



# SUMMARY TABLE OF HIV TREATMENT REGIMENS

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## AIDSFree

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# ACRONYMS

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3TC	lamivudine
ABC	abacavir
AMP	amprenavir
AIDSFree	Strengthening High Impact Interventions for an AIDS-free Generation
ART	antiretroviral therapy
ARV	antiretroviral
ATV	atazanavir
ATV/r	atazanavir/ritonavir
AZT	zidovudine
bDNA	branched deoxyribonucleic acid
CCR5	cysteine-cysteine chemokine receptor 5
CD4	cluster of differentiation 4
CDC	U.S. Centers for Disease Control and Prevention
d4T	stavudine
ddI	didanosine
DRV	darunavir
DRV/r	darunavir/ritonavir
DTG	dolutegravir
EFV	efavirenz
ELISA	enzyme-linked immunosorbent assay
ETV	etravirine
FDC	fixed dose combination
FPV	fosamprenavir
FPV/r	fosamprenavir/ritonavir
FTC	emtricitabine
HAART	highly active antiretroviral therapy
HBV	hepatitis B virus
HCV	hepatitis C virus

IDV	indinavir
IDV/r	indinavir/ritonavir
LIP	lymphocytic interstitial pneumonia
LPV/r	lopinavir/ritonavir
MDR TB	multidrug-resistant tuberculosis
MTCT	mother-to-child transmission
MVC	maraviroc
NFV	nelfinavir
NNRTI	nonnucleoside reverse transcriptase inhibitor
NRTI	nucleoside reverse transcriptase inhibitor
NVP	nevirapine
OHL	oral hairy leukoplakia
OI	opportunistic infection
PCR	polymerase chain reaction
PI	protease inhibitor
PI/r	protease inhibitor/ritonavir
PMTCT	prevention of mother-to-child transmission
RAL	raltegravir
RNA	ribonucleic acid
RT	reverse transcriptase
RTV	ritonavir
sdNVP	single-dose nevirapine
SQV	saquinavir
SQV/r	saquinavir/ritonavir
T20	enfuvirtide
TB	tuberculosis
TDF	tenofovir
TLC	total lymphocyte count
TPV	tipranavir
TPV/r	tipranavir/ritonavir

TWG	technical working group
WHO	World Health Organization
XDR TB	extensively drug-resistant TB



# INTRODUCTION

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AIDSFree is building upon the National Treatment Guidelines Database developed during AIDSTAR-One. The objective of the Database is to provide policymakers, program planners, and clinicians with the most up-to-date treatment guidelines available; create a central location to house updated national guidelines (facilitating cross-country comparisons and serving as a resource to implementers in multiple country settings); provide a Summary Table that includes an evaluation of concordance with the World Health Organization's (WHO) 2013 Consolidated Guidelines (enabling countries to determine if their treatment guidelines require updating); and provide multiple treatment guidelines per country (i.e., adult and pediatric HIV, TB, PMTCT, and PEP) all in one location, thus increasing ease of access to guidelines for global audiences.

The following provides summary HIV treatment guidelines for adults, adolescents, infants and children, and pregnant and lactating women that have been collected and summarized thus far through AIDSFree. There are a total of 45 guidelines for 18 countries, including Burundi, Cameroon, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Haiti, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. Efforts were made to identify the most up-to-date treatment guidelines available through internet searches and contacting JSI's and AIDSFree partner country offices. In some cases there may be updated treatment guidelines that have not yet been shared with the treatment team. When these are identified, they will be added to the database. The information in the table includes information on first-, second-, and third-line treatment regimens, as well as whether TB/HIV coinfection was addressed within the HIV guidelines.



## Angola

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults Adolescents Children >10 years Pregnant women	ART	2014	<p>Initiate ART if:</p> <ul style="list-style-type: none"> <li>• CD4 <math>\leq</math>350 cells/mm<sup>3</sup> (or TLC <math>\leq</math>1200), <i>or</i></li> <li>• WHO clinical stage 3 or 4, <i>or</i></li> <li>• 2 or more minor signs or symptoms and CD4 or TLC analysis are not available, <i>or</i></li> <li>• Active TB (current or in past 2 years), <i>or</i></li> <li>• Chronic HBV, <i>or</i></li> <li>• Pregnant, <i>or</i></li> <li>• Breastfeeding</li> </ul> <p>Consider initiation of ART if:</p> <ul style="list-style-type: none"> <li>• Sero-discordant couple, <i>or</i></li> <li>• Elevated cardiovascular risk, <i>or</i></li> <li>• High viral load (VL &gt;100,000 copies), <i>or</i></li> <li>• HIV nephropathy, <i>or</i></li> <li>• Age &gt;55 years</li> </ul>	<p>First choice:</p> <p>TDF + 3TC + EFV (also for pregnant women, regardless of gestational age)</p> <p>Second choice:</p> <p>AZT + 3TC + EFV (or NVP) TDF + 3TC + NVP</p> <p>Alternative:</p> <p>ABC + 3TC + NVP (or EFV) ddI + 3TC + NVP (or EFV)</p> <p>If intolerance to NNRTI: Replace NNRTI with ATV/r (or LPV/r)</p>	<p>AZT (or ABC) + 3TC + LPV/r</p> <p>TDF (or ABC) + 3TC + LPV/r AZT (or ABC) + 3TC + LPV/r</p> <p>AZT (or TDF) + 3TC + LPV/r</p>		Y

## Angola

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Children <5 years	ART	2014	Initiate ART regardless of WHO clinical stage or CD4 level  Also initiate ART in children <18 months with presumptive diagnosis of HIV	Children <3 years:  First choice: AZT + 3TC + LPV/r  Alternative: ABC + 3TC + LPV/r (or NVP) AZT + 3TC + NVP ABC + 3TC + AZT (TB)	Not specified		Y
Children 5-10 years	ART	2014	Initiate ART if: • CD4 $\leq$ 350 cells/mm <sup>3</sup> , <i>or</i> • WHO stage 3 or 4, <i>or</i> • Active TB	Children 3-10 years and adolescents <35kg:  First choice: AZT + 3TC + EFV  Alternative: • AZT + 3TC + NVP • TDF + 3TC + EFV (or NVP) • ABC + 3TC + NVP (or EFV)			
Pregnant women in labor	PMTCT	2014	All HIV-positive and HIV indeterminate women from the beginning of the active phase of labor until delivery  Women who are HIV indeterminate at the time of labor will also be initiated on ART (TDF + 3TC + EFV)	• AZT 300 mg po every 3 hours, <i>or</i> • AZT IV infusion			Y

## Angola

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
HIV-exposed newborns	PMTCT	2014	All HIV-exposed newborns from birth to 6 weeks	NVP syrup, one dose daily			

## Botswana

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults Adolescents (10-19 years)	ART	2012	<p>For all adults and adolescents (regardless of pregnancy status), either one of the following conditions require ART initiation:</p> <ul style="list-style-type: none"> <li>• WHO clinical stage 3 or 4, or</li> <li>• Any CD4 cell count <math>\leq 350</math> cells/<math>\mu</math>L (previously <math>\leq 250</math> cells/<math>\mu</math>L)</li> </ul> <p>Special considerations for ART initiation:</p> <p>If an HIV-positive patient has a WHO clinical stage 3 or 4 condition, the patient's clinical condition is poor, and the CD4 cell count or % is pending, do not wait for the CD4 count or % to return:</p> <ul style="list-style-type: none"> <li>• Initiate ART on the basis of WHO clinical stage 3 or 4 condition</li> <li>• Do not delay CTX prophylaxis</li> </ul> <p>However, when beginning ART in an adult/adolescent without an available CD4 count, consideration must be given to the possibility that the patient might have a high baseline CD4</p>	<p>Before initiating ART in female adults and adolescents, establish whether there has been a history of sdNVP for PMTCT within the previous 6 months.</p> <p>Standard first-line regimens in new treatment-naïve patients:</p> <p>TDF + FTC (or 3TC) + EFV (as a single dose combination: Atripla)</p>	<p>TDF + FTC (or 3TC) + EFV or NVP switch to:</p> <p>AZT + 3TC + LPV/r (Kaletra or Aluvia)</p> <p>If anemia:(Hbg , 7):</p> <p>ABC + 3TC + LPV/r</p>	<p>No regimen specified. Specifically, if the clinical status of the patient is worsening, do not wait more than 8 weeks for the resistance assay to return before changing to an empiric third-line regimen, under specialist guidance and approval only, pending eventual return of the resistance assay</p>	Y
			<p>If EFV intolerant , CD4 cell count <math>&gt;250</math> (women) or <math>&gt;400</math> (men) cells/<math>\mu</math>L:</p> <p>TDF + FTC (or 3TC) + LPV/r</p>	<p>For those who fail the first-line regimen of AZT + 3TC + NNRTI, switch to:</p> <p>TDF + FTC + LPV/r (including women started on AZT-based ART during pregnancy)</p>			
			<p>If EFV intolerant, CD4 cell count <math>\leq 250</math> (women) or <math>\leq 400</math> (men) cells /<math>\mu</math>L:</p> <p>TDF + FTC (or 3TC) + NVP</p>	<p>For those who fail the first-line regimen of ABC + 3TC + NNRTI, switch to:</p> <p>TDF + FTC + LPV/r (if renal insufficiency or anemia, discuss with an HIV specialist)</p>			

## Botswana

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			<p>count. Therefore, start patients requiring initiation without baseline CD4 counts on EFV-based ART (or LPV/r if EFV is not appropriate) because of the increased risk of NVP-induced hepatotoxicity with high baseline CD4 count</p> <p>Other HIV-related conditions which may justify ART:</p> <ul style="list-style-type: none"> <li>• Severe WHO clinical stage 2 conditions (e.g. severe dermatitis)</li> <li>• Disproportionately low CD4% (<math>\leq 15\%</math>) in an adult with absolute CD4 count <math>&gt; 350</math> cells/<math>\mu\text{L}</math>.</li> </ul> <p>In all such patients, consult an HIV specialist for possible ART initiation</p>	<p>If women received sdNVP within the prior 6 months: TDF + FTC (or 3TC) + LPV/r</p>			
				<p>Adult patients currently on a fully suppressive modified first-line regimen of d4T + 3TC (or ddI) + EFV or NVP should be switched to: TDF + FTC + EFV or NVP</p>	<p>Adult patients who are currently on a fully suppressive second-line regimen of d4T+ ddI + LPV/r should be switched to: TDF + FTC + LPV/r</p>		
Children >5 years	ART	2012	<ul style="list-style-type: none"> <li>• Absolute CD4 cell count <math>\leq 350</math> cells/<math>\mu\text{L}</math>; if <math>&lt; 15\%</math> consult HIV specialist</li> <li>• WHO clinical stage 3 or 4 disease</li> </ul>	<p>For children and pre-pubertal adolescents: AZT + 3TC + 1 NVP or EFV*</p> <p>Alternative: ABC + 3TC + 1 NVP or EFV**</p> <p><i>*The preferred regimen for adolescents with TB is EFV + the 2 NRTI backbone</i></p>	<p>Preferred second line: ABC + 3TC + LPV/r</p>	<p>No regimen specified.</p> <p>Specifically, if the clinical status of the patient is worsening, do not wait for</p>	Y

## Botswana

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
				<p><i>**Use the alternative first-line regimen only if there are contraindications to AZT (for example, severe anemia, &lt;7 g/dl; or neutropenia, &lt;500 cells/mm )</i></p> <p>Regimens for post-pubertal adolescents (Tanner stages IV and V)</p> <p>Preferred first line: TDF + FTC + NVP or EFV (Atripla)</p> <p>Alternative first line: ABC + 3TC + NVP or EFV</p>		more than 8 weeks for the resistance assay to return before changing to an empiric third line regimen, under specialist guidance and approval only, pending eventual return of the resistance assay.	
Infants Children <5 years	ART	2012	<p>All HIV-positive infants &lt;24 months require prompt initiation of ART, regardless of immune and/or clinical status</p> <ul style="list-style-type: none"> <li>• Immediately refer all infants whose first DNA PCR is positive for ART initiation, without waiting for the confirmatory DNA PCR</li> <li>• Discuss any HIV-exposed baby who has a WHO clinical stage 3 or 4 condition and for whom the DNA-PCR is not available, with an HIV specialist for possible initiation of ART, pending return</li> </ul>	<p>Before initiating ART, it is essential to determine whether or not the patient received sdNVP at birth or the mother was taking NNRTI-containing ART while the infant was in utero, since NNRTI resistance arising from NNRTI exposure can cause treatment failure with NNRTI-based ART. A history of maternal participation in PMTCT is a sufficient indicator of neonatal sdNVP exposure</p>	<ul style="list-style-type: none"> <li>• If pediatric patient fails first line AZT + 3TC + NNRTI, switch to ABC + 3TC + LPV/r</li> <li>• If d4T had been used for first line regimen use AZT + 3TC + LPV/r</li> <li>• If AZT cannot be used because of persistent anemia, consult an HIV specialist</li> <li>• If a pediatric patient fails first line ABC + 3TC + NNRTI, depending on the level of development,</li> </ul>		

## Botswana

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			<p>of the DNA PCR, since such babies are at high risk for morbidity and mortality from HIV.</p> <ul style="list-style-type: none"> <li>Follow babies without WHO clinical stage 3 or 4 conditions, and for whom the DNA PCR is pending, on a monthly basis, completing WHO staging at each visit, since HIV-infected babies are at high risk for clinical deterioration.</li> </ul> <p>All HIV-positive children &gt;24 months and &lt;5 years of age with either one of the following two conditions require immediate initiation of ART:</p> <ul style="list-style-type: none"> <li>“Advanced” or “severe” symptoms (i.e., WHO clinical stage 3 or 4)</li> <li>CD4 counts <math>\leq 750</math> cells/<math>\mu\text{L}</math> and CD4 <math>\leq 25\%</math></li> </ul>	<p>Standard First Line Regimen in Treatment-Naïve Infants and Children:</p> <p>AZT + 3TC + (NVP or EFV)</p> <p>If &lt;3 years, use NVP</p> <p>If &gt;3 years, use EFV</p> <p>With baseline anemia (Hgb <math>\leq 7.00</math> gms/dL or AZT-induced anemia, or if the patient has symptoms attributable to anemia of any degree), substitute AZT with ABC</p>	<p>switch to CBV + LPV/r or TRU + LPV/r</p> <ul style="list-style-type: none"> <li>If patient is unable to tolerate AZT and is too young for TDF, consult an HIV specialist</li> </ul>		
				<p>All children &lt;3 years exposed to sdNVP should be started on PI-based regimen</p> <p>If the infant received sdNVP at birth:</p> <ul style="list-style-type: none"> <li>If <math>\leq 1</math> month, consult an HIV pediatric specialist</li> <li>If &gt;1 month and <math>\leq 3</math> years of age: AZT + 3TC + LPV/r.</li> <li>If &gt;3 years and exposed to sdNVP: AZT + 3TC + EFV</li> </ul>			

## Burundi

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults Adolescents (>10 years and >35 kg)	ART	2014	<p>Initiate ART in the following, regardless of WHO clinical stage or CD4 count:</p> <ul style="list-style-type: none"> <li>• Pregnant or breastfeeding woman</li> <li>• Patient with active TB</li> <li>• HIV/HBV coinfection</li> <li>• Seropositive partner of a sero-discordant couple</li> <li>• HIV-positive sex workers</li> <li>• HIV-positive MSM</li> <li>• CD4 count &lt;500/mm<sup>3</sup></li> <li>• WHO clinical stage 3 or 4</li> </ul>	<p>Preferred first-line (including for pregnant and breastfeeding women, TB/HIV coinfection, HIV/HBV coinfection):</p> <p>TDF + 3TC + EFV</p> <hr/> <p>Alternative first-line:</p> <p>TDF + 3TC + NVP</p> <hr/> <p>AZT + 3TC + NVP</p> <hr/> <p>AZT + 3TC + EFV</p>	<p>Preferred:</p> <p>AZT + 3TC + ATV/r (or LPV/r)</p> <p>Alternative:</p> <p>ABC + 3TC + ATV/r (or LPV/r)</p> <hr/> <p>Preferred:</p> <p>TDF + 3TC + ATV/r (or LPV/r)</p> <p>Alternative:</p> <p>ABC + 3TC + ATV/r (or LPV/r)</p>	<p>Any change to third-line treatment should be decided by an expert panel guided by genotyping</p> <p>Choice of drugs would include a second generation NNRTI, an integrase inhibitor, and a second generation PI/r (e.g. ETV, RAL, or DRV/r)</p>	Y
Children (3-10 years and/or <35 kg)	ART	2014	<p>All infants and children &lt;5 years</p> <p>Children &gt;59 months with:</p> <ul style="list-style-type: none"> <li>• CD4 count &lt;500/mm<sup>3</sup>, or</li> <li>• WHO pediatric clinical</li> </ul>	<p>Preferred treatment:</p> <p>ABC + 3TC + EFV</p> <hr/> <p>Alternative:</p> <ul style="list-style-type: none"> <li>• ABC + 3TC + NVP</li> </ul>	<p>AZT + 3TC + LPV/r</p> <hr/> <ul style="list-style-type: none"> <li>• ABC + 3TC + LPV/r</li> <li>• ABC + 3TC + LPV/r</li> </ul>	Not specified	Y

## Burundi

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			stage 3 or 4	<ul style="list-style-type: none"> <li>• AZT + 3TC + NVP</li> <li>• AZT + 3TC + EFV</li> </ul>	If ≥3 years and first line included LPV/r:  AZT (or ABC) + 3TC + EFV		
Children <3 years	ART	2014	All infants and children <3 years	Preferred treatment: ABC + 3TC + LPV/r	Review adherence and continue same treatment		
				Alternative: AZT + 3TC + LPV/r			
				Alternatives: <ul style="list-style-type: none"> <li>• ABC + 3TC + NVP</li> <li>• AZT + 3TC + NVP</li> </ul>	Not specified		

## Cameroon

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults	ART	2014	Start ART in any patient with: <ul style="list-style-type: none"> <li>• WHO clinical stage 1 or 2 or CDC classifications A and B if CD4 &lt;500/mm<sup>3</sup> (however patients with CD4 ≤350/mm<sup>3</sup> are favored)</li> <li>• WHO clinical stage 3 or 4 or CDC classification C, regardless of CD4 count</li> <li>• Coinfected HIV/HBV, regardless of the rate of CD4 count</li> <li>• Seropositive partner of a sero-discordant couple</li> <li>• HIV-positive members of key populations (sex workers, MSM, PWID), regardless of CD4 count</li> <li>• Pregnant women, regardless of CD4 count</li> </ul>	Preferred regimen: TDF + 3TC (or FTC) + EFV	AZT + 3TC + LPV/r (or ATV/r)	Proven cases of failure of second-line ART must be managed at specialized reference centers and should be guided by the resistance profile (genotyping)  Third-line regimens typically include a second generation PI (DRV/RTV), a second generation NNRTI (ETV), and/or an integrase inhibitor (RAL or DTG)	Y
				Alternative first-line regimens: AZT + 3TC + EFV (or NVP)	TDF + 3TC (or FTC) + LPV/r (or ATV/r)		
				Alternative first-line regimens: TDF + 3TC (or FTC) + NVP	AZT + 3TC + LPV/r (or ATV/r)		
Adolescents 10 - 19 years (≥35 kg)	ART	2014	Any child >60 months with a WHO clinical stage 3 or 4 or CD4 ≤500 cells/mm <sup>3</sup>	TDF + 3TC (or FTC) + EFV	Not specified	Not specified	Y

## Cameroon

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adolescents <35 kg	ART	2014	Any child >60 months with a WHO clinical stage 3 or 4 or CD4 <500 cells/mm <sup>3</sup>	Preferred regimen: ABC + 3TC + EFV Alternatives: • ABC + 3TC + NVP • AZT + 3TC + EFV or NVP	Not specified		
Children 3-10 years	ART	N/A		Preferred regimen: ABC + 3TC + EFV Alternatives: • ABC + 3TC + NVP • AZT + 3TC + EFV or NVP	Not specified		
Children <3 years	ART	N/A	<ul style="list-style-type: none"> <li>Any child &lt;60 months and HIV-positive should be on ART, regardless of CD4 count or WHO clinical stage</li> <li>Any child &lt;18 months with presumptive diagnosis of HIV</li> </ul>	Preferred first-line regimen: • ABC + 3TC + LPV/r • AZT + 3TC + LPV/r Alternative first-line regimen: • ABC + 3TC + NVP • AZT + 3TC + NVP	<ul style="list-style-type: none"> <li>AZT + 3TC + NVP</li> <li>ABC + 3TC + NVP, or</li> <li>ABC (or AZT) + ddI + LPV/r</li> <li>AZT + 3TC + LPV/r</li> <li>ABC + 3TC + LPV/r, or</li> <li>ABC (or AZT) + ddI + LPV/r</li> </ul>		
HIV-positive pregnant and lactating women	PMTCT	N/A	Should be started on all HIV-positive pregnant or nursing women as soon as the HIV status is known	TDF + 3TC + EFV Should be continued at least for the duration of risk of transmission of HIV from mother to child, and preferably for life Alternative protocols: If TDF intolerance: AZT + 3TC + EFV If EFV intolerance: • TDF + 3TC + NVP • TDF + 3TC + LPV/r If the pregnant woman was sensitized to NVP during a previous pregnancy: TDF + 3TC + LPV/r	Not specified	Not specified	Y

## Côte d'Ivoire

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults Adolescents	ART	2013	<ul style="list-style-type: none"> <li>• CD4 count <math>\leq</math> 350/mm<sup>3</sup>, irrespective of WHO clinical stage</li> <li>• WHO clinical stage 4 or CDC category C</li> <li>• CD4 &lt;15%</li> </ul>	<p>Preferred first-line: AZT + 3TC + NVP</p> <p>Alternative first-line: AZT + 3TC + EFV for patients with TB, women with CD4 &gt;250, and men with CD4 &gt;400</p> <p>If anemia or HBV: TDF + FTC + EFV</p> <p>If HBV with reduced liver function: TDF + FTC + LPV/r</p> <p>If intolerance or contraindication to both NVP and EFV: TDF + FTC + AZT</p> <p>If impaired renal function: ABC + 3TC + NVP</p>	<p>TDF + 3TC (or FTC) + LPV/r (or ATV/r)</p> <p>AZT + 3TC + LPV/r (or ATV/r)</p> <p>• ddI + 3TC + LPV/r, or • ABC + 3TC + LPV/r</p> <p>Not specified</p>	DRV/r + RAL + 2 NRTI	Y
Children 13–15 years	ART	2013	Children $\geq$ 5 years with: <ul style="list-style-type: none"> <li>• CD4 &lt;350, or</li> <li>• WHO pediatric clinical stage 3 or 4 or CDC category B or C</li> </ul>	<p>AZT + 3TC + NVP</p> <ul style="list-style-type: none"> <li>• If anemia: TDF + 3TC + EFV</li> <li>• If TB treatment: AZT + 3TC + EFV</li> <li>• If HBV: TDF + 3TC + EFV</li> </ul>	<p>TDF + 3TC + LPV/r</p> <p>If on TB treatment or HBV: refer to reference center</p>	Not specified	Y
Children 5–12 years	ART	2013	Children $\geq$ 5 years with: <ul style="list-style-type: none"> <li>• CD4 &lt;350, or</li> <li>• WHO pediatric clinical stage 3 or 4 or CDC category B or C</li> </ul>	<p>AZT + 3TC + NVP (or EFV)</p> <p>If anemia: ABC + 3TC + NVP</p>	<p>ABC + 3TC + LPV/r</p> <p>If on TB treatment or HBV: refer to reference center</p>		
Children 3–5 years or $\geq$ 10 kg	ART	2013	Children 2–5 years with: <ul style="list-style-type: none"> <li>• CD4 <math>\leq</math> 25%, or</li> <li>• WHO pediatric clinical stage 3 or 4 or CDC category B or C</li> </ul>	<p>AZT + 3TC + EFV (or NVP)</p> <p>If anemia: ABC + 3TC + EFV (or NVP)</p>	<p>ABC + 3TC + LPV/r</p> <p>If previously exposed to PMTCT or if on TB treatment: refer to reference center</p>		

## Côte d'Ivoire

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Infants and children	ART	2013	All infants and children <2 years Children 2-5 years with: • CD4 ≤ 25%, or • WHO Pediatric Clinical Stage 3 or 4 or CDC category B or C	Children <3 years: AZT + 3TC + NVP If anemia: ABC + 3TC + NVP If TB: AZT + 3TC + ABC If exposed to NVP for PMTCT and <12 months: AZT + 3TC + LPV/r	ABC + 3TC + LPV/r  If previously exposed to PMTCT or if on TB treatment: refer to reference center	Not specified	Y
Pregnant women	ART & PMTCT	2012	Initiate ART in women with CD4 <350 or with WHO stage 4 or CDC category C, regardless of gestational age	CD4 <250: AZT + 3TC + NVP	Refer to referral center	Refer to referral center	Y
				CD4 >250: AZT + 3TC + EFV			
			In case of HIV-2 or HIV-1 + HIV-2: AZT + 3TC + LPV/r				
			Initiate PMTCT in asymptomatic women (WHO stage 1 or CDC category A) and CD4 >350	HIV-1: AZT + 3TC + EFV from 14 weeks gestation until end of breastfeeding (Substitute TDF for AZT in case of anemia)			
				HIV-2 or HIV-1 + HIV-2: AZT + 3TC + LPV/r from 14 weeks gestation until end of breastfeeding			
Exposed infants	PMTCT	2012	All infants born to HIV-positive mother	Single-dose NVP + AZT during 1 week (give AZT during 1 month if mother received PMTCT during less than 4 weeks prior to delivery)	Refer to referral center	Refer to referral center	Y

## Democratic Republic of Congo

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)	
Adults Adolescents	ART	2013	<ul style="list-style-type: none"> <li>• CD4 <math>\leq</math> 500/mm<sup>3</sup>, <i>or</i></li> <li>• WHO clinical stage 3 or 4, <i>or</i></li> <li>• Seropositive pregnant or breastfeeding women, <i>or</i></li> <li>• Seropositive person coinfected with TB or HBV, <i>or</i></li> <li>• Seropositive partner of a discordant couple</li> </ul>	TDF + 3TC or FTC + EFV (or NVP), <i>or</i>	If TDF used in first-line: AZT + 3TC (or FTC) + LPV/r	Not specified	Y	
				AZT + 3TC + EFV (or NVP), <i>or</i>	If AZT used in first-line: TDF + 3TC (or FTC) + LPV/r, <i>or</i>			
				ABC+3TC+EFV (or NVP) (for adolescents 10–19 years)	ABC + 3TC + LPV/r			
Infants and children (36 months - <10 years or <35 kg)	ART	2013	<ul style="list-style-type: none"> <li>• &gt;5 years: CD4 <math>\leq</math>500/mm<sup>3</sup>, <i>or</i></li> <li>• WHO clinical stage 3 or 4, <i>or</i></li> <li>• TB or HBV coinfection</li> </ul>	ABC + 3TC + EFV (or NVP)	AZT + 3TC + LPV/r	Not specified	Y	
Infants and children <36 months	ART	2013	0–5 years old: any child with confirmed HIV infection	Preferred first-line regimens: ABC + 3TC + LPV/r AZT + 3TC + LPV/r	Continue same regimen and review adherence	Not specified	Y	
				Alternative first-line regimens: ABC + 3TC +NVP				AZT + 3TC + LPV/r
				AZT + 3TC + NVP				ABC (or TDF) + 3TC + LPV/r
Pregnant women	ART & PMTCT	2010	Initiate ART in pregnant women with: <ul style="list-style-type: none"> <li>• WHO stage 3 or 4, regardless of CD4</li> <li>• WHO stage 1 or 2, and CD4 <math>\leq</math>350</li> </ul>	AZT + 3TC + NVP (if CD4 $\leq$ 250) In case of anemia: TDF + 3TC + NVP AZT + 3TC + EFV (if CD4 >250) In case of anemia: TDF + 3TC + EFV	Not specified	Not specified	N	

## Democratic Republic of Congo

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
			Initiate PMTCT in pregnant women with WHO stage 1 or 2, and CD4 >350 If CD4 count not available, initiate PMTCT in all women with WHO stages 1 or 2	AZT from 14 weeks gestational age During labor: AZT + 3TC + single dose NVP AZT + 3TC during 7 days postpartum	Not specified		
Exposed infants	PMTCT	2010	All infants born to HIV-positive mother who is on ART All infants born to HIV-positive mother who is not on ART	If mother on ART: NVP during 6 weeks If mother on PMTCT: NVP until 1 week after complete stop of BF EBF during 6 months, then progressive diversification Progressive weaning starting at 12 months	Not specified	Not specified	N

## Ethiopia

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)	
Adults Adolescents	ART	2013* <i>*Second-line from 2008 guidelines, as the 2013 only updated first-line</i>	<ul style="list-style-type: none"> <li>• HIV-positive with CD4 <math>\leq 500/\text{mm}^3</math> should be started on HAART, irrespective of WHO clinical stage</li> <li>• HIV-positive and WHO clinical stage 3 and 4 (severe or advanced HIV clinical stage) should be started on ART, irrespective of CD4 count.</li> <li>• HIV-positive and active TB, irrespective of CD4 cell count</li> </ul> <i>NB: All adults and adolescents should obtain CD4 cell count every 6 months, including those with WHO clinical stage 1 and 2 HIV</i>	Preferred: TDF + 3TC + EFV as a FDC	<ul style="list-style-type: none"> <li>• AZT ± 3TC + LPV/r or ATV/r, <i>or</i></li> <li>• AZT + ABC + LPV/r or ATV/r</li> </ul>	Not specified	Y	
				Alternatives: AZT + 3TC + EFV				<ul style="list-style-type: none"> <li>• TDF + 3TC ± AZT +LPV/r or ATV/r, <i>or</i></li> <li>• ABC + ddl + LPV/r or ATV/r</li> </ul>
				AZT+3TC+NVP				
				TDF + 3TC + NVP				
Pregnant women	ART	2013	Start HAART with the following regimen to all HIV positive pregnant mothers irrespective of their CD4 count	Preferred: TDF +3TC + EFV				
				Alternative: AZT +3TC +EFV				

## Ghana

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults Adolescents (≥13 years)	ART	2010	ART may be initiated when patients, including HIV-positive pregnant women, satisfy the following criteria: <ul style="list-style-type: none"> <li>• Patients with CD4 count &lt;350 cells/ml, <i>and/or</i></li> <li>• Symptomatic with HIV in WHO clinical stage 3 and 4</li> </ul> (Where initiation is based solely on the WHO staging, CD4 count must be done as soon as possible)	First option: AZT + 3TC + NVP  Second option: AZT + 3TC + EFV	First alternative:  If AZT base first-line: TDF + (FTC or 3TC) + (LPV/r or ATV/r)  If LPV/r was used for HIV-2 in first-line, use ATV/r	None specified	Y
				Second-choice drugs: <ul style="list-style-type: none"> <li>• First: TDF + (3TC or FRC) + NVP</li> <li>• Second: TDF + (3TC or FTC) + EFV</li> </ul>	Second alternative:  If TDF base first-line: AZT + 3TC + (LPV/r or ATV/r) Consider ABC if patient has used both TDF and AZT	None specified	Y
				Special conditions: <ul style="list-style-type: none"> <li>• HIV coinfection with HBV: 3TC + TDF + EFV</li> <li>• Dual HIV-1 and HIV -2 or HIV-2 infections: Due to the ineffectiveness of NNRTI (NVP and EFV) in HIV-2 infection, combination of nucleosides and PIs should be used</li> </ul>	None specified	ART-experienced patients: <ul style="list-style-type: none"> <li>• Review previous drugs used for ART, duration of use, as well as the clinical, immunological and virological response to the therapy</li> <li>• Conduct resistance testing if available</li> <li>• Change all drugs if there is evidence of resistance</li> <li>• Consult or refer to an HIV expert</li> </ul>	Y

## Ghana

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Children 5–13 years	ART	2010	<ul style="list-style-type: none"> <li>• HIV-positive: All WHO clinical pediatric stage 3 and 4, irrespective of CD4 count</li> <li>• CD4 count &lt;350 cells/mm<sup>3</sup>, irrespective of WHO clinical stage</li> </ul>	<p>AZT* + 3TC + NVP**</p> <p>Alternative: AZT* + 3TC + EFV***</p> <p><i>* AZT is contraindicated in severe anemia (Hb &lt;8 mg/dl). Replace with ABC</i></p> <p><i>** Replace NVP with EFV (if child is &gt;3 years and &gt;10Kg)</i></p>	ABC + 3TC + LPV/r <i>or</i>	<p>In the case of failed second-line, salvage therapy may be constructed. The goal in such situations is to attempt to reduce the viral load to undetectable levels and to improve the quality of life of the patient by balancing benefits and risks for the child. It is important to do mutational analysis (genotyping) to know the type of mutations involved to be able to construct a third-line regimen using novel regimen of different classes of ARVs (Integrase Inhibitors, Second generation NNRTIs and PIs). Where the failing regimen is not tolerable, treatment can be stopped and focus should be on prevention of OIs, relief of symptoms, and management of pain needs.</p> <p>In all these cases refer to a specialist in ART.</p>	Y
					TDF + (FTC or 3TC) + LPV/r (if child is >12 years) {TDF+FTC, FDC can be used}		

## Ghana

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Infants ≥18–59 months	ART	2010	<ul style="list-style-type: none"> <li>• HIV antibody positive: All WHO pediatric stage III and IV irrespective of CD4%.</li> <li>• WHO stage I and II with CD4% &lt;25% (CD4 750 cells/mm<sup>3</sup>).</li> <li>• All &lt;24 months should be treated.</li> </ul>	AZT* + 3TC + NVP**  Alternative: AZT* + 3TC + EFV***  <i>* AZT is contraindicated in severe anemia (Hb &lt;8 mg/dl). Replace with ABC.</i>  <i>** Replace NVP with EFV (if child is &gt;3 years and &gt;10 kg)</i>	ABC + 3TC + LPV/r <i>or</i> TDF + (FTC or 3TC) + LPV/r (if child >12 years, TDF+FTC fixed-dose combination can be used}	In the case of failed second line, salvage therapy may be constructed. The goal in such situations is to attempt to reduce the viral load to undetectable levels and to improve the quality of life of the patient by balancing benefits and risks for the child. It is important to do mutational analysis (genotyping) to know the type of mutations involved to be able to construct a third-line regimen using novel regimen of different classes of ARVs (integrase inhibitors, second-generation NNRTIs, and PIs) Where the failing regimen is not tolerable, treatment can be stopped and focus should be on prevention of OIs, relief of symptoms and management of pain needs. In all these cases refer to a specialist in ART.	Y
				Second-choice drugs: ABC + 3TC + NVP Alternative: ABC + 3TC + EFV***  <i>*** EFV is contraindicated in children &gt;3 years or &gt;10 kg and in EFV-related persistent CNS toxicity. Replace with NVP.</i>	AZT + 3TC + LPV/r		

## Ghana

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
				Note: FTC can be used in children over 3 months of age as an alternative to 3TC. TFV may be used in place of AZT or ABC for children more than 12 years of age.	TDF + (FTC or 3TC) + LPV/r (if child is more than 12 years TDF+FTC fixed-dose combination can be used) Note: TDF is not recommended in pre-pubertal children (less than 12 years) due to safety and toxicity concerns over bone mineralization.		
Infants <18 months	ART	2010	<ul style="list-style-type: none"> <li>DNA PCR not available and HIV antibody seropositive: Treat if WHO pediatric presumptive stage 4 disease irrespective of CD4 %. Where CD4% is available, start treatment when CD4% is &lt;25% (CD4 750 cells/mm<sup>3</sup>). However, repeat HIV antibody test at 18 months or as soon as virologic test becomes available to confirm infection.</li> <li>Positive HIV DNA PCR and &lt;24 months: Treat all children irrespective of</li> </ul>	AZT * + 3TC + NVP** Alternative: AZT* + 3TC + EFV*** <i>* AZT is contraindicated in severe anemia (Hb &lt;8 mg/dl). Replace with ABC.</i> <i>** Replace NVP with EFV (if child is &gt;3 years and &gt;10 kg)</i>	ABC + 3TC + LPV/r	In the case of failed second line, salvage therapy may be constructed. The goal in such situations is to attempt to reduce the viral load to undetectable levels and to improve the quality of life of the patient by balancing benefits and risks for the child. It is important to do mutational analysis (genotyping) to know the type of mutations involved to be able to construct a third-line regimen using novel regimen of different classes of ARVs (integrase inhibitors, second-generation NNRTIs,	Y

## Ghana

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
			CD4% and WHO clinical staging	Second choice drugs: ABC + 3TC + NVP Alternative: ABC + 3TC + EFV*** *** EFV is contraindicated in children less than 3 years or less than 10 kg and in EFV-related Persistent CNS toxicity. Replace with NVP.	AZT + 3TC + LPV/r	and PIs) Where the failing regimen is not tolerable, treatment can be stopped and focus should be on prevention of OIs, relief of symptoms and management of pain needs. In all these cases refer to a specialist in ART.	
Pregnant women	PMTCT	2014	All women identified as HIV positive during pregnancy and breastfeeding will be initiated on ART and will continue treatment for life.	TDF + 3TC (or FTC) + EFV	Alternative regimen: AZT + 3TC + NVP ; or TDF + 3TC (or FTC) + NVP ; or AZT + 3TC + EFV	None specified.	N
Exposed infants	PMTCT	2014	All exposed infants will receive ARV prophylaxis for 6 weeks	Give AZT 12 hourly for 6 weeks Alternative regimen: NVP (use when AZT is contraindicated, e.g., anemia or bleeding disorder)		None specified	N

## Haiti

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Adults Adolescents	ART	2013	All patients with: <ul style="list-style-type: none"> <li>• CD4 <math>\leq</math> 500/mm<sup>3</sup>, or</li> <li>• WHO clinical stage 3 or 4, or</li> <li>• Active TB, or</li> <li>• HBV requiring treatment, or</li> <li>• HIV nephropathy, or</li> <li>• PLHA in sero-discordant couple, or</li> <li>• Age &gt;50 years, or</li> <li>• All pregnant or lactating HIV-positive women</li> </ul>	TDF + 3TC or FTC + EFV	If TDF used in first-line: AZT + 3TC + ATV/r or LPV/r	Decision to switch to third-line treatment needs to be taken by the national care and treatment committee, after confirming second-line failure with resistance testing  Empirical third-line regimen: ETV + RAL + DRV/r	Y
				In case of TDF intolerance or renal impairment: AZT + 3TC + EFV or NVP	If AZT, d4T, or ABC used in first-line: TDF + 3TC or FTC + ATV/r or LPV/r		
				In case of EFV intolerance: AZT + 3TC + NVP	In case of TB treatment with rifampicin: TDF + 3TC or FTC + LPV/r		
				In case of EFV intolerance and TB coinfection: • AZT + 3TC + TDF, or • AZT + 3TC + ABC			

## Haiti

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				In case of TDF intolerance or renal impairment, and severe anemia: ABC + 3TC + EFV or NVP			
Children >5 years	ART	2013	<ul style="list-style-type: none"> <li>• CD4% &lt;25% (CD4 count &lt;350/mm<sup>3</sup>), or</li> <li>• WHO pediatric clinical stage 3 or 4 (regardless of CD4 count)</li> </ul>	<ul style="list-style-type: none"> <li>• AZT + 3TC + NVP or EFV, or AZT + 3TC + NVP or EFV</li> <li>• ABC + 3TC + NVP or EFV</li> </ul> Alternative first-line: AZT + 3TC + ABC	<ul style="list-style-type: none"> <li>• ABC + 3TC + LPV/r (or ATV/r)</li> <li>• AZT + 3TC + LPV/r (or ATV/r)</li> </ul> Alternative: TDF + FTC + LPV/r (or ATV/r)	None specified.	Y
Children 36–59 months"	ART	2013	<ul style="list-style-type: none"> <li>• CD4% &lt; 25% (CD4 count &lt; 750/mm<sup>3</sup>); or</li> <li>• WHO pediatric clinical stage 3 or 4 (regardless of CD4 count)</li> </ul>	2-3 years old: AZT + 3TC + NVP ABC + 3TC + NVP Alternative first line: AZT + 3TC + ABC	ABC + 3TC + LPV/r (or ATV/r) AZT + 3TC + LPV/r (or ATV/r) Alternative: TDF + FTC + LPV/r (or ATV/r)	None specified.	Y
				>3 years old: AZT + 3TC + NVP or EFV ABC + 3TC + NVP or EFV Alternative first line: AZT + 3TC + ABC	ABC + 3TC + LPV/r (or ATV/r) AZT + 3TC + LPV/r (or ATV/r) Alternative: TDF + FTC + LPV/r (or ATV/r)		
Children under 24 months"	ART	2013	ARV is indicated for all children under 24 months of age, regardless of clinical stage or CD4 count	No or unknown previous exposure to ARVs: AZT + 3TC + NVP ABC + 3TC + NVP Alternative first line: AZT + 3TC + ABC	ABC + 3TC + LPV/r (or ATV/r) AZT + 3TC + LPV/r (or ATV/r)	None specified.	Y

## Haiti

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
				Previous exposure to NVP or born to a mother who received NNRTI: AZT+3TC+ LPV/r ABC+3TC+ LPV/r Alternative first line: AZT + 3TC + ABC	Refer to a specialized center		
Exposed infants	PMTCT	2013	All infants born to HIV-positive mother	AZT or NVP from birth during 6 weeks		None specified.	Y

## Kenya

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults Adolescents (≥15 years)	ART	2014	<p>All patients with:</p> <ul style="list-style-type: none"> <li>• CD4 count &lt;500 cells/mm<sup>3</sup>, irrespective of WHO clinical stage</li> <li>• All HIV-positive spouses and sexual partners in sero-discordant relationships, irrespective of their WHO clinical stage or CD4 cell count</li> <li>• All HIV-positive adolescents and adults with WHO clinical stage 3 and 4 disease, irrespective of CD4 count</li> <li>• All HBV/HIV coinfecting persons, irrespective of CD4 count</li> <li>• All TB/HIV coinfecting persons, irrespective of CD4 count</li> </ul>	<p>Preferred:</p> <p>TDF* + 3TC + EFV</p> <p>HIV-positive sexual partner in a sero-discordant relationship:</p> <p>TDF* + 3TC + EFV</p> <p>Pregnant women and breastfeeding mothers:</p> <p>TDF* + 3TC + EFV**</p> <p><i>*For patients with pre-existing renal disease initiating ART, ABC+3TC+EFV is preferred. No dose adjustment is required for ABC.</i></p> <p>Alternative:</p> <ul style="list-style-type: none"> <li>• AZT + 3TC + EFV/NVP</li> <li>• TDF + 3TC + NVP</li> </ul>	<p>Preferred:</p> <p>AZT + 3TC + ATV/r</p> <p>Alternative:</p> <p>AZT + 3TC + LPVr</p>	<p>ARVs for constituting third-line ART regimens are not readily available. However, if an ART client is in need of third-line, a clinical summary form should be sent to the National Therapeutics TWG through 3rdline@nascop.or.ke for guidance on further management.</p> <p>The patient should continue with current second-line ART with intensified adherence efforts, including adherence counseling, DOTS, and home visits.</p>	Y

## Kenya

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adolescents 10-14 years and ≥35 kg	ART	2014	<ul style="list-style-type: none"> <li>All HIV-positive children &gt;10 years with WHO clinical stage 3 and 4 disease, HBV/HIV, TB/HIV coinfection should be initiated on ART, irrespective of CD4 count</li> <li>ART should be initiated in all HIV-positive children &gt;10 years of age with CD4 cell count ≤500 cells/mm<sup>3</sup>, regardless of WHO clinical stage</li> </ul>	TDF+3TC+ EFV	Preferred: AZT + 3TC +LPV/r Alternative: AZT + 3TC +ATV/r	ARVs for constituting third-line ART regimens are not readily available. However if an ART client is in need of third-line, clinical summary form should be sent to the National Therapeutics TWG through 3rdline@nascop.or.ke for guidance on further management.  The patient should continue with current second-line ART with intensified adherence efforts including adherence counseling, DOTS, and home visits.	Y
				Alternative: TDF + 3TC + NVP			
				ABC + 3TC+ EFV	AZT + 3TC + LPV/r		
				ABC +3TC+ NVP	Alternative: AZT + 3TC + LPV/r		
				AZT + 3TC + EFV	ABC + 3TC + LPV/r		
				AZT + 3TC + NVP			
Children ≥3-10 years and adolescents <35 kg	ART	2014	<ul style="list-style-type: none"> <li>ART should be initiated in all HIV-positive children aged 10 years and below, regardless of WHO stage or CD4 count/%</li> </ul>	ABC + 3TC +EFV <i>or</i>	Preferred: AZT + 3TC +LPV/r Alternative: AZT + 3TC +ATV/r	ARVs for constituting third-line ART regimens are not readily available. However if an ART client is in need of third-line, clinical summary form should be sent to the National Therapeutics TWG through 3rdline@nascop.or.ke for guidance on further management.  The patient should continue with current second-line ART with intensified adherence efforts including adherence counseling, DOTS, and home visits.	Y
				ABC + 3TC+ EFV	AZT + 3TC + LPV/r		
				ABC +3TC+ NVP	Alternative: AZT + 3TC + LPV/r		
				AZT + 3TC + EFV	ABC + 3TC + LPV/r		
				AZT + 3TC + NVP			

Kenya							
Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Infants and children <3 years	ART	2014	<ul style="list-style-type: none"> <li>•ART should be initiated in all HIV-positive children aged 10 years and below, regardless of WHO stage or CD4 count/%</li> <li>•In circumstances where DNA PCR testing is not readily available ART should be initiated in any child younger than 18 months of age who meets criteria for presumptive diagnosis of severe HIV disease, confirmatory DNA PCR testing should be done as soon as possible</li> </ul>	ABC + 3TC + LPV/r* or	AZT+ 3TC + DRV/r* or <i>*Children &lt;3 years who are not NVP exposed and are unable to tolerate LPV/r can be substituted to an NNRTI-based regimen</i>	ARVs for constituting third-line ART regimens are not readily available. However if an ART client is in need of third-line, clinical summary form should be sent to the National Therapeutics TWG through 3rdline@nascop.or.ke for guidance on further management.  The patient should continue with current second-line ART with intensified adherence efforts including adherence counseling, DOTS, and home visits.	Y
				AZT + 3TC + LPV/r*	ABC + 3TC + DRV/r		
					AZT + 3TC + LPV/r		
				ABC + 3TC + NVP	AZT + 3TC + LPV/r		
				AZT + 3TC + EFV	ABC + 3TC + LPV/r		
				AZT + 3TC + NVP			
HIV-positive pregnant and lactating women	PMTCT	2014	<ul style="list-style-type: none"> <li>•All HIV-positive pregnant women irrespective of CD4 count, WHO stage or gestation age*</li> <li>•All HIV-infected breastfeeding women irrespective of CD4 count, WHO stage*</li> </ul> <i>*Note for pregnant and breastfeeding women THE use of ART in pregnant and breastfeeding women markedly reduces the transmission of HIV infection from mother to child.</i>	First-line ART regimen to start in all women with previous exposure to NVP through PMTCT: Less than 24 months since previous NVP exposure: Preferred: TDF* + 3TC + ATV/r*** ***Hyperacidity and hence use of OTC antacids are common in pregnancy. Exercise in pregnant women initiating ART regimens containing ART/r who concomitantly use antacids. LPV/r remains an alternative in such cases. Service providers should actively ask about OTC medications.	Not specified	ARVs for constituting third-line ART regimens are not readily available. However if an ART client is in need of third-line, clinical summary form should be sent to the National Therapeutics TWG through 3rdline@nascop.or.ke for guidance on further management.  The patient should continue with current second-line ART with intensified adherence efforts including adherence counseling, DOTS, and home visits.	N

## Kenya

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
				<p>Alternatives: TDF + 3TC + LPV/r <i>or</i> AZT + 3TC + ATV/r <i>or</i> AZT + 3TC + LPV/r*</p> <p>More than 24 months since previous NVP exposure: Preferred: TDF* + 3TC + EFV</p> <p>Alternatives: TDF+3TC+NVP <i>or</i> AZT + 3TC + EFV <i>or</i> AZT + 3TC + NVP</p>			

## Lesotho

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults Adolescents (10–19 years)	ART	2014	<ul style="list-style-type: none"> <li>• CD4 count of <math>\leq 500</math> cells/mm<sup>3</sup></li> <li>• HIV-positive individuals in sero-discordant relationships</li> <li>• All individuals with HBV coinfection</li> <li>• WHO clinical stage 3 or 4 (treat all regardless of CD4 cell count)</li> <li>• WHO clinical stage 1 or 2 (treat CD4 <math>\leq 500</math> cells/mm<sup>3</sup>)</li> </ul>	<p>Preferred: TDF + 3TC + EFV</p> <p>Alternatives: AZT + 3TC + EFV AZT + 3TC + NVP TDF + 3TC + NVP</p> <p>*ABC + 3TC + EFV (or NVP) *ABC or boosted PIs (ATV/r, LPV/r) can be used in special circumstances</p>	<p>If d4T or AZT was used in first-line ART: TDF + 3TC + ATV/r or LPV/r</p> <p>If TDF was used in first-line ART: AZT + 3TC + ATV/r or LPV/r</p>	<p>DRV and RTV as a pharmacokinetic booster; RAL and ETV</p> <p>Patients on failing second-line regimen with no new ARV options should continue on a tolerated regimen</p>	Y
Children (3–9 years)"	ART	2014	<ul style="list-style-type: none"> <li>• All children &lt;5 years</li> <li>• Children &gt;5 with: WHO stage 3 or 4 (or) CD4 count is <math>\leq 500</math> cells/mm<sup>3</sup></li> </ul>	<p>Preferred ABC + 3TC + EFV</p> <p>Alternatives: AZT + 3TC + EFV ABC + 3TC + NVP AZT + 3TC + NVP</p>	<p>If an NNRTI-based first-line regimen was used: Preferred regimens: AZT + 3TC + LPV/r Alternative regimens: ABC + 3TC + LPV/r or TDF + 3TC + LPV/r</p> <p>If a PI-based first line regimen was used: Preferred regimens: AZT + 3TC + EFV Alternative regimens: AZT + 3TC + NVP</p>	<p>DRV and RTV as a pharmacokinetic booster; RAL and ETV</p> <p>Patients on failing second-line regimen with no new ARV options should continue on a tolerated regimen</p>	Y
Children <3 years	ART	2014	All children <5 years	<p>Preferred: ABC + 3TC + LPV/r</p>	<p>If a NNRTI-based first line regimen was used: Preferred regimens: AZT + 3TC + LPV/r</p>	<p>DRV, RTV as a pharmacokinetic booster, RAL and ETV</p> <p>Patients on failing</p>	Y

## Lesotho

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
				Alternatives: AZT + 3TC + LPV/r ABC + 3TC + NVP AZT + 3TC + NVP	Alternative regimens: ABC + 3TC +LPV/r or TDF + 3TC +LPV/r If a PI-based first line regimen was used: No change from first line regimen Alternative regimens: AZT + 3TC + NVP or ABC +3TC +NVP	second-line regimen with no new ARV options should continue on a tolerated regimen.	
Pregnant women	PMTCT	2014	All pregnant and breastfeeding women living with HIV	TDF + 3TC +EFV as first-line ART in pregnant and breastfeeding women, including pregnant women in the first trimester of pregnancy and women of childbearing age. The recommendation applies for lifelong treatment initiated for PMTCT.	If d4T or AZT was used in first-line ART: TDF + 3TC + ATV/r or LPV/r If TDF was used in first-line ART: AZT + 3TC + ATV/r or LPV/r	DRV, RTV as a pharmacokinetic booster, RAL and ETV Patients on failing second-line regimen with no new ARV options should continue on a tolerated regimen.	Y
Exposed infants	PMTCT	2014		Infants of mothers who are receiving ART and are breastfeeding should receive six weeks of infant prophylaxis with daily NVP. If infants are receiving replacement feeding, they should be given six weeks of infant prophylaxis with daily NVP. Infant prophylaxis should begin at birth or when HIV exposure is recognized postpartum.		DRV, RTV as a pharmacokinetic booster, RAL and ETV Patients on failing second-line regimen with no new ARV options should continue on a tolerated regimen.	Y

## Malawi

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondences between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults Children ≥5 years	ART	2014	Confirmed HIV-positive (HIV rapid antibody test) and: • Pregnant or breastfeeding women (regardless of the age of the child and regardless of WHO clinical stage and CD4 count), <i>or</i> • WHO clinical stage 1 or 2 and CD4 ≤500 cells/mm <sup>3</sup> , <i>or</i> • WHO clinical stage 3 or 4, regardless of CD4 count	<ul style="list-style-type: none"> <li>• ABC + 3TC + NVP</li> <li>• d4T + 3TC + NVP</li> </ul> Standard for children and adults <35 kg: <ul style="list-style-type: none"> <li>• AZT + 3TC + NVP</li> <li>• d4T + 3TC + EFV</li> <li>• AZT + 3TC + EFV</li> </ul> Standard for children and adults >35 kg: <ul style="list-style-type: none"> <li>• TDF + 3TC + EFV</li> <li>• TDF +3TC + NVP</li> </ul>	<ul style="list-style-type: none"> <li>• TDF + 3TC + ATV/r, <i>or</i></li> <li>• AZT + 3TC + ATV/r</li> </ul>	Third-line regimen is currently not supplied in the national program	Y
Children 12–60 months	ART	2014	Confirmed HIV-positive (HIV rapid antibody test or DNA-PCR), regardless of WHO clinical stage and CD4 count	<ul style="list-style-type: none"> <li>• ABC + 3TC + NVP</li> <li>• d4T + 3TC + NVP</li> <li>• AZT + 3TC + NVP</li> <li>• d4T + 3TC + EFV</li> <li>• AZT + 3TC + EFV</li> </ul>		Third-line regimen is currently not supplied in the national program	Y
Infants <12 months	ART		Confirmed HIV-positive (DNA-PCR needed), regardless of WHO clinical stage and CD4 count or CD4%			Third-line regimen is currently not supplied in the national program	Y
Pregnant women	PMTCT	2014	First trimester: As soon as possible Pregnant or breastfeeding women (regardless of age of the child, and regardless of WHO clinical stage and CD4 count)	TDF + 3TC + EFV	<ul style="list-style-type: none"> <li>• TDF + 3TC + ATV/r, <i>or</i></li> <li>• AZT+ 3TC + ATV/r</li> </ul>	Third-line regimen is currently not supplied in the national program	Y
			In labor (new HIV-positive): As soon as possible	TDF + 3TC + EFV			

## Mozambique

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults Adolescents Children (≥5 years)	ART	2014	<p>WHO clinical stage 1 or 2 and CD4 ≤ 350 (if no CD4 available, do not start ART)</p> <p>WHO clinical stage 3 or 4, regardless of CD4 count</p> <p>The following are eligible for ART, regardless of WHO clinical stage or CD4 count:</p> <ul style="list-style-type: none"> <li>• HIV-TB coinfecting</li> <li>• HIV-HBV coinfecting</li> <li>• Pregnant or lactating HIV-positive mothers</li> <li>• HIV-positive persons with invasive cancer</li> <li>• HIV-positive partners of pregnant or lactating HIV-negative mothers</li> </ul>	<p>Preferred first-line: TDF + 3TC + EFV</p> <hr/> <p>Alternative first-line for TDF + 3TC + EFV:</p> <p>If renal insufficiency, diabetes mellitus, or hypertension: AZT + 3TC + EFV</p> <p>If history of serious psychiatric illness:</p> <ul style="list-style-type: none"> <li>• AZT + 3TC + NVP if CD4 ≤350</li> <li>• TDF + 3TC + LPV/r if CD4 &gt;350</li> </ul>	<p>First option: AZT + 3TC + LPV/r</p> <p>2nd option (if AZT intolerance): ABC + 3TC + LPV/r</p>	TDF/AZT + 3TC + RAL + DRV + RTV	N

## Mozambique

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
				<p>Preferred first-line: AZT + 3TC + NVP</p> <p>Alternative first-line for AZT + 3TC + NVP: If anemia: • TDF + 3TC + EFV, <i>or</i> • ABC + 3TC + EFV If persistent grade 1 or 2 NVP intolerance: AZT + 3TC + EFV If grade 3 or 4 NVP intolerance: AZT + 3TC + LPV/r</p> <p>If on TB treatment: • TDF/AZT/ABC + 3TC + EFV, <i>or</i> • TDF/AZT/ABC + 3TC + LPV/r</p>	<p>First option: TDF + 3TC + LPV/r</p> <p>Second option (if TDF contra-indicated): ABC + 3TC + LPV/r Children ≥5 years: • If failing regimen is AZT/d4T + 3TC + LPV/r—change to TDF + 3TC + EFV • If failing regimen is AZT/d4T + 3TC + NVP/EFV—change to TDF + 3TC + LPV/r</p>		
Children <5 years	ART	2015	Eligible for ART, regardless of clinical stage or CD4 count	<p>Preferred first line: AZT + 3TC + NVP</p> <p>Alternative first line to AZT + 3TC + NVP: If anemia: d4T + 3TC + NVP If anemia and peripheral neuropathy: ABC + 3TC + NVP</p> <p>Preferred first line: AZT + 3TC + LPV/r: if child is &lt;2 years old and mother or child had previous exposure to NVP</p> <p>Alternative first line to AZT + 3TC + LPV/r: If anemia: d4T + 3TC + LPV/r If anemia and peripheral neuropathy: ABC + 3TC + LPV/r</p>	<p>ABC + 3TC + LPV/r</p> <p>If failing regimen was ABC + 3TC + NVP: Change to AZT+3TC+LPV/r</p> <p>• &lt;3 years: ABC + 3TC + NVP • ≥3 years (and ≥ 10 Kg) : ABC + 3TC + EFV</p>	TDF/AZT + 3TC + RAL + DRV + RTV	N

## Mozambique

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Pregnant women	ART & PMTCT	2014	All pregnant or breastfeeding HIV infected women are eligible for ART, regardless of clinical stage, CD4 count, or gestational age (Option B+). All pregnant or breastfeeding HIV infected women are eligible for cotrimoxazole, regardless of clinical stage or CD4 count.	Preferred first line: TDF + 3TC + EFV	Not specified.	Not specified.	Y
			In facilities that do not yet provide ART and if CD4 $\geq$ 350, initiate PMTCT at 14 weeks gestation or as soon as possible if presenting later (Option A). However, if WHO stage 3 or 4 or CD4 $\leq$ 350: refer for initiation of ART	Alternative first line: If contraindications against TDF or if facility does not yet provide TDF: AZT + 3TC + EFV If TDF not provided (see above) and anemia: d4T + 3TC + EFV If behavior change due to EFV or in psychiatric patients: TDF + 3TC + LPV/r			
Exposed newborns	PMTCT	2014	If mother is on ART	AZT from birth during 6 weeks	Not specified.	Not specified.	N
			If mother is on PMTCT	If breastfeeding: NVP from birth until 1 week after ending breastfeeding.			
				If not breastfeeding: NVP from birth during 6 weeks.			

## Myanmar (Burma)

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults Adolescents	ART	2014	<p>Initiate ART if CD4 count <math>\leq 500/\text{mm}^3</math> As a priority, initiate ART in everyone with severe/advanced HIV (WHO clinical stage 3 or 4) or CD4 count <math>\leq 350/\text{mm}^3</math> Regardless of CD4 count and WHO clinical stage:</p> <ul style="list-style-type: none"> <li>• HIV-positive pregnant and breastfeeding women; decide on when to stop/continue (Option B+). Refer to text</li> <li>• Active TB</li> <li>• HBV coinfection with severe chronic liver disease</li> <li>• HIV-positive individual in sero-discordant couples (to reduce HIV</li> </ul>	<p>First-line ART for adults (including pregnant and breastfeeding women and people with TB coinfection and HBV coinfection)</p> <p>Preferred:</p> <p>TDF + 3TC (FTC) + EFV</p> <p>Alternate (in order of preference):</p> <ul style="list-style-type: none"> <li>• AZT + 3TC + EFV</li> <li>• AZT + 3TC + NVP</li> <li>• ABC + 3TC + EFV</li> </ul> <p><i>Note: ABC can be kept as backup option if AZT or TDF cannot be used</i></p>	<p>If d4T or AZT used in first-line therapy:</p> <p>TDF + 3TC (or FTC) + ATV/r or LPV/r</p> <p>If TDF used in first-line therapy:</p> <p>AZT + 3TC (or FTC) + ATV/r or LPV/r</p>	<ul style="list-style-type: none"> <li>• Costs, sustainability, and equitable access to ART should be considered for third-line therapy</li> <li>• Third-line regimens should include new drugs likely to have anti-HIV activity such as second-generation NNRTIs, PIs, and integrase inhibitors</li> <li>• Patients on failing second-line regimen with no new options should continue with a tolerated regimen</li> <li>• While there is need to plan for third-line ART, because of financial constraints in</li> </ul>	Y

## Myanmar (Burma)

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
			<p>transmission risk)</p> <ul style="list-style-type: none"> <li>• Key populations</li> </ul> <p>Special populations:</p> <ul style="list-style-type: none"> <li>• HIV/TB coinfection–Treat all HIV/TB coinfecting individuals irrespective of CD4 count. ART to be started 2-8 weeks after start of TB treatment</li> <li>• HIV/HBV coinfection–Provide ART to HBV/HIV coinfecting if ALT level is 2.5 times more than the upper limit of normal</li> <li>• Sero-discordant couples–Treat all sero-discordant couples irrespective of CD4</li> <li>• Key populations–Treat all irrespective of CD4 count (key populations include FSWs, MSM, TGs, and PWID)</li> </ul>			<p>resource-limited countries, priority should be on expanding access to first-line ART and failing that access to second-line ART</p> <ul style="list-style-type: none"> <li>• Boosted DRV/r has potent anti-HIV activity and excellent activity against HIV strains resistant to other PIs</li> <li>• ETV is a second generation NNRTI and is active against most, but not all, EFV- or NVP-resistant virus</li> <li>• RAL is an integrase inhibitor, (a new drug with potent antiretroviral actions) but the cost is high</li> </ul>	
Adolescents (10–19 years) ≥35 kg		2014	<p>Children ≥5 years:</p> <p>Initiate ART if CD4 count ≤500 cells/mm<sup>3</sup></p> <p>As a priority, initiate ART in all children with severe/advanced HIV (WHO clinical stage 3 or 4), or CD4 count ≤350 cells/mm<sup>3</sup></p>	<p>Preferred: TDF + 3TC (or FTC) + EFVa</p> <p>Alternate:</p> <ul style="list-style-type: none"> <li>• AZT+ 3TC + EFV</li> <li>• AZT + 3TC + NVP</li> <li>• TDF + 3TC (or FTC) + NVP</li> </ul>	None specified.	Not specified.	N

## Myanmar (Burma)

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Children (3–10 years) or Adolescents <35 kg		2014	Children 1–5 years: Initiate ART in all, regardless of CD4 cell count and clinical stage 1–5 years  As a priority, initiate ART in all HIV-positive children 1–2 years or with severe/advanced HIV (WHO clinical stage 3 or 4) or with CD4 count $\leq 750$ cells/mm <sup>3</sup> or <25%, whichever is lower	Preferred: ABC + 3TC + EFV  Alternate: <ul style="list-style-type: none"> <li>• ABC + 3TC + NVP</li> <li>• AZT + 3TC + EFV</li> <li>• AZT + 3TC + NVP</li> <li>• TDF + 3TC (or FTC) + EFV</li> <li>• TDF + 3TC (or FTC) + NVP</li> </ul>	None specified.		
Children <3 years		2014	Infants <1 year old: Initiate ART in all infants regardless of CD4 cell count and clinical stage Children 1–5 years old: Initiate ART in all regardless of CD4 cell count and clinical stage 1–5  As a priority, initiate ART in all HIV-positive children 1–2 years old or with severe/advanced HIV disease (clinical stage 3 or 4) or with CD4 count $\leq 750$ cells/mm <sup>3</sup> or <25%, whichever is lower.	Preferred: ABC (or AZT) + 3TC + LPV/r Alternate: ABC + 3TC + NVP AZT + 3TC + NV		None specified.	N
Exposed infants			Prophylaxis for infants born to pregnant women on ART: All infants regardless of feeding mode - daily NVP or AZT (BD) for 4–6 weeks	Preferred: ABC (or AZT) + 3TC + LPV/r Alternate: ABC + 3TC + NVP AZT + 3TC + NV	None specified.	None specified.	N

## Namibia

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults  Adolescents (≥10 years and ≥35 kg)	ART	2014	<p>WHO clinical stage 1 or 2: Initiate ART if CD4 ≤500 cells/mm<sup>3</sup></p> <p>WHO clinical stage 3 or 4 and/or:</p> <ul style="list-style-type: none"> <li>• Active TB—initiate ART in all individuals, regardless of CD4 cell count</li> <li>• HBV—initiate ART in all individuals, regardless of CD4 cell count or WHO clinical stage</li> <li>• HIV-positive sero-discordant couples—provide ART to all HIV-positive individuals in a sero-discordant sexual partnership, regardless of CD4 cell count or WHO clinical stage (to reduce the risk of HIV transmission to the negative partner)</li> <li>• HIV-positive concordant couples currently intending to conceive a child—provide ART to both partners, irrespective of CD4 cell count or WHO clinical stage</li> </ul>	<p>Preferred: TDF + FTC (or 3TC*) + EFV  (once-daily FDC) <i>*It is anticipated that the current stock of TDF/3TC/EFV will be replaced with TDF/FTC/EFV</i></p>	<p>*AZT/TDF/3TC/LPV/r (where standard first-line regimens were used) *Patients who were anemic at start of ART may have initiated treatment with d4T. However, these patients do not have “AZT-induced anemia”, and it is safe to use AZT unless the current Hb &lt;7.5. For patients with true previous AZT toxicity, consult an HIV specialist</p>	<p>Consult HIV specialist.</p> <p>Third-line regimens are complicated, very costly, and should only be implemented following the recommendation and close supervision of an HIV specialist.</p> <p>All patients failing second-line regimens should undergo HIV resistance testing following consultation with an HIV specialist in order to select the most effective regimen</p>	Y
				<p>Alternatives: AZT + 3TC + EFV  <i>(Should only be used if the preferred first-line regimen is not an option)</i></p>	<p>In HIV/TB coinfection:  AZT/TDF/3TC/LPV/RTV</p>		

## Namibia

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
				AZT + 3TC + NVP <sup>3</sup> - NVP should not be initiated in women with a CD4 count of >250 or men with a CD4 count of >400. Due to metabolism issues, NVP treatment is always initiated as once-daily therapy for the first 14 days, and then it is increased to twice daily			
				TDF + FTC (or 3TC) + NVP			
				ABC + 3TC + EFV (or NVP)			
Children Adolescents <15 years	ART	2014	All children and adolescents <15 years old are eligible for ART and should be initiated on ART irrespective of CD4 count and clinical stage.	<3 years old or <10 kg: ABC /3TC /LPV/r [ABC/3TC as a once daily dose, LPV/r given twice daily]	Children <3 years old and <10 kg who had PI-based first line: NO previous PMTCT NVP exposure: give ABC + AZT + 3TC + NVP Previous PMTCT NVP exposure*: consult an HIV specialist and get a resistance test	Consult HIV specialist	Y

## Namibia

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
				<p>3–9 years old and 10 kg to &lt;35 kg:</p> <ul style="list-style-type: none"> <li>• NO previous PMTCT NVP exposure: Give ABC /3TC /EFV [all once daily doses]</li> <li>• Previous PMTCT NVP exposure: Give ABC /3TC /LPV/r [ABC/3TC as a once daily dose, LPV/r given twice daily]</li> </ul>	<p>Children 3–9 years old and 10 kg to &lt;35 kg who had PI-based first line: NO previous PMTCT NVP exposure: give ABC + AZT + 3TC + EFV Previous PMTCT NVP exposure*: consult an HIV specialist and get a resistance test. Children &lt;10 years old or &lt;35 kg who had NNRTI-based first line: ABC + AZT + 3TC + LPV/r</p>		
				<p>≥35 kg and at least 10 years old : TDF/3TC /EFV [all once daily doses]</p>	<p>Children and adolescents ≥35 kg and ≥10 years old and who had LPV/r-based first line: TDF+AZT+3TC+EFV</p>		
Pregnant women	PMTCT	2014	<p>Initiate ART in all individuals regardless of CD4 cell count or WHO clinical stage: A pregnant woman should be offered to initiate ART on the same day she tests positive for HIV at ANC/maternity or during breastfeeding period. All HIV-positive pregnant women should be assessed for TB signs and symptoms – if TB suspected</p>	<p>Preferred: TDF + FTC (or 3TC*) + EFV (once-daily FDC) *It is anticipated that the current stock of TDF/3TC/EFV will be replaced with TDF/FTC/EFV</p>	<p>AZT*/TDF/3TC/LPV/r *Patients who were anemic at start of ART may have initiated treatment with d4T; however, these patients do not have AZT-induced anemia and it is safe to use AZT unless the current Hb&lt;7.5. For patients with true previous AZT toxicity, consult HIV specialist.</p>	Consult HIV specialist	Y

## Namibia

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
			<p>investigate before initiation of ART. Also assess for other contraindications before initiating ART.</p> <p>Ensure patient is counselled and given appropriate information on the importance of ART for her own health and prevention of vertical transmission, adherence, side effects, and follow-up care.</p>	<p>Alternatives: TDF+FTC[or 3TC]+EFV For women with significant psychiatric comorbidity (do not use NVP if CD4<math>\geq</math>250 cells/mm<sup>3</sup> due to risk of hypersensitivity) including severe rash or hepatotoxicity or if on treatment for active TB</p>			
				<p>AZT + 3TC + EFV For women with renal insufficiency (CrCl&lt;60ml/min - unless HBsAg positive) - (do not use AZT if Hb&lt;8g/dl)</p>			
				<p>TDF + FTC (or 3TC) + LPV/r For women with CD4 <math>\geq</math>250cells/mm<sup>3</sup> and Hb &lt;8g/dl or those who have previously had PMTCT that included sdNVP</p>			

## Namibia

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
				AZT+3TC+NVP For women with both significant psychiatric comorbidity and renal insufficiency			
Newborns and infants	PMTCT	2014	Infant prophylaxis should begin at birth or as soon as HIV exposure is recognized postpartum, as long as the infant presents for care within 72 hours of birth.	Infant NVP dosing recommendations: First 6 weeks Birthweight <2 kg: 2mg/kg once daily Birthweight 2-2.499 kg to 6 weeks: 10 mg once daily Birthweight ≥ 2.5 kg. to 6 weeks: 15 mg. once daily Monthly thereafter: ≥6 weeks to <6 months: 20 mg once daily ≥6 months to <9 months: 30mg once daily ≥9 months to four weeks beyond end of breastfeeding: 40 mg once daily			Y

## Nigeria

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults Adolescents	ART	2010	<ul style="list-style-type: none"> <li>Start ART in all patients with HIV who have a CD4 cell count <math>\leq 350</math> cells/mm<sup>3</sup>, including pregnant women, irrespective of clinical symptom</li> <li>Start ART in all patients with WHO clinical stage 3 or 4, irrespective of CD4 count</li> <li>Start ART as soon as possible in all HIV infected individuals with active TB, irrespective of CD4 cell count (within 8 weeks after the start of TB treatment)</li> <li>Start ART in all patients with HIV who require treatment for HBV infection, irrespective of CD4 cell count or WHO clinical staging</li> <li>For all HIV-positive</li> </ul>	<p>For ART naïve adults:</p> <ul style="list-style-type: none"> <li>AZT + 3TC + EFV, <i>or</i></li> <li>AZT + 3TC + NVP</li> </ul>	<p>If d4T or AZT used in first-line therapy: TDF + 3TC or FTC + ATV/r or LPVr</p>	<p>Salvage therapy refers to ART offered to PLHIV in response to failure of second-line treatment and the non-response to available regimens.</p> <p>The choice of salvage therapy is more difficult if genotype or phenotype resistance testing is not readily available.</p> <p>In the event of treatment failure, a comprehensive evaluation (including adherence assessment) to ascertain the cause of failure should be conducted.</p> <p>It is important to note that patients failing a PI/r based regimen may have no PI resistance mutations, in which case failure is usually secondary to non-adherence.</p> <p>Effort must be made to assess and optimize adherence and rule out any significant drug interactions. When this has been done and there is still evidence of failure, patients should have a regimen change that will include at least 2 active agents.</p> <p>Recommended salvage therapy; DRV/r + RAL with an optimized background of NRTIs, which should include 3TC/FTC, are considered.</p> <p>In situations where third and salvage regimen are unavailable, patients should be continued on optimized second-line regimen.</p>	Y
				<p>TDF +3TC (or FTC) + EFV, <i>or</i> TDF +3TC (or FTC) + NVP All women receiving NVP containing ART regimens should be closely monitored for symptoms and signs of hepatic toxicity, such as skin rash and elevations in serum transaminases. Women of childbearing age who develop signs of NVP-</p>	<p>If TDF used in first-line therapy: AZT + 3TC + ATV/r or LPVr</p>		

## Nigeria

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
			pregnant women with a CD4 count >350, ARV prophylaxis should be provided for PMTCT of HIV. It should be initiated with adequate reference to the National Guidelines for PMTCT	induced hypersensitivity should have NVP substituted with a potent PI EFV can cause congenital fetal abnormalities and is not recommended in pregnant women (especially during the first trimester) or in women of childbearing age who are not using effective and consistent contraception			
			Consider ART in persons with CD4 >350 cell/mm <sup>3</sup> in the following situations: • HIV-associated nephropathy, since this may occur at high CD4 counts and there is benefit in use of HAART • Discordant relationships based on evidence suggesting decreased risk of transmission in patients with treated HIV infection	Alternate first-line ARVs in special situations, such as intolerance or contraindications to both NNRTI regimens, particularly in: • HIV/TB coinfection • Pregnant women • Chronic HBV • HIV-2 infection Triple NRTIs such as those listed below are accepted as alternative first line ARVs: • AZT+3TC+ABC • AZT+3TC+TDF			

## Nigeria

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Children >3 years	ART	2010	Children aged 24 - 59 months: • CD4 % ≤ 25 • Absolute CD4 ≤ 750 cells/mm <sup>3</sup> Children aged 5 years and above: Absolute CD4 ≤ 350 cells/mm <sup>3</sup> (as in adults)	AZT + 3TC + EFV *** *** EFV is only indicated for use in children >3 years and >10 kg. Also, because of teratogenic effects during the first trimester of pregnancy, it should be used with caution in adolescent females that may become pregnant	ABC + 3TC + LPV/r		Y
				Alternative: AZT + 3TC + NVP	ABC + 3TC + LPV/r or d4T + 3TC + LPV/r		
				AZT + 3TC + ABC	ddI + 3TC + NVP or TDF + 3TC + EFV or ddI + 3TC + LPV/r		
				d4T + 3TC + NVP *d4T is no longer preferred NRTI for use given long-term toxicity in children	ABC + 3TC + LPV/r or ddI + 3TC + LPV/r or AZT + 3TC + ABC		
				ABC + 3TC + EFV	Not specified		
Children 2–3 years, regardless of NNRTI exposure	ART	2010	Children aged 24–59 months: CD4 % ≤ 25 Absolute CD4 ≤ 750 cells/mm <sup>3</sup>	AZT + 3TC + NVP	ABC + 3TC + LPV/r or d4T + 3TC + LPV/r		Y
				Alternatives: ABC + 3TC + NVP	AZT + 3TC + LPV/r or ddI + 3TC + LPV/r		
				AZT + 3TC + ABC	ddI + 3TC + NVP or ddI + 3TC + LPV/r		
				*d4T + 3TC + NVP *d4T is no longer preferred NRTI for use given long-term toxicity in children	Not specified		

## Nigeria

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Children 12 months–2 years with exposure to NNRTI	ART	2010	All children less than 24 months regardless of CD4%	AZT + 3TC + LPV/r			Y
				Alternatives: AZT + 3TC + ABC			
				ABC + 3TC + LPV/r			
				*d4T + 3TC + LPV/r <i>*d4T is no longer preferred NRTI for use given long-term toxicity in children</i>			
Children 12 months–2 years with no exposure to NNRTIs	ART	2010	All children less than 24 months regardless of CD4%	AZT + 3TC + NVP			Y
				Alternatives: ABC + 3TC + NVP			
				AZT + 3TC + ABC			
				*d4T + 3TC + NVP <i>*d4T is no longer preferred NRTI for use given long-term toxicity in children</i>			
Infants Less than 12 months No prior exposure to NNRTIs	ART	2010	All infants regardless of CD4%	AZT + 3TC + NVP			Y
				Alternatives: ABC + 3TC + NVP			
				AZT + 3TC + ABC			
				d4T + 3TC + NVP			
Infants Less than 12 months Prior exposure to NNRTIs (e.g., through PMTCT)	ART	2010	All infants regardless of CD4%	AZT + 3TC + LPV/r** <i>**If LPV/r is not available, may start NVP-based regimen, though not preferred due to high rate of NNRTI resistance in infants with previous exposure.</i>			Y

## Nigeria

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
				Alternative: ABC + 3TC + LPV/r			
				AZT + 3TC + ABC			
Infants Less than 12 months With unknown exposure to NNRTIs	ART	2010	All infants regardless of CD4% Closely monitor for treatment failure	AZT + 3TC + NVP			Y
				Alternatives: ABC + 3TC + NVP			
				d4T + 3TC + NVP			
Pregnant HIV-positive women who do not meet the criteria for ART and infants	PMTCT	2010	Mother: Commence triple ARV prophylaxis from 14 weeks or as soon as possible when the woman presents late in pregnancy, labor, or delivery.	Any of the following combinations is recommended as appropriate: AZT + 3TC + LPV/r AZT + 3TC + EFV AZT + 3TC (or FTC) + EFV AZT + 3TC + ABC TDF + 3TC (or FTC) + EFV Maternal triple ARV prophylaxis should continue until 1 week after cessation of infant's exposure to breastmilk Mothers who decide not to breastfeed should stop ARV prophylaxis 1 week after delivery. <i>NB: NVP should be avoided in women with CD4 count &gt;350.</i>	None specified	None specified	N

## Nigeria

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
				<p>For facilities with limited capacity (on-site or by referral) to provide and monitor triple ARV medication.</p> <p>AZT from 14 weeks gestation.</p> <p>Sd-NVP at onset of labor</p> <p>AZT+3TC 12 hourly during labor and delivery</p> <p>AZT+3TC 12 hourly for 7 days postpartum</p> <p><i>NB: If Hb is <math>\leq 8\text{g/dl}</math> (PCV <math>\leq 24\%</math>), avoid AZT and refer to next level of care.</i></p>			
			<p>Infant: All infants in this clinical scenario should be given daily NVP from birth to 6 weeks of age.</p>	<p>Dosage of daily NVP:</p> <p>From birth to 6 weeks of age</p> <p>Birthweight &lt; 2,500g: NVP 10 mg (1ml) daily</p> <p>Birthweight <math>\geq 2,500\text{g}</math>: NVP 15 mg (1.5 ml) daily</p> <p>From 6 weeks to 6 months of age: NVP 20 mg (2 ml) daily</p> <p>From 6 months to 9 months of age: NVP 30 mg (3 ml) daily</p> <p>From 9 months to 12 months of age: NVP 40 mg (4 ml) daily.</p>			

## Nigeria

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
				For facilities with limited capacity (on-site or by referral) to provide and monitor triple ARV medication. (A) For breastfeeding infants, start daily NVP; continue until 1 week after cessation of all exposure to breastmilk. (B) For non-breastfeeding infants, give daily NVP until 6 weeks of age.			
Pregnant HIV-positive women already on ART and infants	PMTCT	2010	Mother: Should continue with the ART	*AZT should be a component of the regimen whenever possible [avoid if hemoglobin is $\leq 8$ g/dl or PCV $\leq 24\%$ ; in this case use TDF+ (3TC or FTC) + NVP as applicable] *EFV is contraindicated in the first trimester and it should be replaced with NVP or PI <i>NB: In the event of previous clinical or virologic failure on NNRTI-containing regimen use any of the following as appropriate:</i> • PI* + 2 NRTIs • AZT + 3TC + ABC • AZT + 3TC + TDF	Not specified	Not specified	Y

## Nigeria

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
			Infant: All infants irrespective of feeding practice should receive daily NVP preferably within 72 hours of birth to 6 weeks of age.	Dose: • Birthweight < 2,500 g: NVP 10 mg (1 ml) daily • Birthweight ≥ 2,500 g: NVP 15 mg (1.5 ml) daily.			
Pregnant HIV-positive women who are diagnosed or seen for the first time in labor and infants	PMTCT	2010	Pregnant HIV-positive women who are diagnosed or seen for the first time in labor	Mother • Triple ARV prophylaxis commencing during labor and continuing until one week after cessation of all breastfeeding. <i>NB: Assessment for eligibility for ART should be done as soon after birth as possible.</i>	Not specified	Not specified	Y
				For facilities with limited capacity (on-site or by referral) to provide and monitor triple ARV medication: Mother: • Intrapartum: Sd NVP AZT + 3TC 12 hourly as soon as diagnosis is made in labor • Postpartum: AZT+3TC 12 hourly for one week after delivery <i>NB: Determine mother's ART eligibility within 5 days of delivery, and follow appropriate guidelines including referral to ART/care program.</i>			

## Nigeria

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
			<p>Infant: Give daily NVP from birth to six weeks of age.</p>	<p>For facilities with limited capacity (on-site or by referral) to provide and monitor triple ARV medication: Infant: If mother is breastfeeding but not yet commenced on ART: • Give daily NVP to infants from birth until one week after cessation of all exposure to breastmilk. If mother is breastfeeding and eventually commenced on ART: • Give daily NVP to infants from birth and continue until six weeks after maternal commencement of ART. If mother is not breastfeeding: • Give daily NVP to infants from birth until 6 weeks of age.</p>			
Pregnant HIV-positive women who present after delivery and infants			Determine ART eligibility	Follow appropriate guidelines including referral to ART/care program.	None specified	None specified	Y

## Nigeria

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
			Infant	<p>If mother is breastfeeding but not commenced on ART:</p> <ul style="list-style-type: none"> <li>• Give daily NVP to infants from birth until one week after all exposure to breast milk has ended.</li> </ul> <p>If mother is breastfeeding and eventually commenced ART</p> <ul style="list-style-type: none"> <li>• Give daily NVP to infants from birth and continue until six weeks after maternal commencement of ART</li> </ul> <p>If not breastfeeding:</p> <ul style="list-style-type: none"> <li>• Give daily NVP to infants from birth until 6 weeks of age.</li> </ul> <p>Dosage of daily infant NVP: Refer to doses as in scenarios above.</p>			

## Rwanda

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults	ART	2013	<p>Any adult with confirmed HIV seropositive status is eligible for ART if the individual has one of the following criteria:</p> <ul style="list-style-type: none"> <li>• WHO clinical stage 3 or 4</li> <li>• WHO clinical stage 1 or 2 with CD4 &lt;500/mm<sup>3</sup></li> <li>• HIV-TB coinfection</li> <li>• HIV-HBV coinfection</li> <li>• HIV-HCV coinfection</li> <li>• All HIV-positive sexual partners in stable discordant couples</li> <li>• All men who have sex with men (MSM)</li> <li>• All female sex workers (FSW)</li> </ul>	TDF + 3TC* + EFV	AZT + 3TC + ATV/r or LPV/r*	<p>Any patient on the second-line with VL &gt;2,000 copies/ml based on 2 consecutive viral load measurements after 3 months with adherence support is eligible for third-line ART RAL/ETV/DRV/r*</p> <p>The third-line regimen must only be given upon expert consultation and usually with the assistance of genotyping test</p> <p>Before prescribing third-line therapy, the patient MUST undergo extensive additional adherence counseling and should have a treatment partner involved with assisting in adherence</p> <p>Third-line regimens will only be prescribed at specialized centers with trained providers</p> <p>Third-line combination can be adjusted based on genotyping results and upon HIV expert view</p> <p>NRTI backbone may be necessary based on genotyping test or in case of HBV coinfection</p>	Y
				TDF + 3TC* + NVP	AZT + 3TC + ATV/r or LPV/r*		
Adolescents 10–19 years >35kg	ART	2013	<p>Any child aged more than 5 years with one of the following criteria:</p> <ul style="list-style-type: none"> <li>• WHO stage 3 and 4</li> <li>• WHO stage 1, 2 and CD4 &lt; 500/mm<sup>3</sup></li> </ul>	Preferred: TDF + 3TC + EFV	Preferred: AZT + 3TC + ATV/r	Not specified.	Y

## Rwanda

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
			<ul style="list-style-type: none"> <li>• HIV-TB co-infection</li> <li>• HIV-HBV co-infection</li> <li>• HIV-HCV co-infection</li> </ul>	Alternatives: TDF + 3TC + NVP ABC+3TC+EFV <i>or</i> NVP	Alternative: AZT + 3TC + LPV/r		
Children 3–10 years <35 kg	ART	2013	Any child aged less than 5 years regardless of CD4 and WHO stage Any child aged more than 5 years with one of the following criteria: <ul style="list-style-type: none"> <li>• WHO stage 3 and 4</li> <li>• WHO stage 1, 2 and CD4 &lt; 500/mm<sup>3</sup></li> <li>• HIV-TB co-infection</li> <li>• HIV-HBV co-infection</li> <li>• HIV-HCV co-infection</li> </ul>	Preferred: ABC + 3TC + EFV Alternatives: ABC + 3TC + NVP	AZT + 3TC + ATV/r if >6 years old AZT + 3TC + LPV/r if <6 years old	Not specified.	Y
Children <3 years	ART	2013	Any child aged less than 5 years regardless of CD4 and WHO stage	Preferred: ABC + 3TC + LPV/r Alternatives: ABC + 3TC + NVP AZT + 3TC + LPV/r AZT + 3TC + NVP	Preferred: AZT + 3TC + LPV/r Alternative: AZT + 3TC + NVP Preferred: ABC + 3TC + LPV/r Alternative: ABC + 3TC + NVP ABC + 3TC + LPV/r	Not specified.	Y

## Rwanda

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Pregnant women	ART	2013	In a pregnant woman it is appropriate to start treatment as soon as the pregnancy is identified, disregarding the WHO clinical staging or CD4 count. This is a lifelong treatment and thus, should never be discontinued after delivery.	<p>TDF + 3TC + EFV</p> <p>Any woman with impaired renal function or likely to have impaired renal function will receive ABC+3TC+EFV</p> <p>If EFV contraindicated, NVP can be given only to those with CD4 cell count &lt;350. For those &gt;350 CD4, ATV is recommended but can be replaced by Kaletra. <i>**Doses are the same as in adult HIV treatment</i></p> <p>All HIV-positive women who were exposed to SD NVP during their previous pregnancy will receive: TDF+3TC+ATV/r or LPV/r</p> <p>Women with impaired renal function or likely to have impaired renal function who were exposed to NVP during their previous pregnancy will receive: ABC+3TC+ATV/r or LPV/r</p>	Not specified.	Not specified.	N

## Rwanda

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Children born to a serodiscordant couple (HIV-mother)	PMTCT	2013		Must take daily NVP syrup since birth until one week after the cessation of breastfeeding unless the mother turns positive during breastfeeding.	Not specified.	Not specified.	N
				If the mother is shown to be HIV-positive at the time of breastfeeding, the child should continue taking NVP for six weeks after the initiation of the mother's ART.			
				The child will start cotrimoxazole syrup since the age of 6 weeks and will be discontinued after final confirmation of HIV-negative status at 18 months.			
Infant born to HIV-positive mother	PMTCT ARV Prophylaxis	2013	Child born to HIV-positive mother	Will receive NVP syrup since birth for the first six weeks and will be discontinued after final confirmation of HIV-negative status at 18 months.	Not specified.	Not specified.	N

## South Africa

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults (>19 years)  Late adolescents (15–19 years inclusive), >40kg	ART	2015	<ul style="list-style-type: none"> <li>• CD4 count ≤500 cells/ml, irrespective of WHO clinical stage (prioritize those with CD4≤350 cells/ml), or</li> <li>• Severe or advanced HIV (WHO clinical stage 3 or 4), regardless of CD4 count, or</li> <li>Irrespective of CD4 count or WHO clinical stage:                             <ul style="list-style-type: none"> <li>• Pregnant and breastfeeding women who are HIV-positive</li> <li>• Known HBV coinfection</li> <li>• Prioritize those CD4 ≤350 cells/ml or advanced HIV</li> </ul> </li> <li>Fast tracking (within 7 days)                             <ul style="list-style-type: none"> <li>• Patients with CD4 ≤200 cells/ml</li> <li>• WHO clinical stage 4, even if CD4 is not yet available</li> </ul> </li> </ul>	TDF + 3TC (or FTC) + EFV, provide as FDC	AZT + 3TC + LPV/r	Failing any second-line regimen Decision should be based on expert consultation, genotype resistance, and supervised care. Most likely regimens may contain: <ul style="list-style-type: none"> <li>• RAL</li> <li>• DRV/r adjusted according to genotype interpretation and patient history</li> </ul> An expert panel will manage patients failing on second-line therapy Drugs for third-line will be managed centrally Take into account prior exposure and predictable mutations	Y
				Adults and adolescents on d4T: Change d4T to TDF (No patient must be on d4T)	TDF + 3TC (or FTC) + LPV/r		

## South Africa

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
				Contraindication to EFV: • Significant psychiatric comorbidity • Intolerance to EFV • Impairment of daily function (shift workers) Substitute drug: TDF + FTC (or 3TC) + NVP or LPV/r			
				TDF contraindication: Creatinine clearance of <50 mL/min ABC+3TC+EFV (or NVP)			
Early adolescents 10–15 years	ART	2015	WHO stage 3 or 4 CD4 count ≤500 cells/ml Fast-tracking (initiating ART within 7 days of being eligible) • CD4 count ≤ 200 cells/ml • WHO stage 4 disease • MDR/XDR-TB	Weight <40 kg or age <15 years ABC + 3TC + EFV	If failed on ABC/TDF + 3TC/FTC + EFV then switch to AZT + 3TC + LPV/r If failed on d4T + 3TC + EFV then switch to AZT + ABC + LPV/r	Refer for specialist opinion—Regimen based on genotype resistance testing, expert opinion and supervised care  Access to third-line ART will be managed centrally by the National Department of Health	Y
				Weight ≥40 kg and age ≥15 years ABC/TDF + 3TC/FTC + EFV (Use FDC)	Not specified.		

## South Africa

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Children <10 years	ART	2015	5–10 years: Symptomatic (stage 3 or 4) Irrespective of CD4 count or CD4 ≤ 500 cells/ml irrespective of WHO stage Criteria for fast-tracking (i.e., start ART within 7 days of being eligible) • Children <1 year • CD4 count ≤200 cells/ml or <15% • WHO clinical stage 4 • MDR or XDR-TB	Children 3–10 years and >10 kg ABC + 3TC + EFV (or NVP) <i>*Children who started on ABC/3TC/LPV/r before 3 years must remain on same regimen at 3 years</i>	AZT +3TC + LPV/r	Children who fail second-line treatment should be referred to an expert so that the treatment with third-line agents can be considered.	Y
				Children on d4T: Change all d4t to ABC Children on ddl: Change all ddl to ABC	If failed on d4T + 3TC + EFV (or NVP) then switch to AZT + ABC + LPV/r (discuss with expert before changing)		
			Child <5: All children should be started on ART	Children <3 years or older children weighing <10 kg ABC + 3TC + LPV/r	Consult with expert for advice		
Pregnant and breastfeeding women	ART PMTCT	2015	All HIV-positive pregnant women should receive ART with appropriate counselling from their first antenatal visit regardless of gestational age.	All pregnant women and breastfeeding women: TDF + 3TC (or FTC) + EFV Provide as fixed-dose combination (FDC)	AZT + 3TC +LPV/r AZT + TDF + 3TC +LPV/r (4 drugs if HBV co-infected)	Not specified	Y

## South Africa

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
			<p>Initiate lifelong ART in all pregnant or breastfeeding women on the same day of diagnosis of CD4 count. All unbooked women who test positive during labor should be given prophylactic ART during labor and initiated on lifelong ART before being discharged.</p>	<p>Pregnant women currently on ART: Continue current ART regimen Change to FDC if on individual first-line drugs and virally suppressed and no contraindications to FDC</p> <p>2nd ANC visit (1 week later) Pregnant women</p> <ul style="list-style-type: none"> <li>• Creatinine ≤ 85µmol/l and any CD4 cell count</li> <li>Continue FDC</li> <li>• Creatinine &gt; 85 µmol/l</li> <li>TDF contraindicated</li> <li>Stop FDC, initiate AZT if Hb ≥7g/dl</li> <li>• Contraindication to EFV (active psychiatric illness)</li> <li>Continue AZT until initiated on individual drugs</li> <li>TDF+3TC+NVP or LPV/r</li> </ul> <p>Labor:</p> <ul style="list-style-type: none"> <li>• Unbooked and presents in labor and tests HIV positive</li> <li>sdNVP + sd Truvada and AZT 3-hourly in labor</li> <li>• Emergency caesarean section in an unbooked woman with no ART</li> </ul>	<p>Failing on a d4T or AZT-based first- line regimen TDF + 3TC (or FTC) + LPV/r Dyslipidemia or diarrhea associated with LPV/r Switch LPV/r to ATV/r</p>		

## South Africa

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
				sdNVP + sd Truvada for C/S Start FDC next day regardless of CD4 cell count			
			Postpartum • Mother diagnosed with HIV within 1 year postpartum or still breastfeeding beyond 1 year Lifelong FDC initiated immediately				
Exposed infants	PMTCT	2015	Mother on lifelong ART (mother has been on ART for >4 weeks prior to delivery) Infant post-exposure prophylaxis should be used for 6-12 weeks after delivery, dependent on when maternal ART was initiated.	NVP at birth and then daily for 6 weeks	Not specified.	Not specified.	Y
			Mother did not get any ART before or during delivery and tests HIV-positive >72 hours post-delivery or mother newly diagnosed HIV-positive within 72 hours of delivery or mother started ART less than 4 weeks prior to delivery	NVP as soon as possible and daily for 12 weeks (if infant is breastfed)			

## South Africa

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
			Breastfeeding mother diagnosed with HIV (Start mother on FDC immediately)	NVP and AZT immediately If infant tests HIV PCR negative: stop AZT and continue NVP for 12 weeks If mother has received 12 weeks of ART then infant NVP can be stopped If infant tests HIV PCR+, initiate ART immediately			
			Unknown maternal status for any reason including orphans and abandoned infants	Give NVP immediately* Test infant with rapid HIV test* If positive continue NVP for 6 weeks If negative discontinue NVP *If rapid HIV test can be done within 2 hours, then wait for HIV result before commencing NVP. If rapid test is positive, do an HIV PCR. If negative, repeat HIV PCR at 10 weeks. If HIV PCR is positive, initiate baby on triple ART immediately and send confirmatory HIV PCR.			

## South Africa

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
			Mother with latest viral load >1000 copies/ml	Dual ARV for 6 weeks (NVP and AZT). Perform an HIV PCR at or shortly after birth			
			Non-breastfeeding mother diagnosed with HIV	If more than 72 hours since delivery, no infant NVP Perform an HIV PCR, if positive initiate ART			

## South Sudan

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults Adolescents	ART	2014	<ul style="list-style-type: none"> <li>• WHO clinical stage 3 and 4, regardless of CD4 cell count</li> <li>• CD4 cell count of <math>\leq 500</math> cells/mm<sup>3</sup>, regardless of WHO clinical stage</li> </ul> ART should be initiated in all HIV-positive individuals, regardless of WHO clinical stage or CD4 cell count in the following situations: <ul style="list-style-type: none"> <li>• Individuals living with HIV and active TB</li> <li>• Individuals coinfectd with HIV and HBV with evidence of severe chronic liver disease</li> <li>• HIV-positive pregnant and breastfeeding women</li> <li>• HIV-positive partners in sero-discordant couples</li> </ul> As a priority, ART should be initiated in all individuals with severe or advanced HIV (WHO clinical stage 3 or 4) and individuals with CD4 count $< 350$ cells/mm <sup>3</sup>	All new patients needing treatment, including pregnant women, TB patients, HBV: TDF + FTC (or 3TC) +EFV, FDC preferred  Contraindications to EFV: TDF + (FTC or 3TC) + NVP  Contraindication to TDF: AZT+ 3TC +EFV or (NVP)	Failing on TDF-based first-line: AZT+3TC+ LPV/r  Failing on AZT based first-line: TDF +3TC (or FTC) + LPV/r  Failing on a d4T-based first-line regimen: TDF + 3TC (or FTC) + LPV/r	Failing any second-line regimen:  Specialist referral  Patients failing on second-line therapy will be managed at tertiary referral centers and drugs for third-line will be managed centrally	Y
Adolescents 10-19 years $\geq 35$ kg	ART	2014	ART eligibility criteria: Infants and children: All infants and children under 5 years of age should be initiated on ART regardless of WHO clinical stage or CD4 cell count All children with WHO clinical stage 3 or 4 disease should be started on ART regardless of age or CD4 count All children above 5 years should be started on ART if CD4 count is less	TDF+3TC+EFV <ul style="list-style-type: none"> <li>• If EFV is contraindicated, use NVP : TDF+3TC+NVP</li> <li>• If TDF is contraindicated, use AZT: AZT+3TC+EFV (or NVP)</li> <li>• If TDF and AZT are contraindicated, use ABC: ABC+3TC+EFV (or NVP)</li> </ul>	If failed first-line: ABC (or TDF) +3TC+EFV (or NVP) then: AZT+3TC+LPV/r If failed 1st line: AZT +3TC+ +EFV(or NVP) then switch to: ABC (or TDF) +3TC+LPV/r If failed first-line: d4T+3TC+EFV (or NVP)* then switch to: ABC+3TC+LPV/r <i>*After failure of a d4T based regimen there will be TAMs we cannot give AZT</i>		Y

## South Sudan

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Children ≥ 3 years-10 years and adolescents ≤ 35kg	ART	2014	<p>than 500 cells/mm<sup>3</sup> (with priority given to those with low CD4 below 350 cells/mm<sup>3</sup>)</p> <p>All infants under 18 months of age with presumptive diagnosis of HIV</p>	<p>ABC + 3TC + EFV</p> <ul style="list-style-type: none"> <li>• If EFV is contraindicated, give ABC+3TC+NVP</li> <li>• If ABC is contraindicated, give AZT+ 3TC+EFV (or NVP)</li> <li>• If ABC and AZT are contraindicated, give TDF+3TC+EFV (or NVP)</li> <li>• If a child is anemic (Hb &lt;7.5g/dl) do not use AZT. Use ABC based regimen.</li> </ul> <p>In special circumstances, d4T+3TC+EFV (or NVP).</p> <ul style="list-style-type: none"> <li>• D4T should only be used if preferred or 1st alternative regimens are contraindicated or missing. All children above 5 years on this regimens should be switched to AZT based regimen</li> </ul>			Y
All infants and children <3 years (or <10kg)	ART	2014	<p>ART eligibility criteria: Infants and children:</p> <ul style="list-style-type: none"> <li>• All infants and children under 5 years should be initiated on ART regardless of WHO clinical stage or CD4 cell count</li> <li>• All children with WHO clinical stage 3 or 4 disease should be started on ART regardless of age or CD4 count</li> <li>• All children above 5 years should</li> </ul>	<p>ABC + 3TC + NVP</p> <ul style="list-style-type: none"> <li>• If ABC is contraindicated, give AZT+3TC+ NVP</li> <li>• If ABC and AZT are contraindicated, give d4T+3TC+NVP</li> <li>• If a child is anemic (Hb &lt;7.5g/dl) do not use AZT. Use ABC based regimen.</li> <li>• Do not use EFV in children &gt;3 years (or 15 kg).</li> </ul>			Y

## South Sudan

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
			<p>be started on ART if CD4 count is less than 500 cells/mm<sup>3</sup> (with priority given to those with low CD4 below 350 cells/mm<sup>3</sup>)</p> <ul style="list-style-type: none"> <li>• All infants under 18 months of age with presumptive diagnosis of HIV**</li> </ul> <p>** A presumptive diagnosis of severe HIV disease can be made in children below 18 months if:</p> <ul style="list-style-type: none"> <li>• The child is confirmed as being HIV antibody positive,</li> <li>• <i>and</i> is symptomatic with two or more of the following; oral candidiasis/thrush, severe pneumonia, severe sepsis (Refer to IMCI guidelines) <i>or</i> has a diagnosis of any AIDS-indicator condition(s).</li> </ul>				
Pregnant and breastfeeding women	PMTCT	2014	<ul style="list-style-type: none"> <li>• All women living with HIV that are identified during pregnancy, labor or while breastfeeding should be started on lifelong ART (option B+) irrespective of CD4 counts or WHO clinical stage.</li> </ul>	<p>A once-daily fixed dose combination of TDF+3TC (or FTC) +EFV is recommended as the first line ART regimen in pregnant women, including pregnant women in the first trimester of pregnancy and women of childbearing age.</p>	None specified.	None specified.	Y
				<p>Woman at first ANC visit (any gestational age):</p> <ul style="list-style-type: none"> <li>• ART initiated immediately: TDF + 3TC +EFV (as FDC)</li> <li>• Currently on lifelong ART: Continue the ART regimen if the regimen is effective</li> </ul>	None specified.	None specified.	

## South Sudan

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
				2nd ANC visit (1 week later) • Creatinine $\leq$ 85 $\mu$ mol/l or Urine normal Any CD4 cell count: Continue FDC: TDF + FTC (or 3TC) +EFV • Contraindication to TDF (renal disease) Creatinine > 85 $\mu$ mol/l: AZT + 3TC + EFV • Contraindication to EFV (active psychiatric illness): TDF + 3TC + NVP	None specified.	None specified.	
				Labor: • Unbooked and presents in labor and tests HIV positive: Start TDF+3TC+EFV (as FDC) Start with single dose NVP–sdNVP then ART	None specified.	None specified.	
				Postnatal: • Woman breastfeeding and diagnosed as HIV positive during pregnancy: Continue ART regimen • Woman breastfeeding & diagnosed as HIV positive during breastfeeding: Initiate ART immediately: TDF + FTC (or 3TC) +EFV	None specified.	None specified.	

## South Sudan

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Exposed infants	PMTCT	2014	Mother on lifelong ART: NVP at birth and then daily for 6 weeks	If mother is breastfeeding and not virally suppressed e.g., late booking or established poor adherence, continue NVP for infant throughout breastfeeding until one week post cessation of breastfeeding	Not specified.	None specified	Y
			Mother did not get ART before or during delivery and tests HIV positive post-delivery: NVP as soon as possible and daily for 12 weeks, i.e., extended NVP prophylaxis	Initiate ART for mother Assess ART eligibility for infant as per infant testing algorithm (EID at 6 weeks, ART if infected)			
			Unknown maternal status because orphaned or abandoned: Give NVP immediately Test infant with rapid HIV test. If positive continue NVP for 6 weeks. If negative discontinue NVP	Follow up at 6 weeks with HIV PCR If PCR is unavailable, do HIV antibody test at 18 months			
			Mother on option A regimen: NVP at birth and then daily for 6 weeks	Test infant with 6 week HIV PCR test. If negative and breastfeeding continue NVP till one week after complete cessation of breastfeeding			

## Swaziland

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults	ART	2015	<p>All HIV-positive adults and adolescents with CD4 &lt;500 cells/mm<sup>3</sup> should be started on ART. Special attention should be given to patients with advanced disease (CD4 ≤350 cells/mm<sup>3</sup> or WHO clinical stage 3 or 4), and those &gt;50 years of age. They should be initiated on ART as a matter of urgency.</p> <p>Special populations listed below should be started on ART, regardless of CD4 cell count or WHO clinical stage:</p> <ul style="list-style-type: none"> <li>• Patients with TB</li> <li>• Patients with HBV coinfection</li> <li>• Patients with HIV-associated nephropathy</li> <li>• HIV-positive partner in a sero-discordant relationship</li> </ul>	Recommended: TDF + 3TC + EFV	AZT + 3TC + LPV/r or ATV/r* <i>*preferred when available</i>	DRV/r 600 mg/100 mg 12 hourly + ETV 200 mg 12 hourly + RAL 400 mg 12 hourly	Y
				Alternative (when EFV cannot be used): TDF + 3TC + NVP, <i>or</i>	AZT + 3TC + LPV/r or ATV/r*		
				Alternative (when EFV cannot be used): AZT + 3TC + NVP	TDF + 3TC + LPV/r or ATV/r*		
				Alternative (when TDF cannot be used): ABC + 3TC + EFV, <i>or</i>			
				Alternative (when TDF cannot be used): AZT + 3TC + EFV	TDF + 3TC + LPV/r or ATV/r*		
Children 5–12 years and older ≥40 kg	ART	2015	≥5 years old: All children with CD4 <500 cells/mm <sup>3</sup> or WHO stage 3 or 4	Preferred: TDF + 3TC + EFV (adult FDC)		DRV/r + ETV + RAL Evaluation for third-line ART needs to be done by pediatric specialists; the recommendation	Y

## Swaziland

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
				Alternative: AZT + 3TC + NVP The above recommendations apply to children initiating ART for the first time. All children already on ART should remain on their current regimen. However, for children still on d4T-based regimen, efforts should be made to substitute d4T to an appropriate regimen based on their age and weight as soon as possible		is to contact the Baylor Clinicians in Mbabane, Manzini or Hlatikhulu. It is highly recommended to call the pediatric hotline to consult on each individual case.	
>5–12 years and older <40 kg	ART	2015	≥5 years old: All children with CD4 <500 cells/mm <sup>3</sup> or WHO stage 3 or 4	Preferred: ABC + 3TC + EFV	<ul style="list-style-type: none"> <li>• Children &lt;12 years: AZT+3TC+LPV/r</li> <li>• Children ≥12 years: AZT+3TC+LPV/r or ATV/r</li> </ul>		Y
				Alternative: AZT + 3TC + NVP	<ul style="list-style-type: none"> <li>• Children &lt;12 years: ABC+3TC+LPV/r</li> <li>• Children ≥12 years: TDF+3TC+LPV/r (if &gt;40 kg) or ABC+3TC+LPV/r (if &lt;40 kg)</li> </ul>		

## Swaziland

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
3–<5 years	ART	2015	<5 years old: All HIV-positive children are eligible regardless of CD4 or presumptive diagnosis in children less than 18 months (prioritize confirmation of infection with DNA-PCR)	NVP-exposed: Preferred: ABC + 3TC + LPV/r	If child <3 years: keep current regimen, reinforce adherence, reassess after 6 months If child >3 years consult MDT or call Baylor hotline for second-line failure assessment		Y
				Alternative: AZT+3TC+LPV/r			
				Not NVP-exposed: Preferred: ABC + 3TC + EFV	<ul style="list-style-type: none"> <li>• Children &lt;12 years: AZT+3TC+LPV/r</li> <li>• Children ≥12 years: AZT+3TC+LPV/r or ATV/r</li> </ul>		
<3 years (all)	ART	2015	<5 years old: All HIV-positive children are eligible regardless of CD4 or presumptive diagnosis in children less than 18 months (prioritize confirmation of infection with DNA-PCR)	Preferred: ABC+ 3TC + LPV/r	If first-line regimen is ABC+3TC+LPV/r, AZT+3TC+LPV/r, or d4T+3TC+LPV/r; use the following based on age and weight: If child <3 years: keep current regimen, reinforce adherence, reassess after 6 months If child >3 years consult MDT or call Baylor hotline for second-line failure assessment		Y
				Alternative: AZT + 3TC + LPV/r			
Pregnant women	PMTCT	2015	All pregnant and lactating HIV-positive women should be initiated on lifelong ART regardless of CD4 and/ or WHO clinical stage,	TDF + 3TC + EFV as soon as possible <ul style="list-style-type: none"> <li>• Ensure woman has received one 25 ml bottle of NVP with a syringe and</li> </ul>			Y

## Swaziland

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
			preferably at the first ANC visit, while maintaining ongoing counselling	<p>instructions for the mother to give to the baby 1.5 ml daily if she delivers at home.</p> <ul style="list-style-type: none"> <li>• Ensure woman is on CTX 960 mg OD</li> </ul> <p>Exposure to sdNVP (+/- antepartum AZT) with no tail in the last 12 months: Initiate a non-NNRTI regimen, TDF + 3TC + LPV/r or TDF + 3TC + ABC (temporarily, substitute ABC after 12 months from the last exposure).PI based regimen preferred over 3 NRTIs regimen.</p> <p>Exposure to sdNVP (+/- antepartum AZT) with an AZT + 3TC tail in the last 12 months: Initiate a regimen with an NNRTI, TDF + 3TC + EFV unless there are any contraindications.</p> <p>Exposure to sdNVP (+/- antepartum AZT) with or without an AZT + 3TC tail over 12 months ago: Initiate a regimen with an NNRTI, TDF + 3TC + EFV unless there are any contraindications. All HIV-exposed infants should be offered NVP prophylaxis for six weeks postpartum</p>			

## Tanzania

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults Adolescents	ART	2014	<ul style="list-style-type: none"> <li>All patients in WHO clinical stage 3 and 4 clinical criteria, regardless of CD4 cell count</li> <li>All adolescents and adults with CD4 count &lt;500 cells/mm<sup>3</sup>, regardless of WHO clinical stage</li> </ul> ART should be initiated in all HIV-positive individuals, regardless of WHO clinical stage or CD4 cell count in the following situations: <ul style="list-style-type: none"> <li>Individuals with TB-HIV coinfection</li> <li>Individuals co-infected with HIV and HBV with evidence of severe chronic liver disease</li> <li>The following key populations: PWID, MSM, sex workers, prisoners</li> <li>HIV-positive partners in sero-discordant couples should be offered ART to reduce HIV transmission to uninfected partners.</li> </ul>	TDF +3TC +EFV	The second-line NRTI choice for adults and adolescents depends on the first-line regimen. For patients on TDF in first-line, the default second-line option is to use is AZT plus 3TC or FTC combined with a RTV-boosted PI, either LPV/r or ATV/r. For patients who were initiated on TDF in first-line because of intolerance to AZT, the default second-line option is to use ABC plus 3TC combined with a RTV-boosted PI ATV/r or LPV/r. (ABC + 3TC + LPV/r or ATV/r)	Not specified	Y
				Alternative first-line regimens can be: AZT + 3TC + NVP (or EFV)	If patients were started on AZT and had never used TDF regimen, the default second-line option will be TDF-based regimen TDF/FTC + ATV/r or LPV/r		
Adolescents ≥35 kg	ART	2014	Children 0–15 years <ul style="list-style-type: none"> <li>Treat all regardless of WHO clinical stage or CD4 cell count</li> </ul> Children 15 years or older: <ul style="list-style-type: none"> <li>All children 15 years and older infected with HIV with severe or advanced symptomatic disease (WHO clinical stage 3 or 4) regardless of age and CD4 cell count.</li> <li>All children older than 15 years in stage 1 or 2 with CD4 &lt;500 cell/mm<sup>3</sup></li> </ul>	TDF + 3TC + EFV	AZT + 3TC + LPV/r* <i>*ATV/r can be used as an alternative to LPV/r in children &gt;6 years</i>	Not specified	Y
				AZT + 3TC + EFV	ABC or TDF + 3TC + LPV/r. TDF may only be given to children >2 years. ATV/r can be used as an alternative to LPV/r in children >6 years		
				ABC + 3TC + NVP	AZT + 3TC + LPV/r. ATV/r can be used as an alternative to LPV/r in children >6 years.		

Adolescents <35 kg Children ≥3 years	ART	2014	<p>Children 0-15 years:</p> <ul style="list-style-type: none"> <li>•Treat all regardless of WHO clinical stage or CD4 cell count</li> </ul> <p>Children 15 years or older:</p> <ul style="list-style-type: none"> <li>• All children 15 years and older infected with HIV with severe or advanced symptomatic disease (WHO clinical stage 3 or 4) regardless of age and CD4 cell count.</li> <li>• All children older than 15 years in stage 1 or 2 with CD4 &lt;500 cell/mm<sup>3</sup></li> </ul>	ABC + 3TC + EFV	AZT + 3TC + LPV/r. ATV/r can be used as an alternative to LPV/r in children >6 years	Not specified	Y
				Alternative regimen: AZT + 3TC + EFV	ABC or TDF + 3TC + LPV/r. TDF may only be given to children >2 years. ATV/r can be used as an alternative to LPV/r in children >6 years		
				ABC + 3TC + NVP	AZT + 3TC + LPV/r. ATV/r can be used as an alternative to LPV/r in children >6 years		
Children <3 years old	ART	2014	<p>Children 0–15 years:</p> <ul style="list-style-type: none"> <li>•Treat all regardless of WHO clinical stage or CD4 cell count</li> </ul> <p>Children &lt;18 months who qualify for presumptive diagnosis:</p> <ul style="list-style-type: none"> <li>•Start ART while awaiting virologic confirmation</li> </ul>	ABC + 3TC + LPV/r	No change is recommended unless in the presence of advanced clinical disease progression or lack of adherence specifically because of poor palatability of LPV/r. In this case, switching to a second-line NVP-based regimen should be considered. Based on the recent approval of the use of EFV in children <3 years, an EFV-based regimen could be considered as an alternative.	Not specified	Y
				Alternative regimens: AZT + 3TC + LPV/r. If LPV/r is not available, NVP may be substituted in pediatric FDC AZT +3TC + NVP.	No change is recommended unless in the presence of advanced clinical disease progression or lack of adherence specifically because of poor palatability of LPV/r. In this case, switching to a second line NVP-based regimen should be considered. Based on the recent approval of the use of EFV in children <3 years, an EFV-based regimen could be considered as an alternative.		
Pregnant women	PMTCT	2014	All HIV-positive pregnant women and lactating mothers are eligible for ART regardless of CD4 count.	<p>The recommended first-line regimen for this patient subgroup is: TDF + 3TC + EFV</p> <p>Alternatives:</p> <ul style="list-style-type: none"> <li>• TDF + 3TC + NVP</li> <li>• TDF + FTC + NVP</li> <li>• AZT + 3TC + EFV</li> <li>• AZT + 3TC + NVP</li> </ul>			

## Uganda

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults Adolescents	ART	2013 Addendum and 2011 Guidelines	<p>ART should be initiated in all HIV-positive individuals with CD4 &gt; 350 cells/mm<sup>3</sup> and ≤ 500 cells/mm<sup>3</sup>, regardless of WHO clinical stage. However, priority should be given to individuals with advanced forms of disease (WHO clinical stage 3 &amp; 4) or CD4 &lt; 350 cells/mm<sup>3</sup></p> <p>ART should be initiated in all HIV-positive individuals regardless of WHO clinical stage or CD4 in the following situations:</p> <ul style="list-style-type: none"> <li>• HIV and active TB</li> <li>• HIV and HBV coinfection with evidence of severe chronic liver disease</li> <li>• HIV-positive partner in sero-discordant couples</li> <li>• HIV-positive key populations in hotspots: sex workers, fisher folks and truckers)</li> </ul>	2 NRTI and 1 NNRTI Preferred: TDF + 3TC + EFV	After failure on TDF + 3TC, use: AZT+3TC	DRV + RAL + 2NRTI	Y
				<p>Alternatives:</p> <ul style="list-style-type: none"> <li>• AZT + 3TC + EFV</li> <li>• AZT + 3TC + NVP</li> </ul>	After failure on AZT + 3TC, use: TDF + 3TC		
				TDF + 3TC + NVP	After failure on TDF + 3TC, use AZT + 3TC		
				First-line use of D4T should be discontinued due to metabolic toxicities			
Adolescents and children 10–14.9 years and >35 kg	ART	2013 Addendum and 2011 Guidelines	All children less than 15 years of age should be initiated on ART irrespective of CD4 count and WHO clinical staging.	Preferred: TDF + 3TC + EFV	AZT+3TC+ATV/R	DRV + RAL + 2NRTI	Y
				<p>Alternatives:</p> <p>AZT + 3TC + NVP</p> <p>AZT + 3TC + EFV</p>	ABC+3TC+LPV/r		
Adolescents and children 10–14.9 years and <35 kg	ART	2013 Addendum and 2011 Guidelines	All children less than 15 years of age should be initiated on ART irrespective of CD4 count and WHO clinical staging.	Preferred: ABC + 3TC + EFV	AZT + 3TC + LPV/r	DRV + RAL + 2NRTI	Y
				<p>Alternative: ABC + 3TC + NVP</p> <p>Alternative: AZT+ 3TC + EFV</p>			

## Uganda

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adolescents and children 3–9.9 years or <35kg	ART	2013 Addendum and 2011 Guidelines	All children less than 15 years of age should be initiated on ART irrespective of CD4 count and WHO clinical staging.			DRV + RAL + 2NRTI	Y
Children <3 years	ART	2013 Addendum and 2011 Guidelines	All children less than 15 years of age should be initiated on ART irrespective of CD4 count and WHO clinical staging.			DRV + RAL + 2NRTI	Y
Pregnant women Infants	PMTCT	2013 Addendum and 2011 Guidelines	For programmatic and operational reasons, all pregnant and breastfeeding women with HIV should initiate ART as lifelong treatment	Once-daily fixed dose combination of TDF+3TC+EFV recommended for pregnant including 1st trimester and breastfeeding women for PMTCT. • Infants of mothers receiving ART and are breastfeeding should receive 6 weeks of infant prophylaxis with daily NVP • If infants are receiving replacement feeding they should be given 6 weeks of daily NVP		DRV + RAL + 2NRTI	Y

## Zambia

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults Adolescents (10–<20 years, ≥35 kg)	ART	2013	Adolescents (10 to <15 years): Regardless of WHO clinical stage or CD4 count Adults and adolescents (15 to <20 years) • CD4 count ≤500 cells/mm <sup>3</sup> • WHO clinical stage 3 or 4 • HIV-positive sexual partners of pregnant & breastfeeding women • HIV-positive sexual partners in sero-discordant couples • Patients with active TB and HIV coinfection • Patients with HBV and HIV coinfection with severe liver disease	TDF+XTC+EFV	AZT+3TC+LPV-r	Provision of third-line cART occurs in very rare circumstances and is beyond the scope of most cART providers All patients being considered for third-line cART should have: • Confirmed second-line cART failure, defined by a persistently detectable viral load exceeding 1,000 copies/ml (that is, two consecutive viral load measurements within a 3-month interval, with enhanced adherence support between measurements) after at least 6 months of using second-line cART • Genotype (resistance) testing	Y
				Alternatives: TDF + XTC + NVP	AZT+3TC+LPV-r		
				ABC + 3TC + EFV	AZT+3TC+LPV-r		
Adolescents (10–<19 years, <35 kg) Children (5 to <10 years)	ART	2013	Adolescents (15 to <20 years old) • CD4 count ≤500 cells/mm <sup>3</sup> • WHO clinical stage 3 or 4 • HIV-positive sexual partners of pregnant & breastfeeding women	TDF + XTC + EFV (weight-based dosing)	AZT + 3TC + LPV-r		

			<ul style="list-style-type: none"> <li>• HIV-positive sexual partners in serodiscordant couples</li> <li>• Patients with active TB disease and HIV coinfection</li> <li>• Patients with HBV and HIV coinfection with severe liver disease</li> </ul> Children (0 to <10 years) and adolescents (10 to <15 years), regardless of WHO clinical stage or CD4 count	Alternatives: TDF + XTC + NVP (weight-based dosing)	AZT + 3TC + LPV-r	Then, refer to an HIV specialist at an advanced treatment center (ATC) with a complete cART treatment history	
Children 3 months–<5 years old	ART	2013	Regardless of WHO clinical stage or CD4 count	ABC + 3TC + LPV-r	Not specified	Provision of 3rd line cART occurs in very rare circumstances and is beyond the scope of most cART providers. All patients being considered for 3rd line cART should have: <ul style="list-style-type: none"> <li>• Confirmed 2nd line cART failure (defined by a persistently detectable viral load exceeding 1,000 copies/ml (that is, two consecutive viral load measurements within a three-month interval, with enhanced adherence support between measurements) after at least 6 months of using 2nd line cART</li> <li>• Genotype (resistance) testing</li> </ul>	Y
				Alternatives: AZT + 3TC + LPV-r			
				After 5 years substitute to preferred 1st line with TDF + XTC + LPV-r			
Children 6 weeks to <3 months old	ART	2013	Regardless of WHO clinical stage or CD4 count	After 3 months substitute to preferred line with ABC			
Pregnant and breastfeeding women	ART	2013	Regardless of WHO clinical stage or CD4 count	TDF + XTC + EFV	AZT + 3TC + LPV-r	Then, refer to an HIV Specialist at an Advanced ATC with a complete cART treatment history	
				Alternatives: TDF + XTC + NVP			
				ABC + 3TC + EFV			
				Previous sd-NVP exposure; or NVP mono-therapy exposure (NVP without 7 days of AZT + 3TC cover); or	Not specified		

				Unsure of tail coverage: TDF + XTC + LPV-r			
				Alternative: TDF + XTC + ATV-r	Not specified		
Exposed infants	PMTCT	2010	<ul style="list-style-type: none"> <li>•All HIV-exposed breastfeeding infants whose mothers were on ARV prophylaxis must be started on NVP prophylaxis from birth and continued throughout the breastfeeding duration.</li> <li>•All HIV exposed breastfeeding infants whose mothers did not receive any prophylaxis antenatally must be started on NVP prophylaxis from birth and continued throughout the breastfeeding duration.</li> <li>•All HIV exposed breastfeeding infants whose mothers are on ART, must be started on NVP prophylaxis from birth until 6 weeks of age.</li> <li>•All HIV-exposed non-breastfeeding infants must be started on NVP prophylaxis from birth until 6 weeks of age regardless of whether their mothers were on prophylaxis or not.</li> </ul>	Birth - 6 weeks Birthweight 2,000 - 2,499 grams: NPV 10 mg once daily Birthweight >2,500 grams: NPV 15 mg once daily 6 weeks to 6 months NPV 20 mg once daily >6–9 months NPV 30 mg once daily >9 months to end of breastfeeding NPV 40 mg once daily			

## Zimbabwe

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Adults Adolescents ≥10 years	ART	2013	<p>Adults and adolescents with documented positive HIV test and meeting any one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Severe/advanced symptomatic HIV (WHO clinical stage 3 or 4): treat all regardless of CD4 cell count</li> <li>• Asymptomatic/mild HIV: treat CD4 ≤ 500 cells/mm<sup>3</sup> (CD4 ≤ 350 cells/mm<sup>3</sup> as a priority)</li> <li>• HIV-positive sero-discordant couples: treat infected partner, regardless of CD4 cell count</li> <li>• TB coinfection: treat all HIV-positive TB patients, regardless of CD4 cell count</li> <li>• HBV coinfection with severe chronic liver disease</li> </ul>	<p>Preferred:</p> <p>Adolescents (10-19 years, ≥25 kg); adults, including pregnant &amp; breastfeeding women; TB/HIV, HBV/HIV: TDF + 3TC + EFV</p> <p>Adolescents &lt;35kg: AZT + 3TC + NVP</p> <p>Alternative:</p> <ul style="list-style-type: none"> <li>• TDF + 3TC + NVP</li> <li>• AZT + 3TC + EFV/NVP</li> <li>• TDF + FTC + EFV/NVP</li> </ul> <p>Adolescents &lt;35 kg: ABC + 3TC + EFV</p>	<p>Preferred:</p> <ul style="list-style-type: none"> <li>• Adolescents ≥10 years, adults, pregnant and breastfeeding women:</li> <li>• If TDF was used in first-line ART: AZT + 3TC + ATV/r or LPV/r</li> <li>• If AZT was used in first-line ART: TDF + 3TC + ATV/r or LPV/r</li> </ul>	<p>Those failing second-line therapy will need to be referred for specialist assessment, which may include viral load and genotype testing prior to recommending the third-line medicines.</p> <p>Adherence needs to be reinforced all the time. In adults, RAL (400mg) twice a day and DRV (800mg)/RTV (100mg) once daily will be used as well as any other medicines as determined by the laboratory tests where available.</p>	N

## Zimbabwe

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Infants and children <3 years	ART PMTCT	2013	<p>Early infant diagnosis (EID):</p> <p>All infants should have their HIV-exposure status established at their first contact with the health system, ideally before 6 weeks of age</p> <ul style="list-style-type: none"> <li>• Infants (&lt;1 year): treat all individuals</li> <li>• 1 year to &lt;years: treat all individuals</li> </ul> <p>(Children ≤2 years, or with WHO clinical stage 3 or 4, or CD4 count ≤750, or CD4 % &lt;25% as a priority)</p>	<p>Preferred:</p> <p>AZT + 3TC + LPV/r</p>	<p>Preferred:</p> <p>If AZT used for first-line, then use ABC containing second-line</p> <p>If ABC is used, then use AZT:</p> <p>ABC+3TC+LPV/r</p> <p>If PI based first-line regimen used &lt;3 years: no change from first-line regimen used</p>	You will need to be advised by a pediatrician regarding third-line doses for children	
				<p>Alternative:</p> <p>Children &lt;3 years:</p> <ul style="list-style-type: none"> <li>• AZT + 3TC + NVP</li> <li>• ABC + 3TC + LPV/r</li> <li>• ABC + 3TC + NVP</li> </ul>	<p>Alternative:</p> <p>If PI based first-line regimen used &lt;3 years:</p> <p>ABC +3TC + NVP</p> <p>If PI based first-line regimen used 3 years to &lt;10 years:</p> <ul style="list-style-type: none"> <li>• TDF + 3TC + NVP</li> <li>• ABC + 3TC + NVP</li> </ul>		

## Zimbabwe

Population	HIV Treatment Area	Year Issued	Criteria for Starting ART	First-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Second-Line Regimen* *Cells for first- and second-line regimens are color-coded to indicate correspondence between regimen options	Third-Line Regimen	TB/HIV Coinfection addressed under HIV Guidelines (Y/N)
Children 3–<10 years	ART	2013	<ul style="list-style-type: none"> <li>• 1–&lt;5 years: Treat all individuals (children ≤2 years <i>or</i> with WHO clinical stage 3 or 4 <i>or</i> CD4 count ≤750 <i>or</i> CD4 %&lt;25% as a priority)</li> <li>• ≥5 years: WHO clinical stage 3 or 4 <i>or</i> CD4 ≤500 (CD4 ≤350 as a priority)</li> </ul>	AZT + 3TC + NVP	Preferred: If AZT used for first-line, then use ABC containing second-line If ABC is used, then use AZT: ABC + 3TC + LPV/r If PI based first-line regimen used 3 years–<10 years: ABC +3TC + EFV		
				Alternative: ABC + 3TC + EFV	Alternative: If PI-based first line regimen used 3 to <10 years: TDF+ 3TC NVP ABC+3TC+NVP		
				Special circumstances*: d4T+ 3TC + LPV/r d4T+ 3TC + NVP *use d4T for children with anemia or other contraindication to use AZT			





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