

From “Treatment as Prevention” to “Undetectable=Untransmittable”: Advancing the Research and Policy Agenda to Ensure Relevance for All Women

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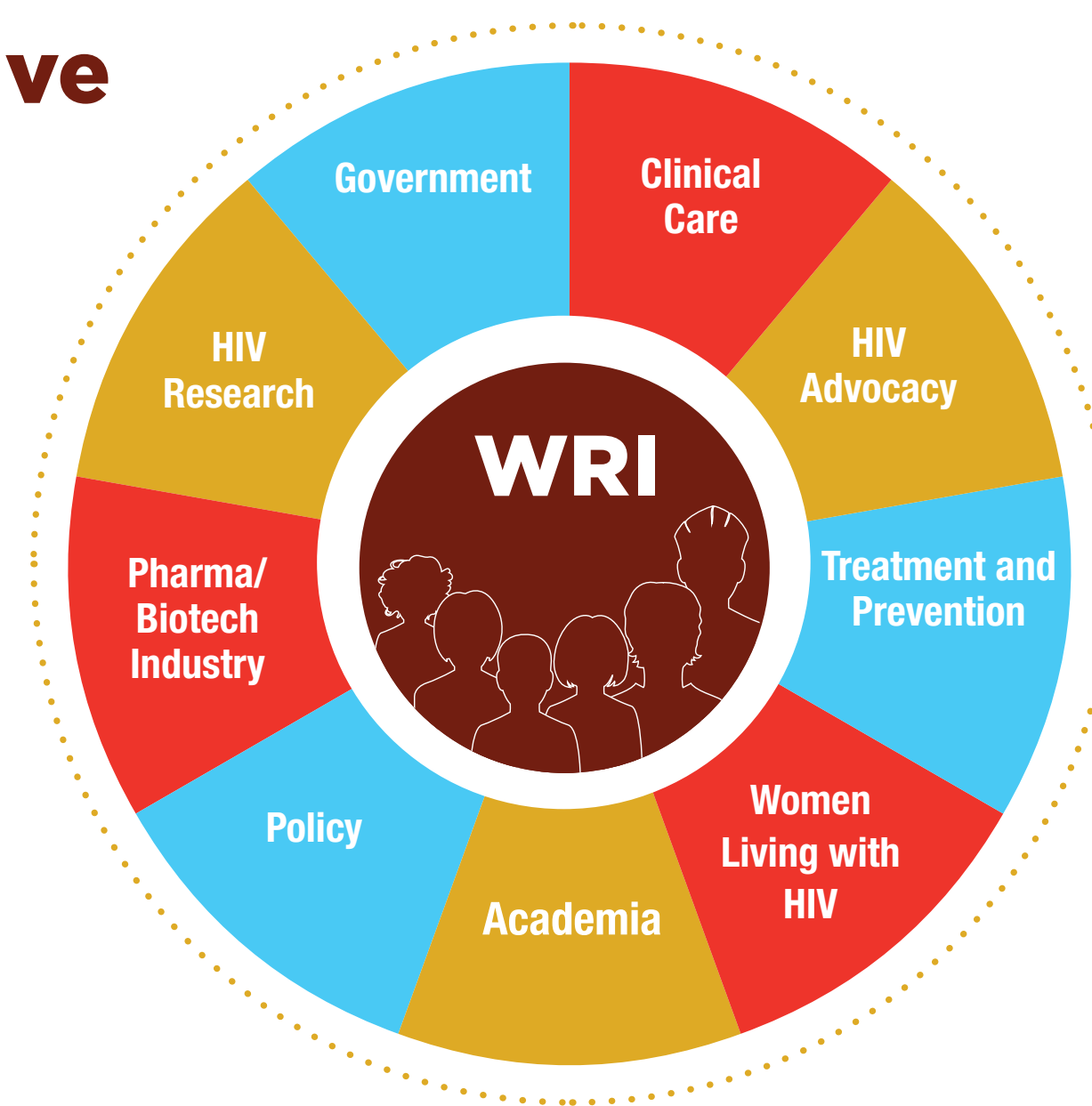
BACKGROUND

In April 2018, The Women’s Research Initiative on HIV/AIDS (WRI), a program of The Well Project, convened a meeting to contextualize the community-driven public health campaign Undetectable=Untransmittable (U=U) in the lives of women. U=U is a campaign developed by the HIV advocacy and scientific community promoting a consensus statement declaring that people who have achieved a sustained undetectable viral load will not sexually transmit HIV. As the message of U=U has been widely adopted by non-governmental and governmental agencies around the world, the WRI sought to examine its relevance for women in the context of a variety of factors including sexual relationships, motherhood, access to treatment, stigma and injection drug use.

Women’s Research Initiative on HIV/AIDS (WRI)



The WRI is a multi-disciplinary, multi-sectoral model for dialogue and action identifying gaps for women in HIV prevention, treatment and cure research and policy.



METHODS

The WRI is a multi-disciplinary, multi-sectoral convening for dialogue and action, identifying gaps for women in HIV prevention, treatment and cure research and policy. The WRI was founded in 2003 by The Well Project (a non-profit organization whose mission is to change the course of the HIV/AIDS pandemic through a unique and comprehensive focus on women and girls) in response to the historic and overall lack of focus on women in HIV prevention and treatment research. Since its inception, the WRI has employed a unique model of stakeholder engagement to elevate, enhance and expedite

research on women and HIV. By convening key stakeholders from clinical care, HIV research, academia, HIV advocacy, policy, government, treatment and prevention networks, the pharmaceutical/biotechnology industry and women living with HIV, the WRI comprehensively identifies research and policy gaps in treatment and prevention for women.

The WRI 2018 reviewed the science behind U=U, including the biology of transmission and acquisition, the sociology of stigma, discrimination and criminalization, and relationship dynamics. The meeting addressed policy and communications issues related to effective dissemination and uptake of the U=U message among women.

RESULTS

The WRI 2018 validated the importance of U=U as a powerful approach, both in terms of its public health message and as a tool to reduce HIV-related stigma, increase personal empowerment and improve health outcomes. The meeting also identified the limitations of extrapolating the compelling data supporting U=U for sexual transmission to breastfeeding and injection drug use. Specific findings include:

Stigma: One of the greatest contributions of the U=U message for women (and men) is its potential to disrupt HIV-related stigma (on both an individual and a population level), which remains one of the most significant barriers to ending the HIV epidemic. The U=U message also has the potential to affect the most extreme form of structural stigma by mitigating HIV criminalization.

Breastfeeding: Though ARVs significantly reduce the risk of HIV transmission through breastfeeding, it remains possible for women with an undetectable viral load to transmit HIV to their babies. The WRI 2018 noted that women living with HIV consider a number of factors beyond scientific data when deciding whether or not to breastfeed their babies and that providers

must be willing to engage in honest dialogue with their patients about their decisions in order to best support them.

Injection Drug Use: While planned and ongoing studies are investigating whether suppressed viral load eliminates HIV transmission via shared injection equipment, there is currently insufficient data to extrapolate the U=U message to that mode of transmission.

Through facilitated discussion, the WRI 2018 identified key research, policy and advocacy gaps, including:

- Research on the impact of U=U on the care continuum and quality of life outcomes for women
- Research to determine whether U=U is applicable to parenteral and perinatal transmission
- Revision of all prevention, treatment and care guidelines to include consistent U=U messaging
- Advocacy to leverage U=U to affect stigma, discrimination and criminalization

CONSIDERATIONS FOR U=U & WOMEN

- Power dynamics, particularly within intimate relationships
- Access to HIV-related treatment and care
- HIV criminalization
- Pregnancy/breastfeeding
- Stigma
- Injection drug use
- Disclosure of HIV status

CONCLUSIONS

U=U is an important advance with the potential to significantly decrease stigma and alter the trajectory of the HIV epidemic by changing the way people living with and vulnerable to HIV see themselves and are seen by others. To realize its potential, the message must be clear, consistent, evidence-based, relevant and disseminated to all women.