



The potential to save lives: SA HIV Clinicians Society welcomes new WHO HIV guidelines

New HIV policies could “help avert 21 million deaths and 28 million new infections by 2030” according to the World Health Organisation. For this reason, it announced a new set of guidelines intended to guide countries on setting HIV policies regarding when to start people on antiretroviral treatment and when to give people prophylactic ARVs to prevent them from becoming infected. The Southern African HIV Clinician’s Society welcomes the new guidelines and considers them a valuable step in helping everyone who is living with HIV, or at risk of contracting it, to access life-saving treatment.

Currently in South Africa, people are offered ARV medication when their CD4 count falls below 500cells/mm³. Pregnant women are offered life-long antiretroviral therapy regardless of their CD4 count, as are children under five years of age. The new WHO guidelines now recommend that adults and children living with HIV, no matter what their CD4 count, should be placed onto ARVs. This move is based on evidence that shows that this has a significant impact on the overall health of people with HIV, and is part of a robust effort to significantly reduce the number of people dying from HIV-related causes. The second part of the new guidelines recommend that daily oral pre-exposure prophylaxis (PrEP) be given to anyone who is at high risk of contracting HIV as part of a combination prevention approach. Again, this is based on substantial evidence from clinical trials.

The Society has consistently endorsed the implementation of evidence-based best practices that use evidence gathered from numerous high-quality studies in order to derive the greatest benefit for patients. According to Dr Francesca Conradie, President of the Society, “These new guidelines have rapidly incorporated the latest research findings as to when to start antiretroviral therapy for adults. All adults irrespective of their CD4+, once diagnosed as HIV infected, should be offered therapy. While this will increase the short term expenditure in treatment programs, the long term benefits will be seen in the reduction of HIV related morbidity and mortality. The addition of pre-exposure prophylaxis to those who at substantial risk of HIV is also welcomed.” She emphasises, “In South Africa, at the present time the combination of TDF and FTC is not yet registered for PrEP. We would urge the regulatory authorities to expedite the registration.”

The WHO guidelines can be accessed at <http://sahivsoc.org/newsroom/HIV-News-Content?content=documents&slugurl=guidelines-on-when-to-start-art-and-prep-for>. The Society will be releasing their own set of guidelines for clinicians within the next few weeks, which will be made available via the Society website. Details will be released closer to the time.

For more information go to <http://www.who.int/hiv/>. For more information on the Society please visit the website on www.sahivsoc.org or contact Michelle Robinson on 0825508941 or michelle@sahivsoc.org.