A GLOBAL REVIEW OF NATIONAL GUIDELINES OF POST-EXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV

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Background:
The World Health Organization (WHO) recommends the use of post-exposure prophylaxis (PEP) for preventing HIV infection in occupational and non-occupational exposures. To inform the development of global WHO recommendations on PEP, we conducted a global review of national PEP guidelines.

Methods:
Policies addressing PEP from 38 WHO HIV priority countries were obtained by searching governmental and non-governmental websites and consulting country and regional experts; these countries were selected based on HIV burden, new infections and the number of HIV-associated deaths. We reviewed national guidelines published as of August 2023 to collate data on who can prescribe PEP, recommended drug regime, linkage to other interventions, recommended investigations prescribed with PEP, and HIV self-test recommendation related to PEP.

Results:
In total, 46 guidelines across 36 countries were included, with the majority (70%) of documents published on or after 2020. There was significant variation across guidelines regarding where PEP can be accessed and who can provide/prescribe PEP. Six countries (17%) described being able to access PEP from a primary care facility, four countries (11%) from hospitals and two (6%) from community-based services. Only three countries (8%) specifically considered dispensing PEP by professionals other than doctors (e.g. nurses). None mentioned pharmacists as prescribers. We found a lack of consistency across countries regarding who is eligible for PEP, regimens used, interventions integrated into PEP provision and recommended investigations for PEP users. No country guidance provided considerations on using HIV self-tests for starting or after stopping PEP.

Conclusion:
The findings from this review underscore the need for a globally unified approach to PEP recommendations that is in line with best practices and the latest evidence. This should include recommendations for decentralisation and task-sharing to achieve sufficient scale for impact. Improving timely access to PEP among those who need it would contribute to reducing the incidence of HIV globally.

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