



SILENCING STIGMA

U=U stigma

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TOPICS



- U=U science and stigma
- Communications of U=U by providers and PLHIV advocates
- Awareness, motivation and capacity to disseminate U=U message

U=U science



STUDY	Serodiscordant couples	Couples	Couple-Years of Follow-up (CYFU)	Condomless sex	Condomless sex with other partners	Upper 95% CI of HIV transmission per 100 CYFU, with UVL and without PrEP	STIs
PARTNER 1		516	799	32,488	4%	0.45 (1 transmission per couple in 222 years)	6% of HIV+ 6% of HIV-
PARTNER 2		972	1,593	76,088	37%	0.23 (1 transmission per couple in 435 years)	27% of HIV+ 24% of HIV-
OPPOSITES ATTRACT		358	588	16,800	39%	1.59 (1 transmission per couple in 63 years)	34% of HIV+ 25% of HIV-

- Zero linked transmission among 125,376 condomless sex acts when HIV+ partners had UVL
- Similar level of confidence in U=U for gay men as for heterosexual couples
- U=U even when STIs were detected in 1/4 to 1/3 of couples
- More than 1/3 of gay couples reported condomless sex with other partners ➡ immediate need for PrEP



Rodger AJ, et al. JAMA 2016; 316: 171–81. Bavinton B, et al. Lancet HIV 2018; 5: e438–47. Rodger AJ, et al. Lancet 2019; 393: 2428–38.

U=U stigma



- With U=U:
 - Condoms are not required to prevent HIV transmission
 - Concerns about condomless sex and sexual pleasure (among many factors leading to STIs and unplanned pregnancy)
- U=U stigma:
 - Is stigma towards “PLHIV stereotype” related to irresponsible sex and life
 - Is “sexual stigma” related to sexual minority and/or gender non-conforming individuals
 - Is stigma around “sexual pleasure”

Calabrese SK and Mayer KH. JIAS 2020; 23:e25559.

U=U stigma case study in Thailand



"Pete living with HIV" promoted U=U using **"zero transmission risk even with condomless sex"** message

A large public outrage sparked condemning Pete and accusing him of being a **public threat**.

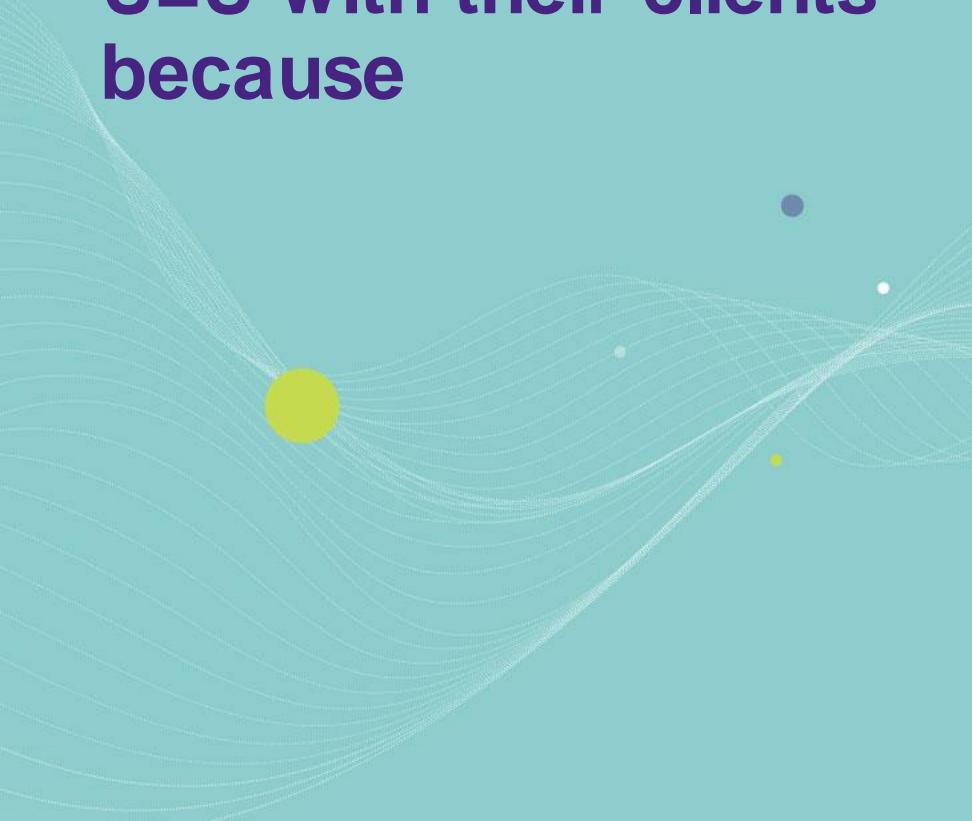
Self-proclaimed "HIV-experts" began blaming the influencer for **destroying country's HIV prevention effort**.



Statements endorsing U=U were issued by the IAS, UNAIDS, Prevention Access together with APCOM, and PARTNER, PARTNER2 and Opposites Attract study PIs, which generated **no interest in Thailand**.

"U=U=Condom please" statement made by a university-based ID doctor was praised.

Health care providers are not routinely communicating about **U=U** with their clients because



- Insufficient awareness about U=U
- Unfounded disbelief in U=U
- General discomfort with discussing sex with patients, partly due to inadequate training
- Anticipated changes in ‘personal responsibility’, e.g., multiple sex partners, condomless sex
- Some deliver information in an ambiguous or distorted way, e.g., extremely low or negligible risk
- None of which are medically justifiable

Calabrese S, et al. Lancet HIV 2021; 8: e175–80.

PLHIV advocates also are not routinely communicating about U=U within their communities because



- Insufficient awareness about U=U
- Unfounded disbelief in U=U
- Fear of being seen as advocates for irresponsible sex and sexual pleasure
- Internalized stigma of not being able to make informed decision about condom use (not to prevent HIV but to prevent pregnancy and other STIs)
- Inability to integrate U=U message to overcome self-stigma and to reduce social stigma towards PLHIV

Anticipated changes in sexual behavior do not justify withholding or distorting information about U=U

- People might or might not change their sexual behavior. Changes do not confer an increased risk in HIV transmission.
- Discuss U=U as part of sexual health in a sex-positive setting – facilitate condom counseling as an option to prevent unintended pregnancy and STIs but unnecessary for preventing sexual transmission of HIV.
- By distorting/withholding U=U information or selectively communicating U=U information,
 - Violate medical ethics – PLHIV have a right to know about U=U
 - Perpetuate health inequities – PLHIV must not be selectively communicated (due to biases towards gender, sex, race)
 - Violate sexual rights – PLHIV have rights to fulfil and express their sexuality and enjoy sexual health

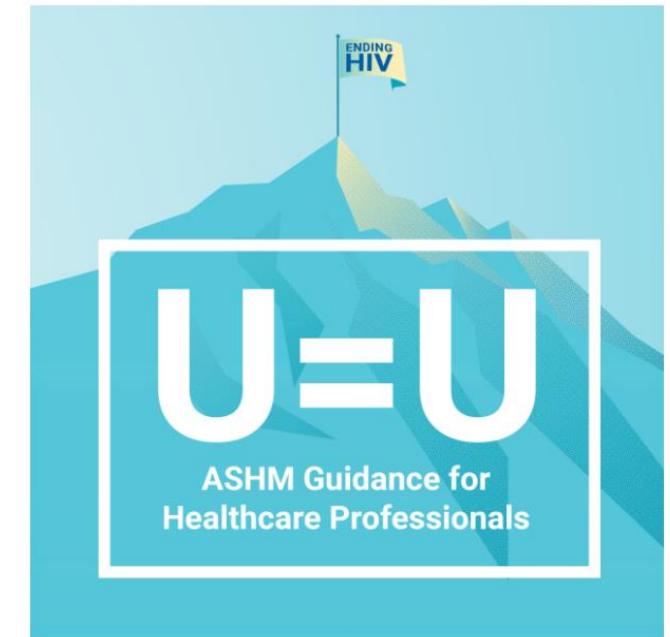
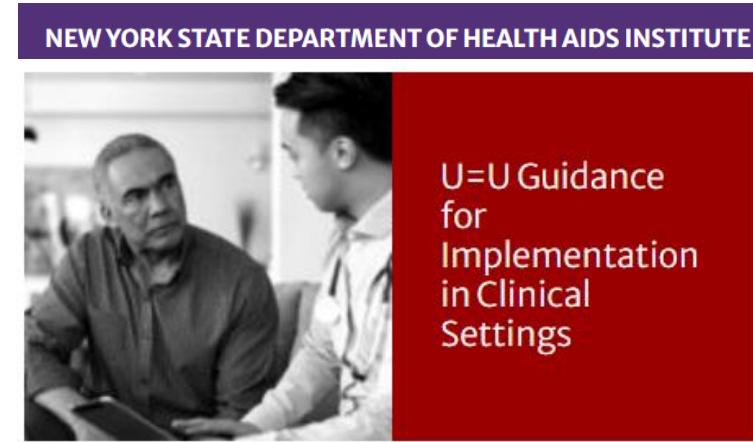
Calabrese S, et al. Lancet HIV 2021; 8: e175–80.

Increase awareness, motivation and capacity to disseminate U=U message

Policies, guidelines and standards

Unequivocally endorse U=U message

Affirm that informing patients about U=U is the expected standard of care (vs an optional or discretionary component of care)



Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030

39. Welcome the recent scientific evidence related to the preventative benefits of antiretroviral drug therapy, demonstrating no evidence of sexual transmission of HIV within adult couples when the HIV-positive partner is on effective and sustained treatment, with undetectable viral loads, confirmed by routine testing at intervals as recommended by the World Health Organization and reflected in its updated 2021 guidelines, which is known as “Undetectable = Untransmittable (U = U)”, also recognizing the continued need for further research;

Calabrese S, et al. Lancet HIV 2021; 8: e175–80.

<https://www.hivguidelines.org/antiretroviral-therapy/u-equals-u/>

<https://www.ashm.org.au/HIV/UequalsU/>

Training and tools

Integrate U=U content, and clear communication skill, into health education and training programs

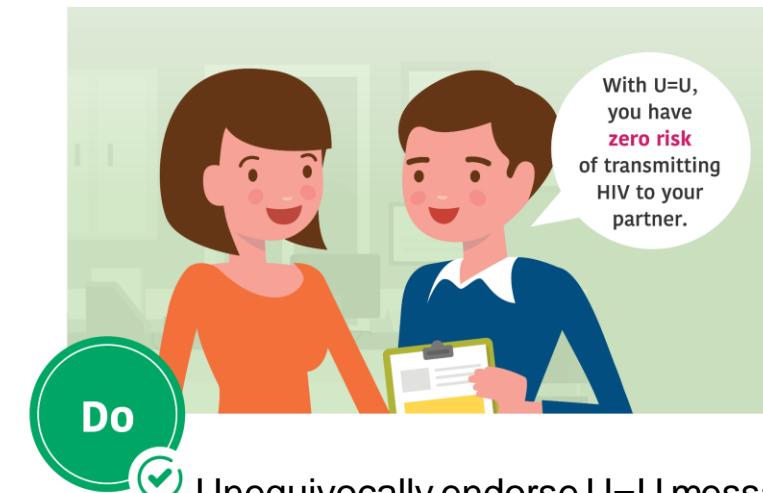
Directly discuss and discredit concerns about sexual behavior change

Highlight the key benefits of communicating U=U to motivate the dissemination (e.g., clients' right, adherence and retention)

Increase awareness, motivation and capacity to disseminate U=U message



Don't use moral judgements to moderate language into close to zero risk, negligible risk, greatly reduced risk, or minimal risk.



Unequivocally endorse U=U message. Use crystal clear language that U=U means 'zero risk' of sexual transmission of HIV to others.

Training and tools

Increase recognition of sexual pleasure as fundamental to sexual health, and sexual health as fundamental to human health and human rights

Re-defining and de-stigmatizing sexual health behaviors

*"Labelling condomless sex as risky or unprotected is not only **imprecise** but also **stigmatizing** and **counterproductive**."*

Increase awareness, motivation and capacity to disseminate U=U message



Don't stereotype PLHIV as having sexual irresponsibility. Don't selectively withhold U=U information from sexual minority and/or gender non-conforming individuals.



Discuss U=U in a sex-positive setting – facilitate condom counseling as an option to prevent unwanted pregnancy and STIs but unnecessary for preventing sexual transmission of HIV.

Increase awareness, motivation and capacity to disseminate U=U message

Scientific conference, publication and research

Prioritize U=U research for publication and presentation at scientific conferences

Research grants to enhance clinical and public health practice around U=U messaging



Iskandar Azwa, ID physician, University of Malaya, KL, Malaysia

"How we as doctors feel comfortable talking about sex? We need to feel comfortable talking more about sex if we are going to talk about U=U because U=U largely applies to sexual transmission of HIV."

Eamonn Murphy, Director, UNAIDS Asia-Pacific

"To make sure that U=U is understood, social campaigns are going to be critical part of this. It's not just the clinicians and policy makers but the community themselves, we need to get them to understand because community themselves create the change by knowing what to ask for and what services to expect."

Increase awareness, motivation and capacity to disseminate U=U message

Broaden public awareness through public health messaging

Public education can encourage client-initiated conversations among individuals who are already in care, especially in stigmatized groups

Promote healthcare-seeking among individuals living with HIV who are undiagnosed or untreated

UNDETECTABLE = UNTRANSMITTABLE



Calabrese SK and Mayer KH. JIAS 2020; 23:e25559. <https://www.preventionaccess.org/>
<https://www.discriminatio.it/world-aids-day-la-campagna-social-e-video-contro-il-pregiudizio/>
<https://www.aidsprojectro.org/>

Conclusions

- U=U science is strong. U=U stigma around PLHIV stereotype, sex and gender, and sexual pleasure is also strong.
- Distorting, withholding or restricting knowledge about U=U – because of disbelief, judgmental attitudes, stigma – is not justifiable. It violates medical ethics and human rights.
- For full benefit of individual people living with HIV and societies, we need multiple strategies to urgently increase awareness, motivation, and capacity of health care providers and PLHIV communities to disseminate U=U message.

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Thank you