

Multiplex Testing approaches

To be considered by countries as upcoming evidence that contributes to integration and leveraging resources.

Interventions

Key Rationale and Decision-Making Notes



TREATMENT AND CARE

TIER 1: ESSENTIAL

Routine ART (ALL children, adolescents, adults, pregnant, breastfeeding women and key populations)

Universal access is foundational to HIV treatment programs & access tracking through CLM.

ART treatment monitoring (viral load monitoring)

In resource-limited settings, reduced frequency may be applied to ensure cost-effectiveness.

Routine screening for people with HIV (CD4 and other screening tests)

Moved to Tier 1; interruptions carry significant risk to AHD identification.

Advanced HIV disease (AHD) management

Early identification and comprehensive management is required for effectiveness.

TB screening, diagnosis, treatment and prevention in PLHIV

Early identification and management prevent TB mortality among PLHIV

Adherence for HIV treatment and care

Classified Tier 1 as an integral part of ART programs.

MMD 3- to 6-month ART (Reduced Frequency of ART pick-up)

Improves client convenience, reduces HF burden, and supports adherence, part of Community led services. **Depends on commodity availability**

Tracing and Re-engagement support

Tracing is going to be important and cost-effective for some but **not all**. Should be prioritized, especially for AHD, pregnant women, and children.

Syndromic management of STIs (genital discharge; ulcer disease)

Cervical cancer screening

Interventions

Key Rationale and Decision-Making Notes

TIER 2: IMPORTANT

Viral hepatitis treatment and monitoring

Tier 2 overall but may be elevated to Tier 1 in countries with high burden and program capacity.

Mental health support for HIV treatment and care

Valuable and increasingly recognized; should be integrated with differentiated service delivery, depending on available resources.

Prevention and continuation care of common comorbidities in HIV infection

NCD treatment in people living with HIV should be continued. Important for holistic care but often outside core HIV package and constrained by resources.

Management of Mpox (essential for outbreak control)

Should be prioritized where relevant, based on outbreak dynamics and national/WHO guidance.

Interventions

Key Rationale and Decision-Making Notes

Indicates movement between tiers depending on contextual and population needs factors



Lessons Learned and key aspects to consider



- **Meaningful community engagement must inform all decision making:** Services that are deprioritized or discontinued should include community-designed alternatives to reduce harm and maintain trust. Global agencies (e.g. WHO, UNAIDS, GF) and partners must promote and ensure community engagement. Including safe-guarding CBO tools and interventions (e.g. CLM and Stigma Index).



- **Ethics must remain central:** Prioritization processes must explicitly safeguard marginalized and high-risk populations, grounded in ethical principles.



- **Country-specific context is key for meaningful prioritization:** the global results can be seen as a starting point, however, plans must reflect local disease burden, existing coverage, and implementation readiness.



- **Disaggregation enables more precise and effective decision-making:** Global-level interventions grouping obscured critical distinctions; countries must disaggregate (e.g. pop. specific) and assess activities individually to ensure context-appropriate prioritization.



- **Within Tier 1, prioritization may still be necessary:** Limited resources will require hard decisions, further prioritization of high-impact Tier 1 interventions into tiers 2 and 3. Countries are encouraged to go beyond the indicative tiers and undertake tailored prioritization aligned with national goals and realities.



- **Transparency strengthens adaptation and planning:** Clear narratives help justify prioritization, build stakeholder trust, and guide operational action.



- **Integration into PHC:** Integration of HIV, hepatitis, and STI services into primary health care must ensure people-centred, inclusive, high-quality, and stigma-free care to achieve equitable health outcomes.



- **Many Complementary tools:** UNAIDS, PEPFAR Sustainability Plans (Part A, RAFT & Part B), IAS Tier Toolbox, CQUIN network materials & Global Fund Guidance.

Next steps



Ongoing Dissemination

- Officially launched: Release the operational guidance at IAS 2025 in July, Kigali, alongside other new WHO publications.
- Continue promoting the guidance through global, regional, and national meetings and platforms.

A Living Document – ongoing learning and updates

- This guidance is intended to evolve over time.
- Feedback from countries and partners will shape future revisions, ensuring the guidance meets real-world evolving needs and challenges.

Country Support

- WHO will continue to provide tailored technical support to countries interested in adapting and implementing the guidance prioritization framework to their specific contexts.

Collaboration with Partners

- WHO will work closely with global, regional and national partners to align efforts, promote uptake, and share learnings.

Sustaining essential health services

- Strengthen WHO's mitigation efforts to support countries in maintaining essential health service packages, in collaboration with the Community Reference Group, Member States, and partners.

Acknowledgements

External contributors and peer reviewers

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WHO Resources:



WHO webpage: Sustaining HIV, hepatitis and STIs services amid declining health aid



Home / Activities / Sustaining HIV, hepatitis and STIs services amid declining health aid

Sustaining HIV, hepatitis and STIs services amid declining health aid

The global health responses to HIV, hepatitis, sexually transmitted infections and other communicable diseases – such as malaria, tuberculosis, vaccine preventable diseases and neglected tropical diseases – have been severely impacted by the recent suspensions and reductions in official development assistance for health.

Over 20 million people are at risk of losing access to life-saving HIV medications, while critical health services are facing major disruptions. These interruptions threaten the continuity of essential health services, leading to setbacks in preventing new infections and increasing the risk of a resurgence in epidemics, potentially reversing decades of progress.

This page provides links to key data and updates on reported disruptions in health service delivery, as well as technical resources, guidance and recommendations to help countries, ministries of health and communities sustain the provision of essential services during this challenging period.

It also offers practical information for communities and most vulnerable people on managing potential treatment interruptions due to service disruptions, drug shortages or stockouts.

Our collective efforts focus on ensuring the continuity of care, minimizing setbacks and working toward sustainable, long-term solutions to protect the health of vulnerable populations.

Impact

75 out of 106 surveyed countries reported disruptions in at least one essential health service area.

Read more

News

7 May 2025 | Departmental update
Low-cost, quality-assured HIV tests to sustain access to life-saving services

22 April 2025 | Departmental update
WHO's rapid response to sustain HIV, hepatitis and STI services

10 April 2025 | News release
Countries are already experiencing significant health system disruptions – WHO

26 March 2025 | Departmental update
New study highlights the potential impact of funding cuts on the HIV response

27 February 2025 | Departmental update
Protecting key populations from abrupt disruptions to essential HIV services

28 January 2025 | Statement
WHO statement on potential global threat to people living with HIV

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

Home / Newsroom / Questions and answers / Guidance on handling interruptions in antiretroviral treatment due to

Guidance on handling interruptions in antiretroviral treatment due to HIV service disruptions, drug shortages, or stockouts

10 April 2025 | Questions and answers

A key priority is preventing the interruption of current HIV treatment and prevention medicines. This Q&A outlines advice when this is not possible.

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Why is this update needed?

What are WHO's recommended antiretroviral treatment regimens?

What can you do if you face disruptions in your access to HIV medication?

Can you share medicines with friends or family members?

Is it safe to skip some days to make my pills last longer?

What will happen if I stop taking ARVs?

What should you do if you are pregnant or breastfeeding?

Acknowledgement

WHO would like to thank HIV i-Base for their work on HIV treatment literacy and advocacy and for inspiring this update.

<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>

Home / News / Protecting key populations from abrupt disruptions to essential HIV services

Credits

Protecting key populations from abrupt disruptions to essential HIV services

27 February 2025 | Departmental update (Reading time: 2 min (621 words))

Prevention, testing and treatment services for HIV, viral hepatitis and sexually transmitted infections (STIs) have driven unprecedented progress in improving population health over the past two decades, with millions of new HIV infections and AIDS-related deaths averted.

Foreign aid investments in the global HIV response, such as the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund on AIDS, TB and Malaria, have been pivotal to this success, also contributing significantly to progress towards elimination of hepatitis B and C, and STI control. However, abrupt disruptions to foreign aid and service delivery threaten these gains, putting millions of people at risk – especially people living with HIV and key and vulnerable populations.

Many essential evidence-based prevention interventions, including HIV pre-exposure prophylaxis (PrEP), harm reduction services for people who inject drugs, and community-led programmes have been permanently halted.

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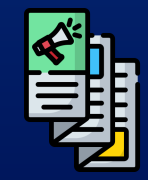
Related

Global HIV, Hepatitis and STIs Programmes

News

WHO statement on potential global threat to people living with HIV
28 January 2025



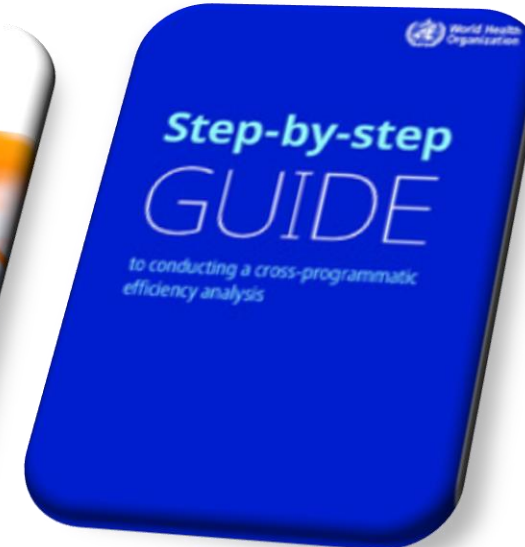
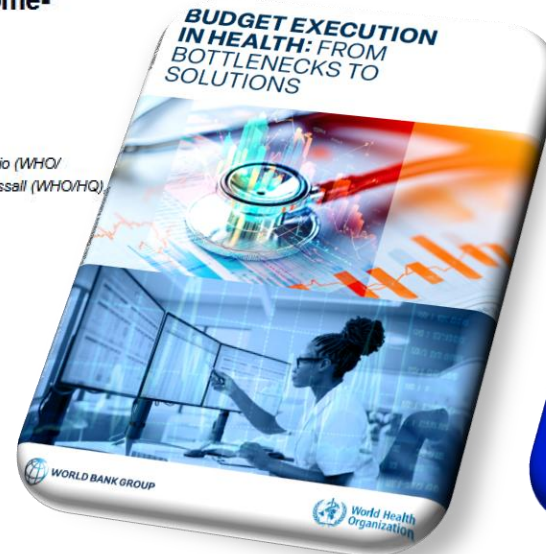


WHO Resources:

Precipitated aid transition in health – priority actions for low-and-middle income-countries

Hélène Barroy, Susan Sparkes, Kalipso Chalkidou (WHO/HQ)

With contributions from Christabel Abewe (WHO/Uganda), Kingsley Addai Frimpong (WHO/Ethiopia), Georgina Bonet (WHO/AFRO), Riku Elovainio (WHO/Democratic Republic of Congo), Sophie Faye (WHO/AFRO), Jayendra Sharma (WHO/SEARO), Tsolmongerel Tsilaajav (WHO/Vietnam), Anna Vassall (WHO/HQ), Ding Wang (WHO/Cambodia), MyMai Yungrattanaichai (WHO/HQ).



<https://www.pfm4health.net/blog/precipitated-aid-transition-in-health-priority-actions-for-lowandmiddle-incomecountries>

<https://openknowledge.worldbank.org/entities/publication/8878fb-d9-879d-43d4-ab1f-ecaed1a4576a>

<https://www.who.int/publications/item/9789240044982>

<https://www.who.int/publications/item/9789240049666>



WHO Resources:

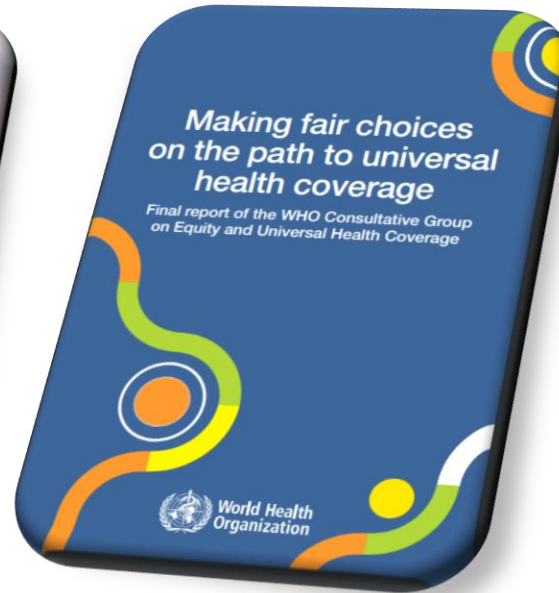
Contact: whochoice@who.int



<https://iris.who.int/handle/10665/340724>



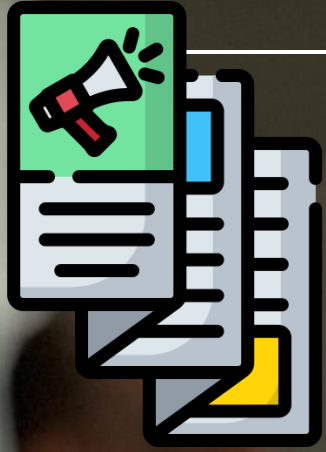
<https://iris.who.int/handle/10665/340723>



<https://iris.who.int/handle/10665/112671>



<https://iris.who.int/handle/10665/340722>



Supporting Materials from Partner Institutions



The PATHS – Planning and Action Toolbox for HIV Sustainability

- *What is it?*

A toolbox; a rapidly deployable compendium of resources

- *Who is it for?*

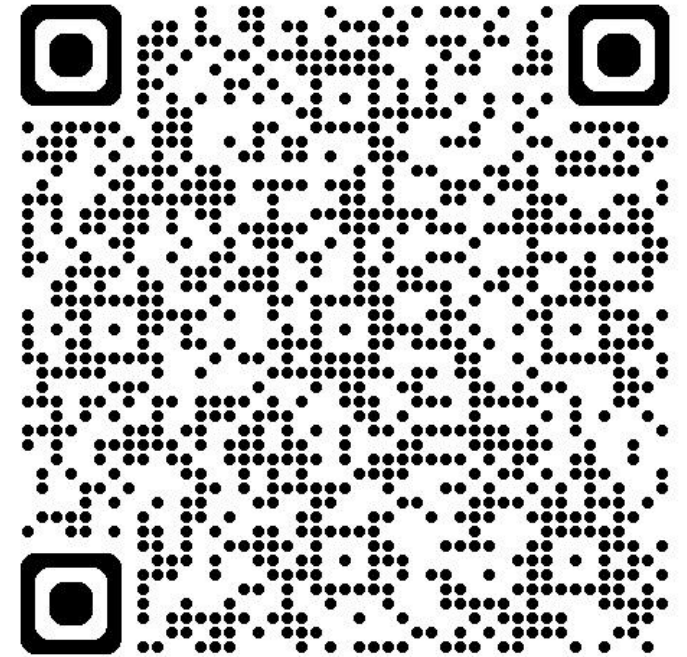
National governments

- *What's the objective?*

Support responding to unexpected reductions in HIV funding by enabling swift reassessment and reorganization of HIV systems and services

- *What does it include?*

Key questions, tools and resources, and country examples



bit.ly/HIV_PATH



The TIER tool–

Tool for Intervention Evaluation and Ranking

- *What is it?*

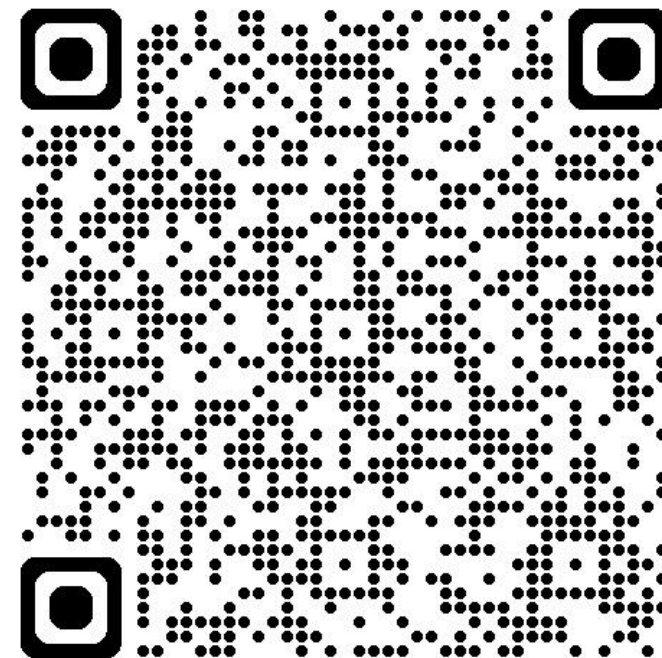
An excel workbook; a structured framework for prioritizing components of an HIV programme

- *Who is it for?*

National governments

- *What's the objective?*

Support countries in their planning and prioritization of HIV programme elements in the context of funding shifts



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ICAP at Columbia University's CQUIN and HIVE Project Resource Links

Meetings

Meeting the Moment: Transforming the HIV
Response in a Time of Change

June 10 - 12, 2025 | Johannesburg, South Africa



- 2025 CQUIN Network Meeting
- 2025 HIVE Strategic Planning Meeting

Emergency Response

- CQUIN Emergency Response and Sustainability Focus
- HIVE Emergency Response



Thank you! Merci!

This presentation has been designed to be accessible, for a positive and inclusive user experience for all.

