In 2021, WHO released the consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring (1). These guidelines brought together more than 200 clinical and programmatic recommendations across age groups and populations.

WHO has worked with Member States and partners to ensure the uptake and implementation of these recommendations in support of achieving the goals outlined in the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections (2). The strategies aim to end AIDS and the epidemics of viral hepatitis and sexually transmitted infections as public health threats by 2030. The goals are aligned with the goals of the 2030 Agenda for Sustainable Development and WHO’s General Programme of Work (3).

To better provide country support, WHO regularly tracks the dissemination, policy change and implementation of these recommendations through the Global AIDS Monitoring reporting tool (4) and routine communication with WHO country and regional offices. This fact sheet summarizes the adoption and implementation status of key policies by July 2023.

• Globally, 150 of 165 reporting countries (91%) have already adopted WHO recommendations on pre-exposure prophylaxis (PrEP) in their national guidelines. Further, 15 countries reported that their national guidelines do not recommend any PrEP modalities or products. A further breakdown on modalities is available for 91 countries: 59 countries recommend both daily oral PrEP and event-driven (on-demand) PrEP, and 32 countries recommend daily oral PrEP only.

• A total of 102 countries reported national policies supporting HIV self-testing, and 63 implemented routinely. Another 28 countries are in the process of developing policies. This represents a 2.6-fold increase in the number of countries with national policies and five-fold increase in routine implementation compared with 2017. Of the countries implementing HIV self-testing, most are in eastern and southern Africa and western and central Europe.

• WHO recommends using dual HIV and syphilis rapid diagnostic tests for pregnant women in antenatal care and for key populations, with 76 countries adopting dual HIV and syphilis rapid diagnostic tests in national policies. More than half of the countries reporting dual HIV and syphilis rapid diagnostic tests policies (62%, 47 of 76) adopted them for both pregnant women and key populations, with the remainder for pregnant women only (26%, 20 of 76) or for key populations only (12%, 9 of 76).

• The number of countries adopting dolutegravir (DTG) as part of preferred first-line antiretroviral therapy has steadily increased over the years, with 116 countries (91% of 127 reporting countries) adopting DTG as part of the preferred first-line antiretroviral therapy for adults and adolescents, a 93% increase from 60 countries in 2020, when this indicator was first introduced. However, further progress is required, since 4% of the reporting countries (5 of 127) have adopted DTG only as an alternative first-line therapy, and a further 4% (5 of 127) have yet to adopt DTG.

• Of 116 reporting countries, 89 (77%) reported adopting DTG as part of second-line antiretroviral therapy for adults and adolescents. This represents a 93% increase from the 46 countries in 2020. Of the 89 adopting countries, 47 (53%) reported DTG as the preferred option in second-line regimens, and 42 (47%) reported DTG as an alternative option.

• DTG-containing regimens have been adopted as the preferred treatment initiation option for infants and children in 69% (79 of 114) of reporting countries; of these, 33% have adopted this only for children weighing more than 20 kg (26 of 79), and the rest recommend DTG as the preferred treatment initiation option for all children older than four weeks and weighing more than 3 kg (53 of 79). These 79 countries represent a 126% increase from 35 countries in 2020.

• Routine viral load monitoring for adults and adolescents has been implemented countrywide in 74% (98 of 133) of reporting low- and middle-income countries; of the remainder, 51% (18 of 35) reported implementation in many (50–95%) treatment sites.
• The uptake of WHO’s recommendations on service delivery into national guidelines has also increased considerably. A total of 99 countries have adopted WHO’s recommendation to offer antiretroviral therapy initiation on the same day of HIV diagnosis (81% of 122 reporting countries), an increase of 46% from 68 countries in 2020. Two thirds of the countries that adopted this policy (65 of 99) report countrywide implementation.

• Three quarters of the reporting countries (73%, 106 of 146) have adopted WHO’s recommendation to reduce the frequency of antiretroviral therapy pick-up for people established on treatment. A three-monthly interval is most frequent (57%, 83 of 146), followed by six-monthly interval (14%, 21 of 146). However, 9% of reporting countries (13 of 146) still have no national policy on frequency of pick-up, whereas 17% (25 of 146) of countries have a policy of monthly interval.

• Most of the reporting countries have adopted WHO’s recommended package of care for advanced HIV disease: either full adoption (75%, 91 of 122) or partial adoption (17%, 21 of 122). Full adoption of the recommendation has increased by 44% from the 63 countries in 2020. Countrywide implementation has been reported by 69% of the countries that adopted this policy (77 of 112).

• A national policy promoting community delivery of antiretroviral therapy (such as outside health facilities) is available in 47 countries (39% of 120 reporting countries), more than twice the 20 countries in 2020.

• WHO provides guidance to eliminate the vertical transmission of HIV, hepatitis B and syphilis, tracks country status and provides technical support. Of all reporting countries, 74% have national plans for eliminating the vertical transmission of both HIV and syphilis (91 of 123), most of which are integrated, and a further 17% have a plan for eliminating the vertical transmission of either HIV (12 countries) or syphilis (nine countries).

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