			Page
Terminology	TLD 1 (or ALD 1 in children)	Clients on a DTG-containing regimen, who have never failed any other regimen (previous "first-line" terminology)	3
	TLD 2 (or ALD 2 in children)	Clients on a DTG-containing regimen, who have failed an earlier regimen (previous "second-line" terminology)	3
	Dispensing cycle:	A dispensing cycle (DC) is defined as the number of days for which a client would have treatment if a single standard "monthly" quantity of tablets were dispensed. The term DC is preferred to the previously used term 'month' due to the potential discrepancy that may arise between the days of treatment dispensed (if 28-day pack sizes are used) and the days in a month (on average, 30 days)	18
ART Regimens	All adult and adolescent clients > 30 kg and > 10 years of age, including pregnant and	 The preferred first-line ART regimen is tenofovir disoproxil fumarate- lamivudine-dolutegravir (TLD) for those adult and adolescent clients initiating ART. TDF weight-related eligibility criteria decreased from 35 kg to 30 kg All clients already on ART and not on dolutegravir (DTG), whether on first-line or second-line regimens, should be evaluated for a switch to a dolutegravir-containing regimen. 	11 11 14
	breastfeeding women	 TDF may safely be reused in 2nd-line therapy following 1st-line failure with TDF-containing regimens. TLD will therefore be used as both first (TLD 1) and second (TLD 2) line regimens and in certain cases, 3rd line regimens as well Simplified switching from TEE to TLD not dependent on VL 	14
	New formulations	 DTG 10 mg dispersible tablets for children from ≥ 3kg and ≥ 4 weeks of age DTG-containing fixed-dose combination: Abacavir (ABC) 600 mg + lamivudine (3TC) 300 mg + DTG 50 mg (ALD FDC). ALD FDC can be prescribed for clients ≥ 25 kg 	11
	Children ≥ 3 kg and ≥ 4 weeks of age until 29,9 kg or 9 years of age	 The preferred first-line ART regimen is abacavir-lamivudine-dolutegravir (ALD). All paediatric clients already on ART and not on dolutegravir (DTG), whether on first-line or second-line regimens, should be evaluated for a switch to a dolutegravir-containing regimen. 	11 16
	Other antiretrovirals	 Abacavir is the preferred alternative agent if TDF cannot be used Zidovudine (AZT) no longer part of any standard ART regimen. AZT will be reserved only for cases with both renal failure and ABC hypersensitivity Atazanavir/r replaces lopinavir/r as the preferred protease inhibitor except when on TB treatment 	14
Monitoring on ART	VL monitoring	 First VL after ART initiation to be done after 3 dispensing cycles Allows for earlier detection of factors influencing viral suppression Allows for earlier decanting for suppressed clients to minimise visits and promote continued engagement in care 	18
Mon	Creatinine and eGFR	eGFR previously done at 'month' 6 moves to 'month' 3 (i.e. after 3 dispensing cycles) to align with the new VL monitoring schedule	17
Virological Failure	 Definition: two or more VLs ≥ 1000 c/mL taken two or more years after starting a DTG/PI-containing regimen and adherence > 80% Focus on improved adherence: Resistance to DTG is very uncommon. If other reasons for an unsuppressed VL (including drug interactions) have been addressed or excluded, suboptimal adherence remains the most probable cause for non-suppression. The highest probability of improving adherence would be to remain on a once-daily, well-tolerated, fixed-dose combination regimen (TLD) while identifying and addressing the underlying root causes of non-adherence. No regimen changes without a resistance test: Switching off a DTG-containing regimen should only happen if InSTI resistance has been confirmed by a resistance test. Resistance testing can only be authorised by a member of the National Third-line committee, one of the helpline consultants, or a nominated provincial expert 		21
Other updates	 The following sections have been added/updated/enhanced Visit Schedule for Integrated Care for the Mother-baby Pair Living with HIV Visit Schedule for Integrated Care for Clients on ART and TB Rx Disclosure Counselling Enhanced Adherence Counselling Mental Health Assessment 		24 26 34 28 29