
Overview of WHO recommendations

on HIV and sexually transmitted infection testing, prevention,
treatment, care and service delivery



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Organization

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Introduction

Context

In July 2025, WHO launched several updated guidelines on HIV testing, prevention, treatment and service delivery, mpox and sexually transmitted infections (STIs) to reflect the latest evidence-informed interventions that will promote improved health and support implementation.

These updates come at a time of urgent global recalibration: health programmes are being asked to do more and better with less amid global health-care worker shortages, declining donor investment and increasing service delivery demands.

This document provides an overview of the new and updated WHO recommendations in 2025 across various technical areas in HIV, mpox, STIs and noncommunicable diseases. The document also refers to new WHO guidance on sustaining services for HIV, viral hepatitis and STIs

given shifting global funding. Compiled for programme managers, policymakers, implementers and affected communities, the document aims to support the structured setting of priorities for services prioritization, greater integration and better use of limited resources with a focus on impact, equity and sustainability.

New recommendations to expand access and improve outcomes

This document highlights the latest WHO recommendations designed to optimize health outcomes, streamline delivery and address persistent barriers to prevention and care. It especially focuses on people often left behind in service delivery, including adolescents and young people, key populations and people with advanced HIV disease. The guidance emphasizes integration, simplification, choice and equity.

What are the new recommendations?

WHO has released new and updated recommendations across HIV prevention, testing, treatment, service delivery and STIs (Table 1). These aim to simplify

delivery of care, expand access and improve outcomes, especially in resource-constrained settings and for populations at highest risk.

Key highlights

- **HIV prevention and testing:** offering six-monthly injectable lenacapavir as an additional PrEP option; use of rapid diagnostic tests to simplify and scale up pre-exposure prophylaxis (PrEP) access for injectable long-acting PrEP delivery.
- **HIV treatment and care:** updated guidance for sequencing ART, including the (re)use of tenofovir or abacavir in subsequent regimens, simplification to two-drug oral or long-acting injectable combinations; revised infant prophylaxis and breastfeeding support; new recommendations for managing advanced HIV disease with CD4 testing and cancer treatment options; and giving priority to short-course tuberculosis (TB) preventive therapy.
- **Service delivery integration:** new recommendations to integrate HIV services with noncommunicable diseases (hypertension and diabetes) and mental health care; updated strategies for antiretroviral therapy (ART) adherence support.
- **STIs:** new guidance on asymptomatic STI screening and service delivery models, emphasizing decentralization, task sharing and digital health.
- **Mpox:** A new recommendation for rapid ART initiation among people living with HIV who have mpox and are ART naive or have had prolonged ART interruption.

Table 1. **Table of new and updated recommendations (2025)**

HIV PrEP	Long-acting injectable lenacapavir should be offered as an additional prevention choice for people at risk of HIV as part of combination prevention approaches. (Strong recommendation, moderate- to high-certainty evidence)
HIV testing	Rapid diagnostic tests may be used for HIV testing for initiation, continuation and discontinuation of long-acting injectable PrEP. (Strong recommendation, very-low-certainty evidence)

**Optimizing ART
for people living
with HIV**

Preferred and alternative protease inhibitor options:

Darunavir + ritonavir is the preferred boosted protease inhibitor option for ART if a protease inhibitor is needed. (Strong recommendation, moderate-certainty evidence)

Atazanavir + ritonavir or lopinavir + ritonavir can be used as an alternative boosted protease inhibitor option for ART if a protease inhibitor is needed. (Conditional recommendation, moderate-certainty evidence)

Preferred nucleoside reverse-transcriptase inhibitor (NRTI) backbones for initial and subsequent regimens:

Tenofovir (tenofovir disoproxil fumarate or tenofovir alafenamide fumarate (TAF)) + lamivudine (3TC) (or emtricitabine (FTC)) is the preferred NRTI backbone for initial and subsequent ART for adults, adolescents and children weighing more than 30 kg. This includes individuals previously treated with or exposed to tenofovir or zidovudine (ZDV). (Strong recommendation, moderate-certainty evidence)

Abacavir + 3TC or TAF + 3TC (or FTC) is the suggested NRTI backbone for subsequent ART for children weighing less than 30 kg. This includes children previously treated with ABC or ZDV. (Conditional recommendation, low-certainty evidence for ABC + 3TC; very-low-certainty evidence for TAF + 3TC (or FTC))

Dual ARV oral regimens:

Dolutegravir (DTG) + 3TC can be used for treatment simplification for adults and adolescents with undetectable HIV viral load on three-drug antiretroviral regimens and without active hepatitis B infection. (Conditional recommendation, moderate-certainty evidence)

Long-acting injectable regimens:

Long-acting injectable cabotegravir + rilpivirine can be used as an alternative switching option for adults and adolescents with undetectable HIV viral load on oral ART and without active hepatitis B infection. (Conditional recommendation, moderate-certainty evidence)

**Infant feeding
and prophylaxis**

In settings in which the national programme recommends replacement feeding, mothers living with HIV who are receiving ART and have suppressed viral loads should be offered the choice to breastfeed and be supported in their infant feeding choice. (Strong recommendation, low-certainty evidence)

Enhanced community and facility-based support interventions may be offered to mothers living with HIV who are breastfeeding to optimize ART adherence, improve retention of mothers and infant pairs in care and optimize breastfeeding. (Conditional recommendation, very-low-certainty evidence)

Infants who are not at high risk of acquiring HIV should receive six weeks of infant prophylaxis with a single drug, with nevirapine as the preferred option (strong recommendation, moderate-certainty evidence); DTG or 3TC are alternative options. (Conditional recommendation, very-low-certainty evidence)

Infants at high risk of acquiring HIV should receive a three-drug regimen, with ABC, 3TC and DTG as the preferred option. (Strong recommendation, low-certainty evidence)

Infant feeding and prophylaxis	Breastfeeding infants who complete six weeks of a three-drug regimen should follow with single-drug prophylaxis for the remainder of breastfeeding or until the mother achieves suppression of viral loads with Nevirapine as the preferred option for infant prophylaxis, and DTG or 3TC as alternative options. For NVP (strong recommendation, moderate-certainty evidence) for DTG (conditional recommendation, very-low-certainty evidence) for 3TC (conditional recommendation, moderate-certainty evidence)
HIV-associated TB	In adults and adolescents with HIV eligible for TB preventive therapy, 3 months of rifapentine and isoniazid (3HP) is the suggested preferred regimen; six or nine months of isoniazid (6H or 9H) are alternative regimens. (Conditional recommendation, low-certainty evidence) Note: based on clinical and programmatic considerations. Other WHO recommended regimens such as 3HR, 1HP, 4R and 6Lfx may be used in special circumstances.
Advanced HIV disease	CD4 testing is recommended as the preferred method to identify advanced HIV disease among people living with HIV (new, 2025) (Strong recommendation, moderate-certainty evidence) In settings in which CD4 testing is not yet available, WHO clinical staging can be used to identify advanced HIV disease among people living with HIV (Conditional recommendation, very-low-certainty evidence) Hospitalized people with HIV may be provided interventions to support transitions to outpatient care and reduce avoidable readmissions. (Conditional recommendation, low-certainty evidence) Interventions include: • Pre-discharge goal setting • Medication review • Transitional care planning • Telephone follow-up • Home visits by a health-care provider and/or peer supporter • Individualized support WHO suggests paclitaxel or pegylated liposomal doxorubicin for the pharmacological treatment of Kaposi's sarcoma among people living with HIV (Conditional recommendation, low-certainty evidence)
HIV Service Delivery	Diabetes and hypertension care should be integrated with HIV services. (Strong recommendation, low-certainty evidence) Mental health care for depression, anxiety and alcohol use disorders should be integrated with HIV services. (Strong recommendation: moderate-certainty evidence for depression and low-certainty evidence for anxiety and alcohol use disorder) Adherence support interventions should be provided to people on antiretroviral therapy ART (Strong recommendation, moderate-certainty evidence) The following interventions have demonstrated effectiveness in improving adherence and virological suppression: • Counselling (moderate-certainty evidence) • Reminders (moderate-certainty evidence) • Tailored support from peers, other laypeople or health workers (moderate-certainty evidence) • Education (low-certainty evidence)

STIs	WHO suggests that pregnant women who have no symptoms of a sexually transmitted infection and are accessing health-care services for antenatal visits be screened for <i>N. gonorrhoeae</i> and/or <i>C. trachomatis</i> in settings where prevalence is high and resources and capacity are available. (Conditional recommendation, low certainty in evidence of effects) WHO suggests that sexually active adolescents and young people (10–24 years old) who have no symptoms of a sexually transmitted infection and are accessing health-care services be screened for <i>N. gonorrhoeae</i> and/or <i>C. trachomatis</i> in settings where prevalence is high and resources and capacity are available (Conditional recommendation, low certainty in evidence of effect)s WHO suggests that sex workers accessing health-care services who have no symptoms of a sexually transmitted infection be screened for <i>N. gonorrhoeae</i> and/or <i>C. trachomatis</i> (Conditional recommendation, low certainty in evidence of effects) WHO suggests that men who have sex with men accessing health-care services who have no symptoms of a sexually transmitted infection be screened for <i>N. gonorrhoeae</i> and/or <i>C. trachomatis</i> (Conditional recommendation, low certainty in evidence of effects) The frequency of screening should depend on sexual exposure, rates of partner exchange and transmission and the cost of the test. It should be balanced against the cost, the number of cases detected and the consequences of not screening. For sex workers and men who have sex with men, screening is advised at least annually or every six months. Recommendations on the delivery of health services for the prevention and care of sexually transmitted infections WHO suggests the decentralization of services to improve access to prevention, screening, diagnosis and management of sexually transmitted infections (Conditional recommendation, low certainty in evidence of effect)s WHO suggests the integration of services for prevention, screening, diagnosis and management of sexually transmitted infections into other health services, where relevant and feasible. (Conditional recommendation, low certainty in evidence of effects) WHO suggests that trained health practitioners can provide and community health workers can assist with providing sexually transmitted infection services (Task sharing) (Conditional recommendation, low certainty in evidence of effects) WHO suggests using digital health interventions to complement in-person health care services for sexually transmitted infections (Conditional recommendation, low certainty in evidence of effects)
HIV and mpox	WHO recommends rapid initiation of ART in people with mpox and HIV who are ART naïve or have had a prolonged interruption of ART (Strong recommendation, moderate certainty of evidence) Important remarks: • Early HIV testing should be conducted when patients present with suspected or confirmed mpox infection. • The patient should be referred to appropriate services for ART initiation as soon as possible, aiming to provide therapy within 7 days of HIV diagnosis including the offer of same day start. • In people who are already on ART and with undetectable viral load, ART regimen should be continued without interruption or change. The viral load test result should be less than 1 year old; if not, a new viral load test should be conducted.

What is the intended impact of these recommendations?

These recommendations focus on interventions that can improve health outcomes, increase equity and strengthen programme efficiency.

- **Prevention:** lenacapavir used as long-acting prevention could substantially reduce the number of people acquiring HIV. Adopting a public health approach focusing on access and flexibility and removing costly and complex barriers can make HIV prevention simpler and more affordable.
- **Treatment and care:** new guidance aims to simplify treatment, improving adherence and continuity; support breastfeeding by reinforcing rights-based approaches; and support simplified infant HIV prophylaxis, which enhances outcomes for mothers and children and promotes equity and choice.
- **Advanced HIV disease:** reaffirming the role of CD4 cell counts within the advanced HIV disease package of care helps to accurately identify advanced HIV disease, preventing progression to severe disease and death. Interventions to reduce readmissions will enable people with advanced HIV disease to recover and resume regular care.
- **Preventing HIV-associated TB:** giving priority to short-course TB preventive therapy aligns with best practices and improves programmatic feasibility and access.
- **Service delivery and integration:** combining HIV with diabetes, hypertension and mental health care strengthens access, engagement and retention in care and is cost effective.
- **Adherence:** evidence-informed support interventions improve suppression of viral loads, reducing the risk of transmission and progression to severe disease.
- **STIs:** Screening approaches and new service delivery models reduce transmission, especially among underserved groups, and strengthen frameworks for providing care.
- **HIV and mpox:** rapidly initiating ART following early HIV testing will reduce mortality and improve clinical outcomes for people living with HIV who have mpox. WHO's standard operating procedure for integration emphasizes the importance of offering HIV and syphilis testing to everyone with suspected or confirmed mpox.

How will these recommendations be monitored?

WHO aims to support countries in generating and using data collected from routine national health information systems, combined with other sources, to understand each individual's access to and use of services, thereby improving health decision-making and population health outcomes.

Priority indicators for new recommendations align with existing WHO consolidated guidelines on person-centred strategic information with added disaggregations for specific interventions (such as lenacapavir for PrEP). The guidelines outline the minimum data sets countries should collect in routine health information systems to calculate priority indicators for monitoring the HIV response. Upcoming surveillance guidance will update HIV surveillance definitions and will include indicators for advanced HIV disease as part of person-centred monitoring for HIV.

New WHO-supported digital data tools will be available for countries to incorporate WHO recommendations into national digital data systems, including machine-readable guidelines for HIV. These represent WHO clinical recommendations and indicator calculations as software-agnostic decision support software code that can be used in any digital system used at the point of service.

They use widely adopted open health data interoperability standards, such as HL7 FHIR,¹ ICD-11 and other open semantic classification and terminology standards. Other digital individual-level monitoring tools include the DHIS2 tracker module for HIV prevention and a DHIS2 tracker module for HIV case surveillance.

Key monitoring approaches include:

- routine programme data on intervention uptake and implementation, including community-based services;
- integrating new interventions and indicators into national health information systems;
- updating WHO country intelligence databases;
- UNAIDS/UNICEF/WHO Global AIDS Monitoring;
- population-based surveys;
- community-led monitoring; and
- research on safety, effectiveness and implementation.

¹ HL7 FHIR: is a standard for exchanging health-care information electronically. It was developed to make health-care data more accessible, consistent and interoperable across systems.

Sustaining priority services for HIV, viral hepatitis and STI in a shifting global landscape

In early 2025, reductions in development assistance and programmatic funding led to major disruptions across health systems. Services for HIV, viral hepatitis and STIs were especially affected. As countries reassess priorities and reallocate resources, sustaining access to essential services, especially for the most vulnerable populations, remains critical. WHO's operational guidance on sustaining priority services provides a structured approach to support countries in making ethical, evidence-informed and transparent decisions to set priorities for services in this evolving landscape.

This priority-setting framework is intended for use in emergency settings, transition planning and broader

health system reforms. It provides a stepwise priority-setting framework, adaptable approach to tiered priority setting for services, integration with primary care, workforce support, financing and monitoring based on their contribution to achieving national and global health outcomes. Priority setting for services will serve as a tool to reinforce resilience and sustainable action (Box 1).

By giving priority to essential services within supportive systems, engaging communities and using innovative delivery models, countries can safeguard health gains and strengthen sustainability.

Box 1. Key elements of the priority-setting guidance

- **Key steps to assess and monitor service disruptions and health financing risks**
- **A systematic process for setting priorities for services and interventions**
- **Cross-cutting enablers such as health workforce strategies, resilient supply chains, integrated data systems and inclusive governance**
- **Emphasis on people-centred approaches and sustained community engagement to ensure that services remain accessible, acceptable and responsive to the people most severely affected**
- **Opportunities for service integration, especially within primary health care, to enhance efficiency and sustainability**
- **Strategic recommendations for financing transitions, including alignment with public financial management systems and domestic resource mobilization**

What will WHO do next?

Across the global, regional and national levels, WHO will support countries through established dissemination and implementation processes, including making guidelines and related materials available through digital platforms. This includes:

- regulatory and policy support: assisting with national regulatory approvals of new products and providing derivative materials to support uptake by Member States;
- dissemination and communication: web-based products, webinars, workshops and collaboration with health ministries and other partners to promote awareness and uptake;
- community engagement: promoting awareness, community involvement and advocacy for affordable procurement;
- implementation research and monitoring: support for new delivery models and research and monitoring frameworks
- integrated collaboration: multisectoral coordination across WHO offices and partnerships with United Nations agencies and civil society, facilitating demand generation, procurement planning and market access; and
- ensuring that the information contained within the guidelines is up to date and continuing to monitor emerging scientific literature (following the science).

WHO will also update surveillance guidance, finalize new metrics (such as for advanced HIV disease) and promote integrated models of care to ensure responsive, sustainable and people-centred implementation.

Methods

This document summarizes new recommendations developed in 2025 on HIV and STIs. The WHO technical focal points summarized them in each disease area. An information collection template was used to collect the

information and was organized into a single cohesive document. All guidelines included in this document have been developed based on the framework laid out by the WHO Guidelines Review Committee handbook.

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