There is a clear convergence toward an overarching strategic use of antiretroviral drugs to prevent human immunodeficiency virus (HIV) infection. Four interventions—immediate antiretroviral therapy (ART) for the infected partner in a serodiscordant couple, preexposure prophylaxis (PrEP), prevention of mother-to-child transmission (PMTCT), and postexposure prophylaxis (PEP)—are all strongly recommended by the World Health Organization as effective ways to prevent HIV infection. For HIV-infected individuals, ART to protect an HIV-uninfected partner and PMTCT are both part of an expanding list of recommendations for starting ART immediately to both treat and prevent HIV infection. For HIV-uninfected individuals, PrEP and PEP are increasingly being seen as related interventions, and there are compelling reasons to consider the provision of PEP as a potential gateway to PrEP. The effectiveness of each of these interventions depends on overcoming barriers to seeking services, adequate community understanding and engagement, high levels of access and uptake of services including HIV testing and counselling, and high levels of adherence.

**Keywords.** antiretroviral therapy; HIV/AIDS; postexposure prophylaxis; preexposure prophylaxis; PMTCT.
Traditionally, each of these 4 interventions has been considered separately, with recommendations provided in different guidelines and directed at different audiences. These distinctions have become less meaningful, and there is a clear convergence toward an overarching strategic use of antiretroviral drugs to both treat and prevent HIV infection. For HIV-infected individuals, ART to protect an HIV-uninfected partner and PMTCT are both part of an expanding list of recommendations for starting ART immediately to both treat and prevent HIV infection. In 2013, WHO recommended giving HIV-infected pregnant women ART for life irrespective of CD4 cell count, effectively bringing pregnant women alongside serodiscordant couples as populations considered eligible for immediate lifelong ART [5]; several countries have moved to providing immediate ART irrespective of CD4 cell count to other populations according to their epidemic situation, and future WHO guidance will document and reflect these country experiences. For HIV-uninfected individuals, PrEP and PEP are increasingly being seen as related interventions, and there are compelling reasons to consider the provision of PEP as a potential gateway to PrEP [8].

Current WHO recommendations for immediate ART and PrEP are limited to those populations for whom high-quality evidence supports their use—serodiscordant couples in the case of early ART [2] and men who have sex with men for PrEP [3]. However, a number of ongoing studies are anticipated to inform future recommendations that may expand the range of options. In many settings, there are populations that remain disproportionately affected by HIV and in which incidence continues to be high, and a new focused effort is needed. This could include expanding access to HIV testing with the provision of ART for those testing positive, and offering a range of prevention choices, including PrEP, for those who test negative. The effectiveness of each of these interventions depends on overcoming barriers to seeking services, adequate community understanding and engagement, high levels of access and uptake of services including HIV testing and counseling, and high levels of adherence. These remain major challenges, albeit for different reasons [9–11]. The development of drugs with improved safety and robustness to drug resistance and long-acting formulations will help, but further work is also needed to identify models of service delivery to improve uptake and adherence.

As part of an overarching vision to promote the strategic use of antiretrovirals for both the treatment and prevention of HIV, WHO remains committed to responding to new evidence with new recommendations, and supporting countries to translate recommendations into further declines in mortality due to HIV and incidence of new infections.

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