

GUIDELINES



CONSOLIDATED GUIDELINES ON

THE USE OF ANTIRETROVIRAL DRUGS FOR TREATING AND PREVENTING HIV INFECTION

RECOMMENDATIONS FOR A PUBLIC HEALTH APPROACH

SECOND EDITION 2016



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FOREWORD

With this update of the consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection, WHO, for the first time, recommends that all people living with HIV be provided with antiretroviral therapy (ART). This will bring us one step closer to achieving universal access to HIV treatment and care and ending AIDS as a public health threat. These guidelines also make service delivery recommendations on how we can expand coverage of HIV treatment to reach the 37 million people living with HIV. Key recommendations aim to improve the quality of HIV treatment and bring us closer to the universal health coverage ideals of integrated services, community-centred and community-led health care approaches, and shared responsibility for effective programme delivery.

With its "treat-all" recommendation, WHO removes all limitations on eligibility for ART among people living with HIV; all populations and age groups are now eligible for treatment, including pregnant women and children. The same once-per-day combination pill is now recommended for all adults living with HIV, including those with tuberculosis, hepatitis, and other co-infections. The guidelines are ambitious in their expected impact, and yet simplified in their approach, and firmly rooted in evidence. They take advantage of recent findings from clinical trials confirming that the early use of ART keeps people living with HIV alive and healthier and reduces the risk of transmitting the virus to their sexual and drug-sharing partners. Earlier treatment has the further advantage of simplifying the operational demands on programmes.

Additional recommendations in the guidelines aim to help programmes deliver services closer to people's homes; expedite reporting of test results; integrate HIV treatment more closely with antenatal, tuberculosis, drug dependence and other services; and use a wider range of health workers to administer treatment and follow-up care.

If we are to achieve universal health coverage, we need to ensure that ART and broader HIV services reach those in greatest need and are sustainable in the long term. Integrating essential HIV services into national health benefit packages, promoting innovative public-private partnerships for increasing access to antiretroviral drugs and strengthening health and community systems to deliver comprehensive and quality services are key elements of an effective response.

Countries have asked WHO to provide timely and practical guidance, guidance that keeps pace with the latest scientific evidence and enables services to be delivered equitably and sustainably to all populations in all countries. I believe these landmark guidelines go a long way towards meeting that request.

The new guidelines support evidence-based interventions that can improve efficiency and effectiveness – so that more can be achieved with the resources at hand. At the same time, implementation of the guidelines will require increased investment from countries and shared responsibility. Implementing these guidelines fully will have an unprecedented impact on preventing people from becoming newly infected and reducing the number of people dying from HIV-related causes over the coming years. The number of people eligible for ART increases from 28 million to all 37 million people currently living with HIV globally.

Expanding access to treatment is at the heart of a new treatment targets for 2020 with the aim of ending the AIDS epidemic as a public health threat by 2030. The 90–90–90 targets include 90% of the people living with HIV know their HIV status, 90% of the people who know their HIV status receiving ART and 90% of the people receiving ART having suppressed viral loads

I am convinced that the future of the HIV response will follow the pattern of the recent past: that is, a constant willingness to build on past successes and rise to new challenges.

This can fuel the momentum needed to push the HIV epidemic into an irreversible decline. I strongly encourage countries and their development partners to seize this unparalleled opportunity.



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World Health Organization

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