Protecting Key Populations From Abrupt Disruptions to Essential HIV Services

Abrupt disruptions to foreign aid and service delivery put millions of people at risk, especially vulnerable populations.

March 5, 2025 By World Health Organization

Prevention, testing and treatment services for HIV, viral hepatitis and sexually transmitted infections (STI) 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 programs have been permanently halted.

Early reports shared with WHO indicate that prevention and treatment services for key populations are those most affected. Reports include the closure of health centers delivering prevention, testing and treatment interventions for key populations previously supported by U.S. funding. These disruptions are resulting in staffing shortages, supply chain interruptions, and increased barriers to access, leaving key populations – including gay men and other men who have sex with men, sex workers, people who inject drugs, people in prisons, and trans and gender diverse individuals – vulnerable to infection and death, as well as increased stigma and discrimination.

These developments compromise the ability of service providers to deliver on foundational WHO recommendations that:

- all people living with HIV should receive same-day antiretroviral treatment (ART) both to

improve their health and to prevent further transmission by achieving sustained viral load suppression;

- there should be uninterrupted access to ART for all populations, including key populations living with HIV, during service disruptions; and
- person-centred approaches should be implemented and non-judgemental, discrimination-free environments created to foster trust, encourage consistent engagement in care, and support re-engagement for those who may have dropped out of treatment.

Essential prevention services must remain a priority

Ensuring that key populations can access prevention services that are free of discrimination is central to HIV, hepatitis and STI responses. Community-based services have consistently proven effective in increasing access and acceptability of programmes, buffering the effects of stigma and discrimination. These programs facilitate the delivery of interventions that have been proven effective through rigorous scientific research, and that are recommended by WHO to protect people from new infections and harm.

Core WHO-recommended essential prevention services include condoms and lubricants; testing for HIV, hepatitis B and C, and other STIs; HIV post-exposure prophylaxis and pre-exposure prophylaxis; and harm reduction activities including distribution of needles and syringes, of naloxone to prevent deaths from overdose, and opioid agonist maintenance treatment programmes.

Commitment to sustainable financing and integrated health systems

As countries and ministries of health work to mitigate the impact of service disruptions, they must pursue long-term solutions, including sustainable domestic financing to protect these vital health services. This is essential for maintaining the downward trend in HIV incidence and mortality, and to progress toward hepatitis elimination and STI control.

WHO also emphasizes the value of an integrated approach to HIV, bringing together stigma and discrimination-free services for tuberculosis, viral hepatitis, sexual and reproductive health, and noncommunicable diseases under the umbrella of strong primary health care. Integrating HIV leads to resource optimization and improvements in overall population health.

WHO remains committed to supporting national governments, partners, and donors in adapting to shifting donor support to safeguard the health and well-being of those most vulnerable to HIV, viral hepatitis and STIs.

This news release was published by the World Health Organization on February 27, 2025.