

Data from the Positive Perspectives 3 Study Highlights the Continued Need for Expansion of Awareness, Belief and Confidence in U=U

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Key Takeaways

- Despite high awareness of U=U, the ability to explain U=U and belief in U=U were low.
- Participants who were able to explain U=U reported less perceived stigma and were more likely to report optimal mental, sexual, physical and overall health.
- A higher proportion of those who believed in U=U reported sharing their HIV status with family, friends, partner(s) and healthcare providers.
- Consistent with low belief in U=U, some individuals indicated concerns about condomless sex despite an undetectable viral load, and this was reflected in sexual behaviour when selecting HIV prevention methods with partner(s).
- There is a need for continued efforts to disseminate the U=U message through trusted sources and channels.

Introduction

- The Positive Perspectives studies are a series of global, cross-sectional surveys that have been co-created with community representatives from around the world to capture and amplify the experiences of people living with HIV.
- The science is clear: an overwhelming body of evidence has firmly established the principle of Undetectable = Untransmittable (U=U).¹⁻⁴ The July 2023 WHO Policy Brief clearly states that people living with HIV who have an undetectable viral load and continue taking antiretroviral medication as prescribed have zero risk of transmitting HIV to their sexual partner(s).¹⁻⁵

Methods

- Cross-sectional survey of people living with HIV on ART. Participants were recruited via HIV clinics and patient support groups. This interim analysis includes 698 individuals across 16 countries (Argentina, Australia, Austria, Canada, Chile, Colombia, Ireland, Italy, Mexico, Poland, South Africa, South Korea, Switzerland, Taiwan, United Kingdom, United States).
- This analysis aims to assess belief in U=U, the sources of exposure to U=U messaging, and how belief in U=U impacts behaviour, stigma, and psychosocial well-being.
- Belief in U=U was defined as having heard about U=U AND accepting that there is zero risk of HIV transmission with an undetectable viral load, based on responses to a scenario about transmission risk.

Results

Table 1. Demographic and clinical characteristics of participants (n = 698)

Variable	Category	N	Percentage, %
Gender identity	Female	279	40.0
	Male	386	55.3
	Transgender	14	2.0
	Non-binary	12	1.7
	Other gender/missing	7	1.0
Age	≤ 50 years	426	61.0
	> 50 years	272	39.0
Years since HIV diagnosis	Within the past year	171	24.5
	1-5 years ago	182	26.1
	6-10 years ago	129	18.5
	Over 10 years ago	216	30.9
Self-reported viral suppression	Undetectable viral load	492	70.9
	Detectable viral load	202	29.1

Figure 1. Awareness of, ability to explain and belief in U=U

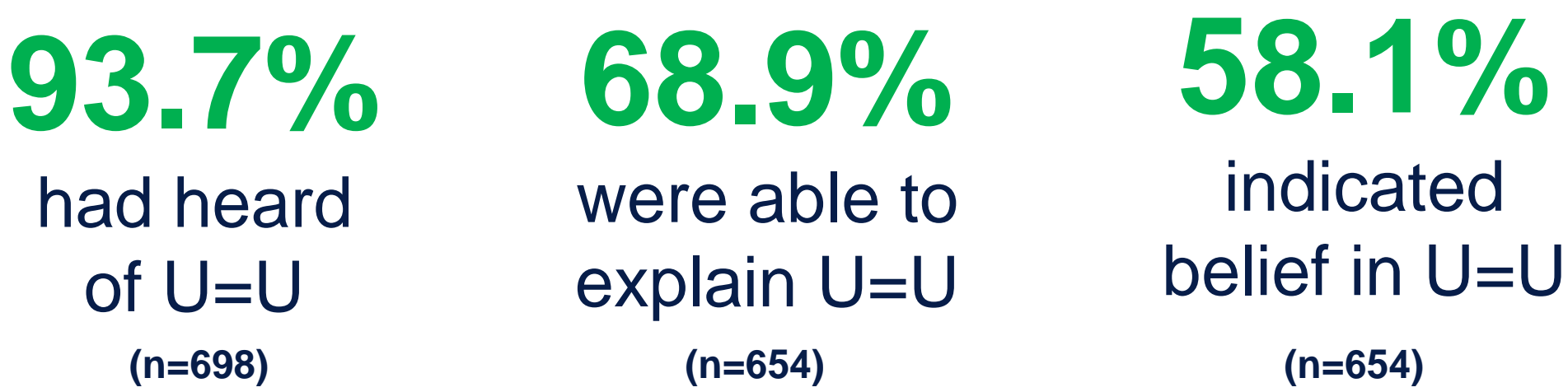
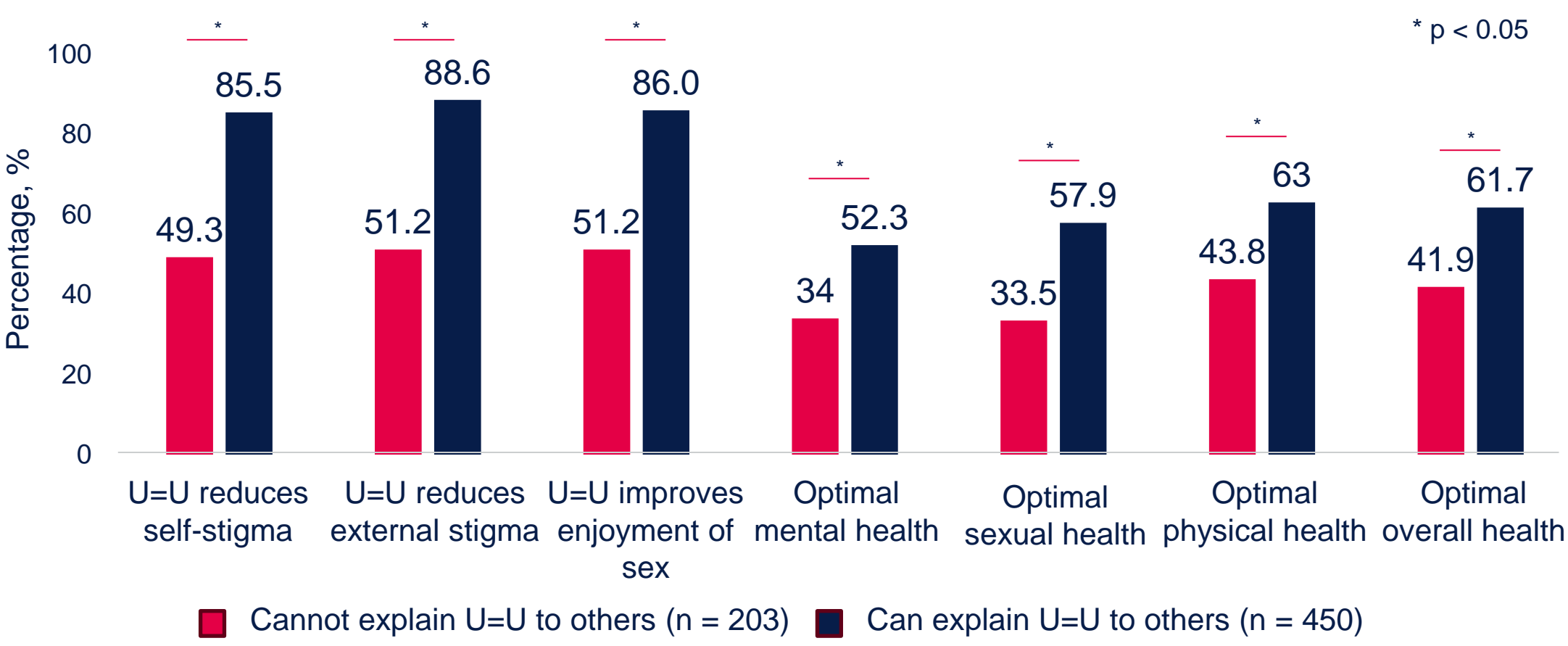
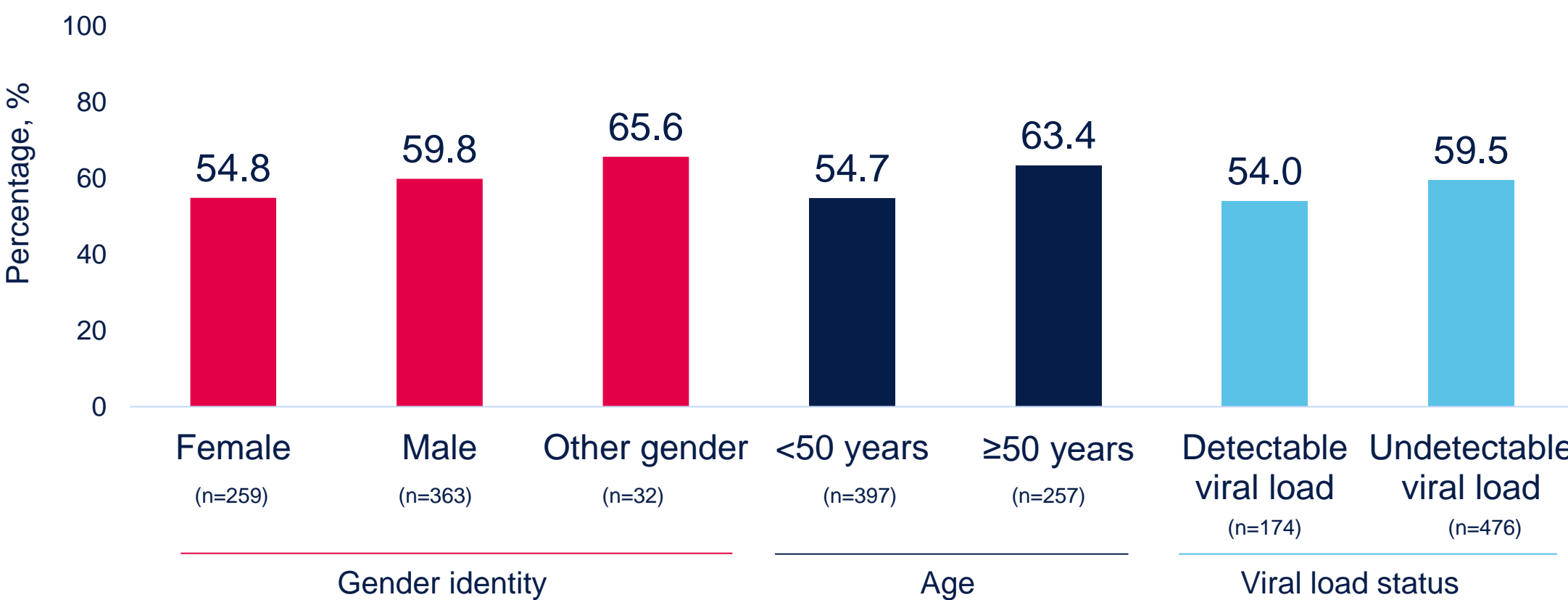


Figure 2. Perceptions of stigma and self-rated health among those aware of U=U, by ability to explain U=U to others



- A significantly higher proportion of those who were able to explain U=U reported reduced perception of stigma and optimal self-reported health compared to those who were not able to explain U=U.

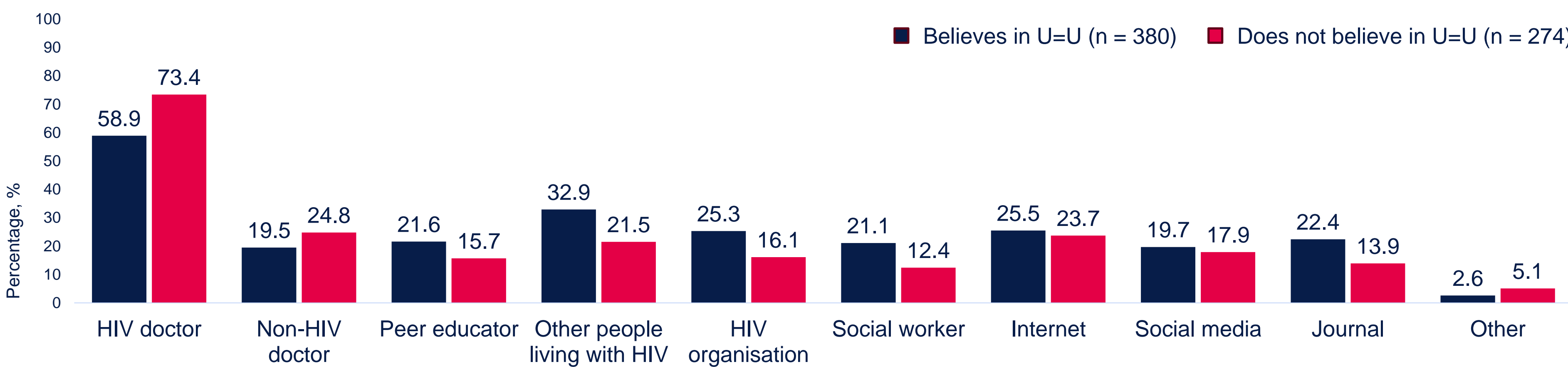
Figure 3. Belief in U=U among those aware, by subgroup



- Belief in U=U was lowest among females, those <50 years of age and those with a detectable viral load.

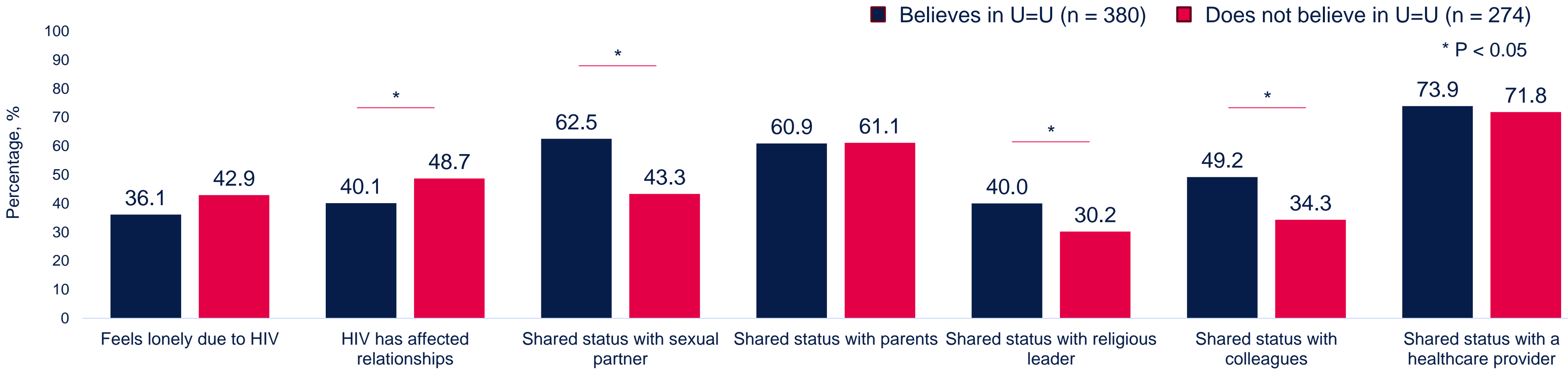
Acknowledgments: The authors thank the HIV patient organizations and study participants for their time. Medical writing was supported by Zatum LLC.

Figure 4. Sources where participants reported hearing about U=U among those aware, by belief in the U=U



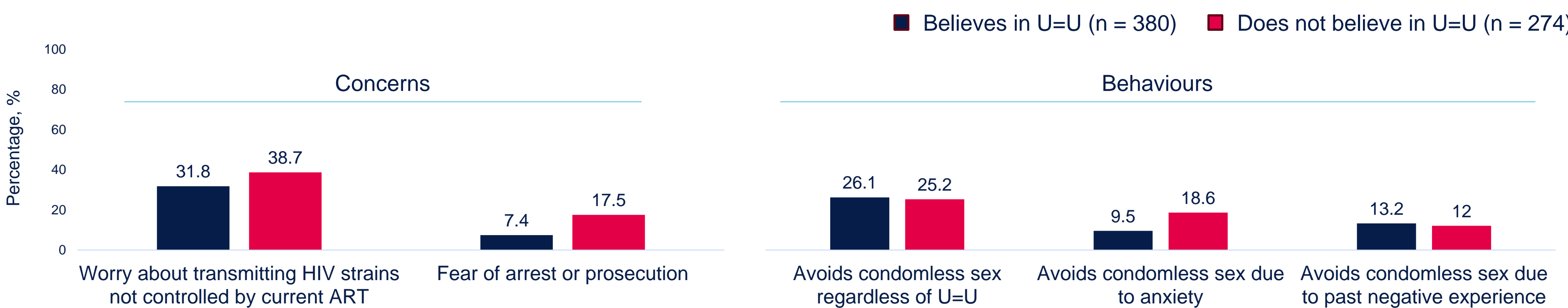
- Among individuals that had heard about U=U (n=654), the majority had heard about it from their HIV doctor.
- A higher proportion of people who believed in U=U heard about it from peer educators, other people living with HIV, HIV organisations and social workers compared to those who did not believe in U=U.

Figure 5. Psychosocial impact of HIV and openness about sharing HIV status, by belief in U=U



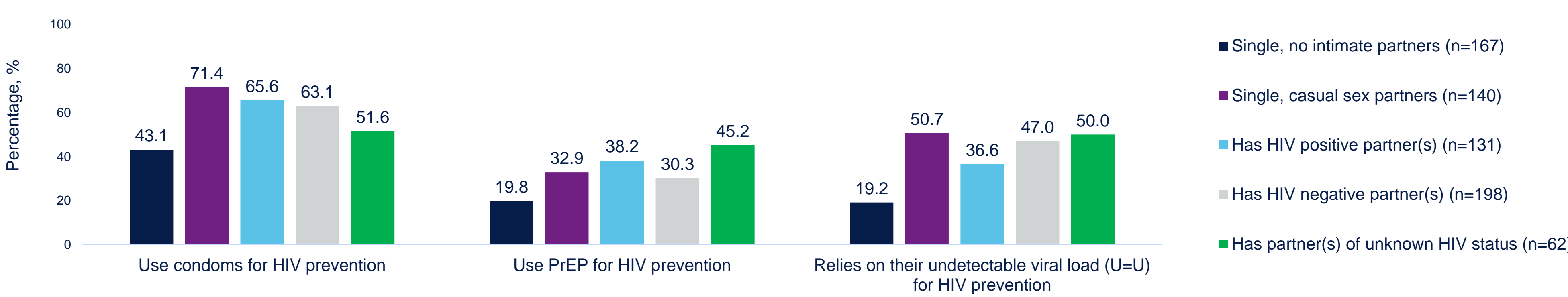
- U=U believers were less likely to report that HIV has affected their relationships compared to those who did not believe in U=U (40.1% vs 48.7%, p<0.05).
- Those who believe in U=U were more likely to share their HIV status with sexual partners (62.5% vs. 43.3%), religious leaders (40.0% vs. 30.2%), and colleagues (49.2% vs. 34.3%) compared to those who did not believe in U=U.

Figure 6. Concerns and behaviours relating to condomless sex despite an undetectable viral load, by U=U belief



- A higher proportion of those who did not believe in U=U had concerns about transmitting HIV despite being undetectable, feared arrest or prosecution should their sexual partner(s) acquire HIV, and would avoid condomless sex due to anxiety compared to those who did believe in U=U.

Figure 7. HIV prevention methods used with partner(s) in the past 12 months, by relationship status



- Use of condoms was more commonly reported than relying on having an undetectable viral load, or their partners using PrEP to prevent HIV transmission. This was consistent irrespective of their partner(s) HIV status.
- PrEP usage was higher among those with partners with unknown HIV status.

Conclusions and Implications

- Despite a high proportion of surveyed individuals reporting awareness of U=U, only half believed in it. This is reflected in their sexual behaviour whereby only 50% of people relied on U=U to prevent HIV transmission to their sexual partners.
- Those who could explain U=U reported reduced perceived external and self-stigma and optimal self-rated health. Belief in U=U correlates with greater openness, as believers are more likely to share their HIV status with sexual partners, children, parents, and friends.
- This study highlights the need to work with the community to understand and address the reasons for lack of belief in U=U and to engage trusted sources of information in the U=U messaging to ensure that this crucial public health message reaches and benefits all who need it.

Limitations

- Non-probability-based sampling: Snowball sampling may overrepresent certain groups (e.g., those connected to HIV clinics or online communities), potentially skewing results and limiting generalizability.
- Preliminary data: The analyzed dataset achieved 23.7% of the target sample (n=2940), which may reduce statistical power and representativeness of findings.
- Self-Reported Data: Reliance on self-reported adherence and satisfaction introduces recall bias and social desirability bias, potentially affecting data accuracy.
- Cross-sectional design: Single snapshot in time; only associations can be inferred

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