

U=U Global Policy Roundtable

Summary and Recommendations

The U=U Global Policy Roundtable was held in Meanjin/Brisbane on July 22, 2023, alongside the 12th International AIDS Society Conference on HIV Science (IAS2023). The roundtable aimed to engage stakeholders including people living with HIV, civil society organisations, researchers, clinicians and policy makers, providing an opportunity to deliberate and collectively propose solutions related to the intersection of U=U research and policy. The event was hosted by ASHM Health and Prevention Access Campaign, and was followed by the launch of a special issue of the *Sexual Health* journal: "Global evidence, impact and implementation of U=U".

The U=U Global Policy Roundtable included remarks from Bruce Richman, Founding Executive Director of Prevention Access Campaign, and Dr. Lara Vojnov, Diagnostics Advisor in the Global HIV, Hepatitis and STI Programme at the World Health Organization (WHO), and a keynote talk from Professor Kane Race, from the University of Sydney. Professor Race's presentation, on "The Undetectable Crisis", highlighted complexities surrounding the growing acceptance of U=U, the yet-to-be-realised benefits of the campaign and global grassroots movement, and the persistent barriers that hinder achieving viral suppression and undetectability, especially among historically marginalized and oppressed groups.

The session was then split into a "World Cafe" style format, with facilitators leading small group discussions on the following six questions:

- 1) What are the existing research gaps related to U=U?
- 2) What are some of the policy, monitoring and evaluation principles that support U=U?
- 3) What barriers exist to advancing U=U research priorities?
- 4) What are some success stories and general guidance in getting policy change to support U=U?
- 5) How can research related to U=U be further mobilised to meet the goals of the U=U campaign and diverse communities of people living with HIV?
- 6) What are the most effective approaches and tools to influence policymakers in various policy contexts?

This report summarises the discussions that took place on the day, identifying key themes and recommendations.

Background

Since 2016, the U=U movement has gained global momentum as a grassroots effort, supported by 1,099 organisations across 105 countries. This movement unites people living with HIV, community-based organisations, scientists, researchers, clinicians and allies in advocating for the widespread understanding that individuals with HIV who maintain an undetectable viral load cannot sexually transmit the virus to their partners.

The 2023 U=U Global Policy Roundtable had a total of 53 attendees. 64% of the attendees were from Australia, while 36% of participants were international delegates. 36 of the attendees identified as men (64%), and 17 attendees identified as women (36%).

The 2023 U=U Global Roundtable on Research, Policy, and Political Priorities was an official independent event affiliated with IAS2023, the leading scientifically focused international HIV conference, held biennially. It aimed to engage local and global experts and conference attendees. The goal was to deliberate on research and policy successes and gaps, as well as political opportunities related to U=U. This supported the fine-tuning of U=U as an essential part of the comprehensive prevention-testing-treatment-care strategy within the global HIV response.

The global policy roundtable preceded the IAS2023 announcement of a new WHO policy brief titled *The Role of HIV Viral Suppression in Improving Individual Health and Reducing Transmission*¹. The brief supported a shift towards new ways of describing viral load measurements, including the new “suppressed” category, defined as “detected but ≤ 1000 copies/mL”. Importantly, the WHO brief stated that people living with HIV “who have a suppressed but detectable viral load and are taking medication as prescribed have almost zero or negligible risk of transmitting HIV to their sexual partner(s)”.

Key discussion themes

A) The need for greater advocacy for universal healthcare

The concept of a “third U”—Universal—is paramount in ensuring equitable access to healthcare and treatment for all individuals living with HIV. This not only serves the health and well-being of those affected but also plays a crucial role in reducing onward transmission of the virus.

¹ WHO (2023), *The role of HIV viral suppression in improving individual health and reducing transmission*, Policy Brief: <https://www.who.int/publications/i/item/9789240055179>

Despite the global HIV and AIDS response being primarily focused on prevention, a staggering 40% of people living with HIV worldwide still lack access to life-saving antiretroviral treatment.

It's essential to recognise that social determinants of health, such as income disparities, employment status, food security, housing stability, and experiences of domestic or family violence, profoundly influence HIV-related health outcomes. These factors can significantly impact an individual's ability to achieve and maintain an undetectable viral load, which is pivotal in both personal health management and preventing transmission to others. Policies that criminalise HIV transmission, sex work, drug use and same-sex relationships further exacerbate barriers to accessing sexual health services, including HIV testing and treatment.

An example illustrating these challenges lies in the limited access to viral load testing faced by many individuals living with HIV globally. In some regions, the lack of testing facilities or prohibitively high costs, including travel expenses and the price of tests themselves, creates insurmountable barriers to monitoring treatment effectiveness. Additionally, the expense of cartridges for GeneXpert machines further compounds these difficulties.

To address these systemic disparities, it's imperative for stakeholders across various sectors—policymakers, researchers, clinicians, and advocates—to adopt holistic approaches that extend beyond the provision of HIV-related care. Prioritising human rights, equity, inclusiveness, and social justice in approaches to promoting U=U and community-level viral load suppression is crucial. By acknowledging and addressing the social and cultural factors that influence health outcomes, we can strive towards a more just and equitable healthcare system for all individuals living with HIV.

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B) A need to build better connections from community to public health messaging

To maintain the relevance of U=U, collaborative efforts among advocates, researchers, policymakers, and healthcare professionals are imperative. This necessitates close collaboration with grassroots and community-based organisations in campaign design. Attendees emphasised that policy initiatives supporting U=U should prioritise people and communities, grounded in key values such as:

- Universality and affordability in access to treatment, viral load diagnostics and differentiated care
- Taking into account the socio-legal, economic, and structural determinants of health
- Committing to utilising a gender-responsive approach, i.e. women/maternal health/chest-feeding; meeting the needs of diverse 2SLGBTIQA+ communities

- Meaningful community engagement
- Cross-sectoral leadership
- Adaptability in the use of advocacy strategy or tactics
- Trust and confidentiality in patient/person-centred care

An exemplar of effective collaboration is the Vietnamese campaign promoting U=U, termed K=K (“Không phát hiện = Không lây truyền”). This initiative, involving international and local health agencies, healthcare providers, and community-based HIV organisations, utilised scientific evidence that underpins U=U to not only challenge HIV-related stigma but, in doing so, also encourage people at risk of HIV to engage with HIV testing services. On 22 July, 2023, Vietnam became the third country to officially sign and endorse the Multilateral U=U Call to Action in Meanjin/Brisbane.

Furthermore, to respect and uphold the human rights of all people living with HIV (PLHIV), the response must ensure U=U does not lead to a two-tiered system of PLHIV: those who are undetectable/virally suppressed vs. those who are not. This approach aligns with the efforts of the global HIV decriminalisation response and related documents^{2 3}.

C) A need for clinical buy-in and unqualified messaging

The emergence of U=U alongside HIV pre-exposure prophylaxis (PrEP) represents a significant shift in HIV-prevention strategies, challenging traditional perspectives. Despite its potential, some clinicians remain hesitant to fully embrace U=U as an effective prevention method. For instance, in a survey of Australian physicians conducted by Wu et al., while nearly three-quarters of participants endorsed U=U as an effective HIV prevention strategy, approximately one-quarter either expressed neutrality or disagreed with the idea that having an undetectable viral load could prevent HIV transmission⁴. This lack of awareness and trust in U=U among healthcare workers underscores the importance of building confidence in this approach within the healthcare community.

² HIV Justice Worldwide (2018), Expert Consensus Statement on the Science of HIV in the Context of Criminal Law, Consensus Statement: <https://www.hivjusticeworldwide.org/en/expert-statement/>

³ HIV Justice Network (2020), Use of the Expert Consensus Statement on the Science of HIV in the Context of Criminal Law, Interim Scoping Report: <https://www.hivjustice.net/publication/use-of-the-expert-consensus-statement-on-the-science-of-hiv-in-the-context-of-criminal-law/>

⁴ Wu, J, et al. (2023), Agreement of and discussion with clients about Undetectable equals Untransmissible among general practitioners in Australia: a cross-sectional survey, *Sexual Health* 20, Accessed online: <https://www.publish.csiro.au/SH/SH23051>

Critiques of U=U often highlight its heavy reliance on clinical evidence, leading to a perception that it primarily focuses on biomedical benefits, particularly the achievement of viral suppression among people living with HIV. This emphasis overlooks the broader structural, systemic, and psycho-social advantages associated with U=U and viral suppression, revealing a gap in existing research on the topic.

Continued efforts are required to widen public health education and spread of knowledge about U=U and viral suppression amongst the general population. In line with recommendations from the 2021 UN *Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030*⁵, further research on U=U should be supported, including studies that demonstrate the benefits and impact of U=U, including assessment on the effectiveness of U=U in shifting or reducing HIV-stigma and discrimination.

Attendees highlighted the inherent pitfalls of an (over-)reliance on data-driven arguments. For instance, if further data collection is deemed necessary, careful consideration must be given to ensure that it does not result in unnecessary surveillance of people living with HIV. Multi-stakeholders must collaborate to develop sound policies, endorsed by the community, on public health approaches and policies related to molecular HIV surveillance. Additionally, they must continue to collectively advocate for HIV/AIDS decriminalisation efforts. Establishing relationships with individual policymakers is often crucial for effecting policy change.

D) A need to include populations beyond gay, bisexual, and other men who have sex with men

Awareness of U=U is on the rise; however, deep understanding and trust in this concept remains limited and uneven, primarily concentrated among gay, bisexual and other men who have sex with men (GBM) in developed, high-income countries. Urgent action is required to ensure that the promotion and implementation of U=U policies are inclusive of all individuals and communities, regardless of gender, sexuality, or geographical region. Existing knowledge gaps regarding U=U include the absence of clinical evidence concerning priority areas such as chest/breastfeeding, the applicability of U=U for people who inject drugs, gender considerations across the gender spectrum (including 2SLGBTIQA+ peoples), and addressing the lack of knowledge among healthcare and allied healthcare providers. Greater attention to understanding U=U for women is required, particularly in relation to breast/chest-feeding, and its integration into policies concerning maternal and child health.

Research efforts often disproportionately focus on sexual transmission within a Western cultural context, neglecting other critical dimensions such as heterosexual communities, mother-to-child transmission, and intravenous drug user communities. This limited scope

⁵ UNAIDS (2021), *Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030*, Document:

https://www.unaids.org/en/resources/documents/2021/2021_political-declaration-on-hiv-and-aids

impedes a comprehensive understanding of U=U. Strategic research and policy considerations should prioritise framing U=U, or culturally-appropriate variations, to address global resource disparities and meet the diverse needs of people living with HIV worldwide. Broadening the research scope of U=U will facilitate the production of evidence tailored to the varied needs of populations affected by HIV, spanning different life stages and socio-behavioral, socio-legal, and socio-cultural contexts.

E) What does political endorsement of U=U look like?

Political endorsement of U=U should go beyond just health departments and extend to all levels of government. Attendees noted that from a strategic policy perspective, stakeholders must consider when it is appropriate and strategic to utilize U=U, and when it is not. For example, certain countries have ascribed to or are in favour of utilizing the global 95-95-95 testing, treatment, and viral suppression targets over U=U, and it may make strategic sense to utilize the already embraced targets when approaching specific donors or policy actors from specific member states. Also, it is important that U=U policy/policies must align across all levels of government (i.e. municipal, provincial, national, regional, and global) to create policy coherence for effective implementation, monitoring, and evaluation of policies and programming.

Attendees raised several considerations for establishing effective policy advocacy approaches for U=U:

- Stakeholders should recognise the effectiveness of the "zero risk" language in convincing clinicians to support U=U, while also exploring advocacy approaches that highlight the diverse values and benefits of U=U.
- Further discussions are needed to determine which policy problems and issues related to U=U should be addressed and prioritised.
- Efforts should be intensified to present all U=U data and policy advocacy products in easily understandable formats.
- U=U policy strategies and messaging should be evidence-informed, accurate, and adaptable to different policy settings.
- It is important to tailor U=U policy strategies to diverse policy contexts by understanding past and current political landscapes.

Finally, a sustainable, people-centered policy advocacy approach for U=U requires:

- Acknowledging potential risks and harm posed to affected communities and adequately supporting advocates, including compensating them and addressing their holistic well-being.



- Co-creating U=U policies with affected communities to ensure they meet their needs and do not infringe on their rights.
- Committing to efforts to decriminalise HIV/AIDS and preventing unnecessary surveillance of people living with HIV.

Developing sustainable U=U policy and political advocacy strategies and building relationships with policymakers for long-term impact.

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