Background:

On 30 June 2013, the World Health Organisation (WHO) released new HIV treatment guidelines recommending earlier initiation of antiretroviral therapy (ART). Evidence indicates that earlier ART will help people with HIV to live longer, healthier lives, and substantially reduce the risk of transmitting HIV to others. It is estimated that this move could avert an additional 3 million deaths and prevent 3.1 million more new HIV infections between 2013 and 2025.

In summary, the WHO “Consolidated Guidelines on the Use of Antiretroviral Drugs for Preventing and Treating HIV Infection” recommend:

- To move the threshold for treatment initiation up to ≤ 500 CD4 cells/mm³
- To give priority to reaching all HIV+ symptomatic persons and those with CD4 ≤ 350.
- To initiate ART in more CD4-independent situations for: HIV sero-discordant couples, pregnant women, chronic active HBV infection, and children below 5 years of age.

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Objective of the Study:

We conducted a review of the antiretroviral therapy (ART) initiation criteria from national treatment guidelines for 119 countries to determine the extent of consistency with the WHO recommendations published in 2013.

Methods:

ART guidelines were collected from the internet, databases, Ministry of Health officials, UNAIDS Regional Support Teams and WHO. At the end of April 2014, published nationally adopted guidelines were obtained for 93 countries and reported by UNAIDS staff (but not published) high-level recommendations for another 26. We further abstracted recommendations on ART initiation criteria for different target populations, e.g. for asymptomatic people, pregnant women, sero-discordant couples and children below age 5.

Results:

Of the 119 countries, 10 countries (8%) are “early adopters” which had already released national guidelines in line with the new recommendations before the official launch of the WHO “Consolidated Guidelines on the Use of Antiretroviral Drugs for Preventing and Treating HIV Infection”. As of April 2014, a total of 35 (29%) follow the 2013 WHO’s ART guidelines for asymptomatic people, recommending to initiate treatment in adults living with HIV when their CD4 cell count falls to 500 cells/mm³ or less. Another 9 countries have adopted the “Test and Treat” approach, i.e. they recommend initiation of ART irrespective of CD4 count.

For pregnant women, sero-discordant couples and children below 5, WHO recommends a similar approach, i.e. to initiate ART irrespective of CD4 count. 39 out of 93 countries with reported policies available (42%) have adopted this for pregnant women. 26 countries have respective national policies for sero-discordant couples in place. For very young children, ART initiation criteria vary considerably with only 7 of the 65 countries (11%) with paediatric recommendations having treatment guidelines consistent with WHO recommendations.

Conclusions:

A significant number of countries are not following the new WHO ART guidelines yet. Although published guidelines may not reflect practice, it is important that countries are sufficiently prepared and supported to quickly adapt their recommendations and services to reflect the emerging science on the health and prevention benefits of earlier access to ART.