Overview

This ART Clinical Guideline is intended to serve as a quick reference guide for antiretroviral treatment (ART) in adults, pregnant and breastfeeding women, adolescents and paediatric clients, and as a job aide for healthcare workers and implementing partners. This document is not intended to be exhaustive; for more information or details on any recommendations, or on the prevention of vertical transmission, please refer to the comprehensive Consolidated HIV Guidelines document and the Guideline for Family-Centred Transmission Prevention of Communicable Infections (HIV, Hepatitis, Listeriosis, Malaria, Syphilis and TB) 2023.

These guidelines have been revised with the Differentiated Models of Care (DMOC) Standard Operating Procedures (SOPs) to ensure simultaneous consideration and alignment of clinical, adherence and service delivery updates. The DMOC SOPs form part of this guidance to enable optimal use of decentralised and integrated service delivery and should be read concurrently with this clinical guideline.

The objectives of this document are to:

- Provide guidance on initiation of ART in antiretroviral-naïve clients as well as those returning to care in the era of dolutegravir (DTG)
- Provide guidance for switching of clients already on ART to DTG-containing regimens
- Provide guidance on routine management of clients on ART to promote viral suppression
- Highlight critical areas for provision of integrated ART, TB, and family planning services, and the use of differentiated models of care

The preferred first-line ART regimen is tenofovir disoproxil fumarate-lamivudine-dolutegravir (TLD) for those adult and adolescent clients initiating ART, and abacavir-lamivudine-dolutegravir (ALD) in children . All clients already on ART and not on dolutegravir (DTG), whether on first-line or second-line regimens, should be evaluated for switch to a dolutegravir-containing regimen.

In the new ART era of dolutegravir, TLD will be used as a first-line and a second-line ART regimen, and as part of certain third-line regimens with other medicines. This has necessitated a change of the previous “first-line” and “second-line” terminology to the following:

TLD1: Clients on a DTG-containing regimen, having never failed a previous regimen (old “first-line” terminology)

TLD2: Clients on a DTG-containing regimen, who have failed a previous regimen (old “second- line” terminology)

The safety of DTG in women of childbearing-potential has been firmly established and neural tube defects are no longer a concern that influences regimen choice in women. However, the integration of family planning and ART services remain of paramount importance, and issues of family planning and contraception should be discussed at every clinical interaction to understand the client’s current fertility desires and healthcare needs.

All people either currently on ART, or newly initiated on ART, should be screened for TB and assessed for TB preventive therapy (TPT) as indicated. All individuals should be assessed for advanced HIV disease (AHD) and provided with a comprehensive package of care, including cotrimoxazole prophylaxis, as needed.

The guideline broadly follows the process of care, namely:

1) ART eligibility and determining the timeframe for ART initiation
2) ART initiation
3) Management of the client on ART
4) Supporting adherence, sustained viral suppression and retention in care

The Goals of ART

