# POTENTIAL IMPACT OF THE SUSPENSION OF US PEPFAR FUNDING FOR OPIOID AGONIST THERAPY ON HIV AND HEPATITIS C TRANSMISSION AMONG PEOPLE WHO INJECT DRUGS

Authors: Kipkoech K<sup>1</sup>, Stone J<sup>1</sup>, Artenie A<sup>1,2</sup>, Cook C<sup>3</sup>, Vickerman P<sup>1</sup>

### Affiliations:

- 1 Population Health Sciences, Bristol Medical School, University of Bristol, Bristol, United Kingdom
- 2 Department of Family Medicine and Emergency Medicine, Université de Montréal, Canada
- 3 Harm Reduction International, London, United Kingdom

Word count: 290 out of 300 words

#### **ABSTRACT**

#### **Background:**

The US government recently paused all foreign aid programmes, including a 90-day suspension of programs funded by the US President's Emergency Plan for AIDS Relief (PEPFAR), with few exemptions. This included an immediate cessation of funding for opioid agonist therapy (OAT) for people who inject drugs (PWID). We assessed the potential impact of this OAT suspension on HIV and HCV transmission among PWID.

#### Methods:

We developed a static mathematical model, parameterised using data from systematic reviews on PWID population size estimates, HIV prevalence and incidence, HCV prevalence and incidence, estimated number of PWID on OAT, and OAT effectiveness in reducing HIV (0.32-0.67% reduction) and HCV (0.40-0.63% reduction) transmission. We also used data on the number of PWID on OAT for at least 6 months in 2024 through funding by PEPFAR. We computed the relative and absolute increases in new HIV and HCV infections that would occur over 1-year if the provision of OAT through PEPFAR was removed.

## **Results:**

At the end of 2024, PEPFAR was funding 38,311 PWID to access OAT in 11 countries. The coverage of PEPFAR-funded OAT ranges from <1% to 13.0% of PWID across these countries, making up 33.1% of their overall OAT provision. Over the next year, the removal of PEFPAR-funded OAT could result in a relative increase of up to 9.2% of new HIV infections and 8.2% of new HCV infections across these countries. Overall, this equates to 632 (95% credible interval CrI: 411-856) HIV infections and 1911 (95%CrI: 1148-3041) HCV infections over the next year (Figure), with most infections occurring in India and Tanzania.

## **Conclusions:**

Our findings highlight the potential impact of removals in PEPFAR funding. Urgent mitigation measures are needed to address these funding gaps to prevent an increase in disease transmission.

Disclosure of Interest Statement: none

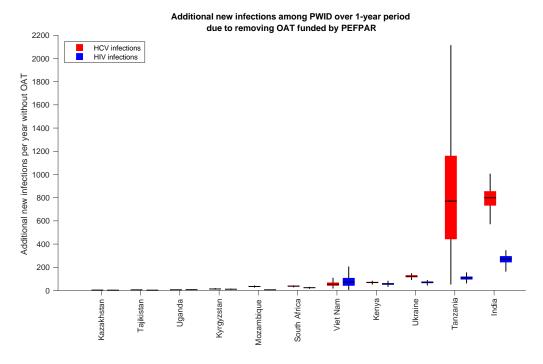


Figure: Absolute additional increase in new HCV and HIV infections among PWID due to removal of PEPFAR-funded OAT over 1-year period