

SUMMARY SLIDES



UPDATED RECOMMENDATIONS ON HIV PREVENTION, INFANT DIAGNOSIS, ANTIRETROVIRAL INITIATION AND MONITORING

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Introduction

Since the 2016 WHO consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection was published and with the rapid scale-up of ART, emerging evidence, implementation experience and approaches justify reviewing and updating the WHO clinical guidance. Following several scoping meetings and consultations, WHO convened a guideline development group to address several key questions to help national programmes optimize care to all people living with HIV.

Many individuals contributed to the development of the guideline including people living with HIV and representatives from affected communities, ministries of health, researchers, implementers, and health care providers.



Summary of new and updated recommendations and key guidance

Recommendations and key guidance updates	Update or new
2. CLINICAL GUIDELINES: ANTIRETROVIRAL DRUGS FOR HIV PREVENTION	
The dapivirine vaginal ring may be offered as an additional prevention choice for women at substantial risk ^a of HIV infection as part of combination prevention approaches <i>(Conditional recommendation; moderate-certainty evidence)</i> ^a Substantial risk of HIV infection is defined as HIV incidence greater than 3 per 100 person-years in the absence of PrEP.	New
3. CLINICAL GUIDELINES: DIAGNOSTICS AND TREATMENT MONITORING	
Point-of-care nucleic acid testing should be used to diagnose HIV among infants and children younger than 18 months of age <i>(Strong recommendation; high-certainty evidence)</i>	Updated ¹
Point-of-care viral load may be used to monitor treatment among people living with HIV receiving ART <i>(Conditional recommendation; moderate-certainty evidence)</i>	New
Revised treatment monitoring algorithm	Updated ²
4. CLINICAL GUIDELINES: TIMING OF ANTIRETROVIRAL THERAPY	
ART should be started as soon as possible within two weeks of initiating TB treatment, regardless of CD4 count, among people living with HIV ^b Adults and adolescents <i>(Strong recommendation, low- to moderate-certainty evidence)</i> Children and infants <i>(Strong recommendation, very-low-certainty evidence).</i> ^b Except when signs and symptoms of meningitis are present.	Updated ³
Revised TB and HIV clinical considerations for rapid ART initiation	Updated ⁴

¹ Updated from a conditional recommendation made in 2016 that was based on low-certainty evidence.

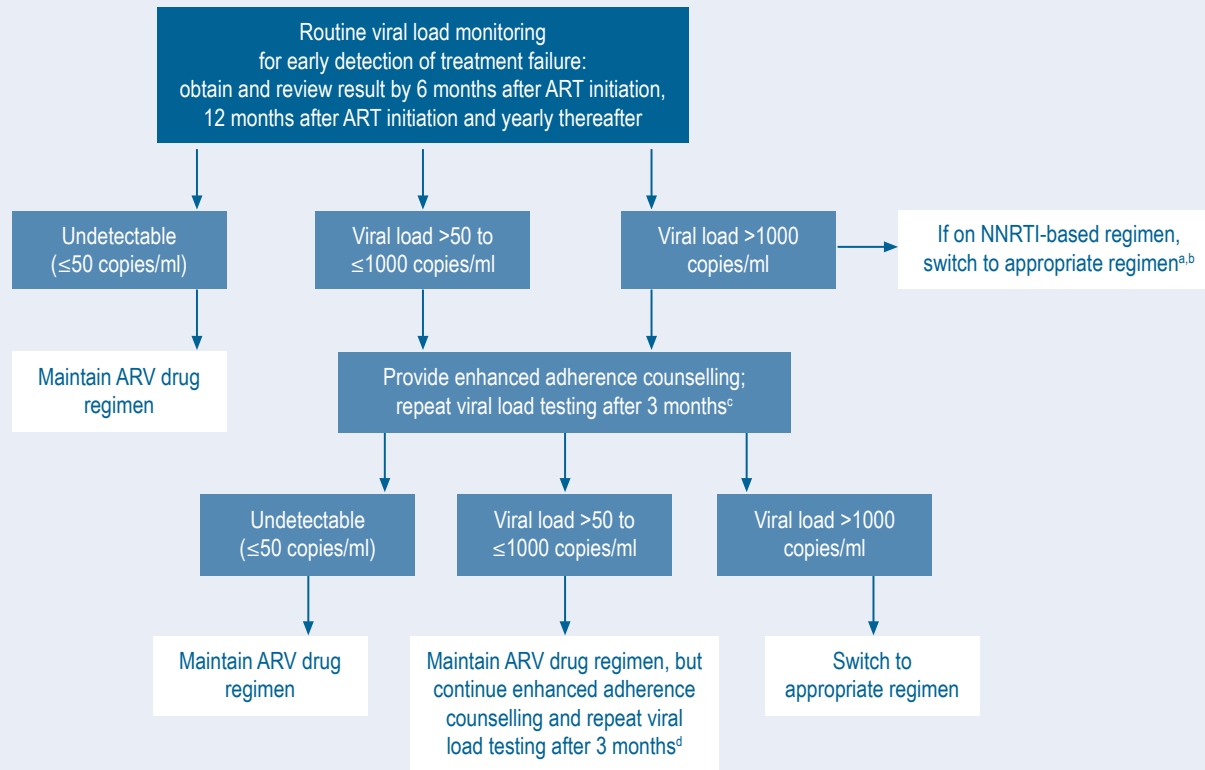
² The treatment monitoring algorithm was revised based on additional data available since 2016 and new optimized treatment options recommended by WHO.

³ The recommendation reduced the time required for ART initiation from after eight weeks to within two weeks. The previous strength of recommendation was strong, with high-quality evidence, but did not include people living with HIV with profound immunosuppression.

⁴ The earlier clinical consideration was informed by expert opinion that a brief delay in ART initiation might be beneficial – on reviewing evidence from the systematic review and prevailing practices in countries, the Guideline Development Group agreed that initiating ART was a priority and that TB symptoms may be evaluated simultaneously while initiating ART rapidly.



Treatment monitoring algorithm



Adherence counselling should be provided at all visits to ensure that viral suppression is maintained or given priority throughout care

^a Switch after a single elevated viral load should be considered if treatment experience is likely.

^b A second viral load may be considered before regimen switch if DTG-based regimens are unavailable and the results of a viral load test can be returned and acted on rapidly.

^c Conduct same-day testing using point-of-care viral load testing for a repeat viral load test, where available, to expedite the return of results. If not available, viral load specimens and results for a repeat viral load should be given priority across the laboratory referral process (including specimen collection, testing and return of results).

^d Consider therapy switch for those receiving NNRTI-based regimens and based on clinical considerations and no adherence concerns.



Guiding principles

The following principles have informed the development of these guidelines and should guide the implementation of the recommendations:

- The guidelines should contribute to and expedite the achievement of key global and national HIV goals for 2016–2021, contribute to the Triple-Billion initiative and to realizing the Sustainable Development Goals.
- The guidelines are based on a public health approach to scaling up the use of ARV drugs along the continuum of HIV prevention, treatment and care.
- The development and implementation of the guidelines should realize the rights and responsibilities of people living with HIV and promote the principles of the greater involvement of people living with HIV and meaningful involvement of people living with HIV.
- In addition to strengthening the continuum of high-quality HIV services, the recommendations in the guidelines should be implemented with a view to strengthening broader health systems, especially primary and chronic care.
- Implementation of the guidelines needs to be accompanied by efforts to promote and protect the human rights of people who need HIV services, including ensuring informed consent, preventing stigma and discrimination in the provision of services and promoting gender equity and equity for people living with disabilities.
- Implementation of the recommendations in these guidelines should be informed by local context, including HIV epidemiology, availability of resources and comorbidities, the organization and capacity of the health system and anticipated cost–effectiveness.



Thank you

WHO would like to acknowledge and thank the numerous contributors to these guidelines that were developed during the COVID-19 pandemic and will continue to engage with the global HIV community and Member States to ensure the continuity and quality of care for people living with HIV during and beyond the COVID-19 pandemic.



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WHO gratefully acknowledges the contributions of many individuals and organizations to the development of this guideline.

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