

# U=U

## FLAGSHIP

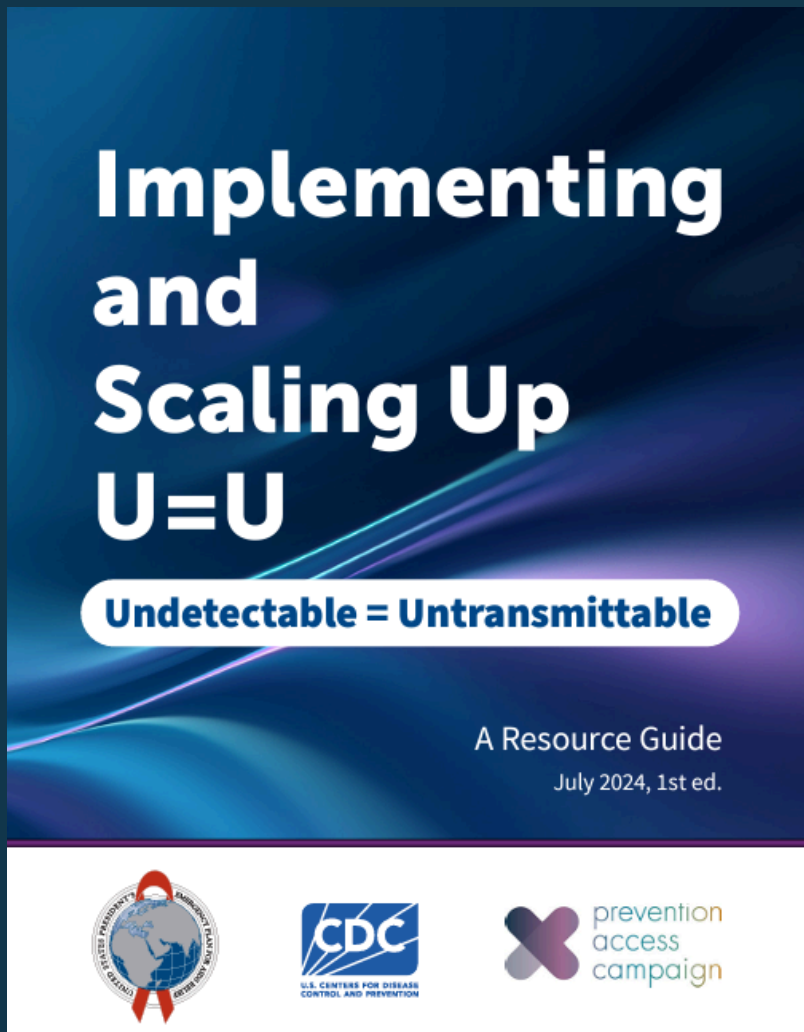
### ENDORSEMENTS OF U=U

updated 20 September 2024





**Download the new comprehensive U=U resource guide from the U.S. Centers for Disease Control and Prevention & Prevention Access Campaign**



**Contact Prevention Access Campaign for training & technical assistance:**  
**[info@preventionaccess.org](mailto:info@preventionaccess.org) | [www.preventionaccess.org](http://www.preventionaccess.org)**

# U=U Flagship Sources

## Global Medical and Scientific Endorsements of U=U

*“Undetectable = Untransmittable (U=U) is a concept that has been endorsed by governments and diverse communities around the world. It has transformed the lives of millions of people living with and affected by HIV, and HIV prevention, testing, treatment, care and support generally. U=U has been described as ‘one of the most effective and historic counter-narratives to HIV stigma.’”<sup>1</sup>*  
UNAIDS 2022

In this brief, you’ll find PAC’s collection of endorsements of U=U from some of the most influential and important sources in the global HIV response.

The sources in this document provide overwhelming evidence for the scientifically established fact that a person living with HIV who is on treatment with an undetectable viral load confirmed by any WHO pre-qualified test or a viral load that is <200 copies/mL has zero risk of transmitting HIV to sexual partners. Although the measurement and definition for “viral suppression” may differ among global health agencies and ministries of health, the threshold for zero risk of transmission is consistent at <200 copies/mL. Additionally, the WHO confirmed in 2023 that a viral load between 200 and 1,000 copies/mL has almost zero or negligible risk of sexual transmission.

We hope the preeminent institutions’ clear language to describe U=U will provide credibility and support as you share the revolutionary news in personal, community, clinical, and policy spaces.

***U=U can be confirmed by an undetectable or <200 copies/mL viral load lab test result.***



1

UNAIDS (2022). Undetectable = Untransmittable = Universal Access (U=U=U): A Foundational, Community-led Global HIV Health Equity Strategy. Retrieved from [https://www.unaids.org/sites/default/files/media\\_asset/PCB51\\_NGO\\_Report\\_Final\\_112322.pdf](https://www.unaids.org/sites/default/files/media_asset/PCB51_NGO_Report_Final_112322.pdf)



## World Health Organization (WHO)

### The Role of HIV Viral Suppression in Improving Individual Health and Reducing Transmission

“People living with HIV who have an undetectable viral load have zero risk of transmitting HIV to their sexual partner(s).”

“People living with HIV who have an undetectable viral load should be told that, along with achieving better health, there is zero risk of transmitting HIV through sex as long as they continue to take their antiretroviral therapy as prescribed. This message should be reinforced at every visit, while reaching viral suppression should be a cause for celebration.”

“Suppressed (detected but  $\leq 1000$  copies/mL): Almost zero or negligible risk of transmission to sexual partner(s).”

“Research suggests that the prevention benefits of HIV treatment are highly motivating to people living with HIV and that, when people living with HIV are informed of these benefits, they are more likely to adhere to their medication. Community-led initiatives that communicate these benefits to people living with HIV, such as Undetectable = Untransmittable (U=U) campaigns, provide helpful messages and tools to encourage people living with HIV to achieve and maintain viral suppression and to reduce anxiety about transmitting HIV to sexual partners, support safer conception in serodiscordant couples and reduce community stigma. WHO guidance encourages the use of these messages as part of counseling, educational information and demand creation activities.” <sup>2</sup>

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#### 2

WHO (2023). The Role of HIV Viral Suppression in Improving Individual Health and Reducing Transmission: Policy Brief. Retrieved from <https://iris.who.int/bitstream/handle/10665/360860/9789240055179-eng.pdf?sequence=1>

## **Joint Statement Ministry of Public Health of Thailand, World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS)**

### ***People Living with HIV with an Undetectable Viral Load Cannot Transmit HIV Sexually***

“The Ministry of Public Health of Thailand, UNAIDS and WHO endorse Undetectable = Untransmittable (U=U).

“With U=U, HIV treatment has transformed the HIV prevention landscape.

“Not only does HIV treatment have life-changing individual benefits by enabling people living with HIV to stay healthy, maintain their quality of life and have a lifespan similar to people not living with HIV, it is now recognized to have important population health benefits by interrupting transmission of HIV. U=U can also have enormous benefits in reducing stigma and motivating people living with HIV to test, start and maintain treatment, become virally suppressed and continue follow-up care.

“It is important to raise awareness and promote the knowledge about U=U within the healthcare sector, communities, people living with HIV and other partners in the HIV response.”<sup>3</sup>

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### **3**

UNAIDS (2020). Joint Statement Ministry of Public Health of Thailand, World Health Organization (Who) and Joint United Nations Programme on Hiv/Aids (UNAIDS). Retrieved from <https://unaids-ap.org/joint-statement-ministry-of-public-health-of-thailand-world-health-organization-who-and-joint-united-nations-programme-on-hiv-aids-unaids/>



# The United States President's Emergency Plan for AIDS Relief (PEPFAR)

*U=U education is a requirement of all PEPFAR countries.<sup>4</sup>*

## PEPFAR 2023 Country and Regional Operational Plan (COP/ROP) Guidance for all PEPFAR Countries

### *Core Standards*

“HIV programs should offer activities that help people understand the facts about HIV infection, treatment, and viral load. Undetectable=Untransmittable messaging and other messaging that reduces stigma and encourages HIV testing, prevention, and treatment should reach the general population and health care providers.”<sup>4</sup>

## PEPFAR's Five-Year Strategy

### *Scale-up of Undetectable = Untransmittable (U=U) messaging for Key Populations:*

“The idea that someone living with HIV, who is both on treatment and virally undetectable, cannot transmit the virus to a sexual partner is revolutionary.”<sup>5</sup>

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**4**

PEPFAR (2023). PEPFAR 2023 Country and Regional Operational Plan (COP/ROP) Guidance for all PEPFAR Countries. (Pgs. 124 - 125) Retrieved from <https://www.state.gov/wp-content/uploads/2023/07/PEPFAR-2023-Country-and-Regional-Operational-Plan.pdf>

**5**

PEPFAR (2023). PEPFAR FY 2024 Technical Considerations. (Pg. 309) Retrieved from <https://www.state.gov/wp-content/uploads/2023/07/PEPFAR-2023-Country-and-Regional-Operational-Plan.pdf>

“U=U messaging has the potential to reduce stigma toward PLHIV, including self-stigma; increase demand for HIV testing and ART, including early initiation of treatment; improve treatment adherence; and increase understanding that a suppressed VL is important to maintain the long-term health of PLHIV. The concept of U=U can also strengthen advocacy efforts for universal access to effective treatment and care, and messaging around U=U should be well-integrated into HIV prevention, care, and treatment programs, including those serving key populations. Demand creation toolkits to develop U=U campaigns are available to all PEPFAR agencies.

Prevention Access Campaign is the leading site for U=U information, resources, and news.” <sup>6</sup>

### ***Transforming Key Population (KP) Service Delivery through Key Population Leadership***

“We recognize that key populations are best served when KP-led organizations have actively designed their programs in partnership with the KPs that they know and represent. We also know that each KP is distinct, and have differentiated needs, challenges, and ways that care is most effectively provided. For us to be successful in helping to close the gaps, it will be important that we have members of KPs in the lead of the design of solutions to expand testing, access to treatment, retention, and prevention services. We will also continue supporting U=U (undetectable equals untransmittable) messaging to emphasize the power of adherence to treatment, reduce stigma among certain populations, and create an enabling environment for testing.” <sup>7</sup>

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**6**

Ibid. (Pgs. 309 - 310) Retrieved from

<https://www.state.gov/wp-content/uploads/2023/02/FY-2024-PEPFAR-Technical-Considerations.pdf>

**7**

PEPFAR (2022). PEPFAR’s Five-Year Strategy Fulfilling America’s Promise to End the HIV/AIDS Pandemic by 2030. (Pg. 12) Retrieved from

[https://www.state.gov/wp-content/uploads/2022/11/PEPFARs-5-Year-Strategy\\_WAD2022\\_FINAL\\_COMPLIANT\\_3.0.pdf](https://www.state.gov/wp-content/uploads/2022/11/PEPFARs-5-Year-Strategy_WAD2022_FINAL_COMPLIANT_3.0.pdf)

## **FY 2024 Technical Considerations**

### ***Continuity of Treatment & Ensuring Programs Work for PLHIV***

“The foundation to empowering people in their treatment journey is treatment literacy. Providers should describe new treatment paradigms using hopeful language that includes the benefits of viral suppression (including the science of U=U) achieved by consistently taking ARVs.” <sup>8</sup>

### ***Linkage to ART, Early Engagement & Treatment Literacy***

“Research from Malawi, South Africa, and Zimbabwe suggests that what people living with HIV are learning about ART is not motivating many of them to stay on treatment. This motivation gap is partly due to a knowledge and confidence gap among providers, who often leave out information about the benefits of treatment, including its role in preventing transmission (U=U) when talking to patients. The significance of viral suppression with respect to health, sexual “normalcy” and preventing viral transmission should be emphasized.” <sup>9</sup>

### ***Prevention in Antenatal Care (ANC) and Prevention of Mother-to-Child Transmission (PMTCT)***

“In addition, it is important to expand messaging to PBFW [pregnant and breastfeeding women] on the substantial impact that viral load suppression to undetectable levels has on improving maternal health and preventing vertical transmission. While the U=U criteria used for sexual transmission do not strictly apply to MTCT, evidence shows that when HIV is diagnosed, ART is initiated, and viral suppression (to <50 copies/mL) is achieved prior to conception and maintained over the course of pregnancy and breastfeeding, the risk of vertical transmission is extremely low. Expanding the messages in U=U campaigns to emphasize early ART start and viral suppression before and throughout pregnancy and breastfeeding could have an important impact on MTCT.

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<sup>8</sup> PEPFAR (2023). PEPFAR FY 2024 Technical Considerations. (Pg. 42) Retrieved from <https://www.state.gov/wp-content/uploads/2023/02/FY-2024-PEPFAR-Technical-Considerations.pdf>

<sup>9</sup> Ibid. (Pg. 51) Retrieved from <https://www.state.gov/wp-content/uploads/2023/02/FY-2024-PEPFAR-Technical-Considerations.pdf>



“To attain this near zero risk of vertical transmission for WLHIV [Women Living with HIV], programs should provide client education and service delivery that focus on: (1) testing and starting WLHIV on ART prior to conception, (2) supporting pregnancy planning for WLHIV on ART, and (3) ensuring viral suppression throughout pregnancy and breastfeeding. These educational and service interventions are needed at both PMTCT service delivery points as well as in the community and general ART clinics to ensure that women know their status, start ART, and are virally suppressed prior to conception or as early as possible in the pregnancy.” <sup>10</sup>

### ***HIV Testing Services Strategies: Reaching & Maintaining Global 95-95-95 Goals***

“All communications around HIV testing (including demand creation, group pre-test information, and post-test counseling) must align with current national and PEPFAR minimum standards, program priorities, and population/individual needs. HTS [HIV Testing services] programs should provide non-judgmental, positive, consistent messaging to all supported persons and communities on the benefits of appropriate testing services, prevention services (including PrEP and VMMC [voluntary male medical circumcision]), partner and index testing services, and HIV treatment (including U=U). Additionally, it is imperative for programs to establish and maintain strategic partnerships with community and subpopulation organizations that are a part of the communities and populations PEPFAR serves.” <sup>11</sup>

### ***Targeted Community-Based Testing Services***

“One of the Faith and Community Initiative hallmarks has been investment in creating materials that capacitate FBOs [Faith Based Organizations] and faith and traditional communities to disseminate new Messages of Hope across their religious parent body infrastructures.

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**10**

Ibid. (Pg. 110-111) Retrieved from

<https://www.state.gov/wp-content/uploads/2023/02/FY-2024-PEPFAR-Technical-Considerations.pdf>

**11**

Ibid. (Pg. 140) Retrieved from

<https://www.state.gov/wp-content/uploads/2023/02/FY-2024-PEPFAR-Technical-Considerations.pdf>

“This suite of communication prototypes provides accurate information about HIV and COVID-19, respectively, and affirms messages about testing, prevention, and advances in HIV treatment (e.g., U=U) for dissemination through sermons and across traditional mass media channels and digital and social media platforms to reduce stigma and increase uptake of targeted HIV testing.” <sup>12</sup>

### ***Approach to Viral Load Testing***

“Creating demand for VL remains a challenge in many national HIV programs. The following education points should be widely disseminated by all providers, community health workers and counselors doing HIV testing.

1. A suppressed viral load is critical to ensuring healthy living with HIV.
2. U=U. It is now widely accepted that individuals who are virally suppressed cannot pass HIV to their sexual partners.
3. Effective therapy significantly reduces the risk of vertical transmission and transmission to individuals with whom they may share drug using equipment.

“To address this, partners should ensure there is dissemination of information to peer educators and counselors regarding routine VL testing, significance of results, and clinical management.

Treatment literacy efforts should include education of healthcare workers on the benefits of treatment to prevent onward transmission (U=U), national HIV treatment guidelines or algorithms, explaining the importance of VL and management of high VL results.” <sup>13</sup>

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**12**

Ibid. (Pg. 173) Retrieved from

<https://www.state.gov/wp-content/uploads/2023/02/FY-2024-PEPFAR-Technical-Considerations.pdf>

**13**

Ibid. (Pg. 256) Retrieved from

<https://www.state.gov/wp-content/uploads/2023/02/FY-2024-PEPFAR-Technical-Considerations.pdf>



## Centers for Disease Control and Prevention (CDC)

### Implementing and Scaling Up Undetectable = Untransmittable

“There is zero risk of transmission to sexual partner(s) with an undetectable viral load or a viral load under 200 copies/ml.”<sup>14</sup>

“As an individual and relationship-level intervention, U=U can:

- Increase the uptake of HIV testing services.
- Improve treatment adherence and viral suppression.
- Improve the quality of life and well-being of people living with HIV.

“As a community and organizational-level intervention, U=U can be used to:

- Improve HIV literacy.
- Increase health equity by championing universal access to care and treatment.
- Reduce HIV-related stigma and discrimination.”<sup>15</sup>

“Beyond its simplicity, the U=U message is inspirational and aspirational, signaling that ending HIV is possible, people can live productive lives with HIV, and transmission to people without HIV can be eliminated.”<sup>16</sup>

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#### 14

CDC (2024). Implementing and Scaling up Undetectable = Untransmittable (U=U): A Resource Guide. 1st ed. Centers for Disease Control and Prevention Division of Global HIV and TB, 2024, Atlanta, GA. (Pg. 16) Retrieved from <https://www.cdc.gov/global-hiv-tb/php/our-approach/undetectable-untransmittable.html>

#### 15

Ibid. (Pg. 9) Retrieved from <https://www.cdc.gov/global-hiv-tb/php/our-approach/undetectable-untransmittable.html>

#### 16

Ibid. (Pg. 27) Retrieved from <https://www.cdc.gov/global-hiv-tb/php/our-approach/undetectable-untransmittable.html>

## Let's Stop HIV Together

"Taking your medication as prescribed and keeping an undetectable viral load are the best things you can do to stay healthy, and doing so also prevents you from sexually transmitting HIV to your HIV-negative partner."

"Being undetectable is when your HIV viral load is so low that it can't be detected. So it can't be transmitted through sex." **17**

## Dear Colleague Letter from Dr. Eugene McCray (Director, Division of HIV/AIDS Prevention at the CDC - 2014-2020)

"I am writing to encourage you to continue your work to spread the word about the power of viral suppression to improve the health of people with HIV and to prevent the sexual transmission of HIV. This information is important and has the power to change lives."

"For ART, the science is strong and clear; the data show that the effectiveness for ART with viral suppression is estimated to be 100% for preventing sexual transmission of HIV."

We urge you to share this groundbreaking science with your communities. Research shows that no single message is acceptable or understandable to all audiences, so it is important to have flexibility and options when communicating about this life-saving science. You can use CDC-developed materials, as well as materials developed by community groups such as Prevention Action Campaign, the organization responsible for the U=U campaign." **18**

"CDC estimates viral suppression is 100% effective for prevention of HIV sexual transmission." **19**

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**17**

CDC (2020). Let's Stop HIV Together Undetectable PSA Video. Retrieved from [https://youtu.be/\\_ISiaWwHcl?feature=shared](https://youtu.be/_ISiaWwHcl?feature=shared)

**18**

CDC (2019). Dear Colleague Letter from Dr. Eugene McCray. Retrieved from [https://58b1608b-fe15-46bb-818a-cd15168c0910.filesusr.com/ugd/de0404\\_966c29f826d4481abf8bba0690bdd439.pdf](https://58b1608b-fe15-46bb-818a-cd15168c0910.filesusr.com/ugd/de0404_966c29f826d4481abf8bba0690bdd439.pdf)

**19**

CDC (2019). Effectiveness of Prevention Strategies to Reduce the Risk of Acquiring or Transmitting HIV. Retrieved from <https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html>



## The Joint United Nations Programme on HIV/AIDS (UNAIDS)

### **Undetectable = Untransmittable = Universal Access (U=U=U): A Foundational, Community-led Global HIV Health Equity Strategy**

“Undetectable = Untransmittable (U=U) is a concept that has been endorsed by governments and diverse communities around the world. It has transformed the lives of millions of people living with and affected by HIV, and HIV prevention, testing, treatment, care and support generally. Robust evidence shows that U=U is a highly effective approach for eliminating HIV stigma and discrimination through access to information, knowledge (education) and advocacy that is tailored to local contexts and communities. U=U has been described as ‘one of the most effective and historic counter-narratives to HIV stigma’.”<sup>20</sup>

### **Joint Statement Ministry of Public Health OF Thailand, World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS)**

#### ***People Living with HIV with an Undetectable Viral Load Cannot Transmit HIV Sexually***

“The Ministry of Public Health of Thailand, UNAIDS and WHO endorse Undetectable = Untransmittable (U=U).”<sup>21</sup>

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#### **20**

UNAIDS (2022). Undetectable = Untransmittable = Universal Access (U=U=U): A Foundational, Community-led Global HIV Health Equity Strategy. Retrieved from [https://www.unaids.org/sites/default/files/media\\_asset/PCB51\\_NGO\\_Report\\_Final\\_112322.pdf](https://www.unaids.org/sites/default/files/media_asset/PCB51_NGO_Report_Final_112322.pdf)

#### **21**

UNAIDS (2020). Joint Statement Ministry of Public Health of Thailand, World Health Organization (Who) and Joint United Nations Programme on Hiv/Aids (UNAIDS). Retrieved from <https://unaids-ap.org/joint-statement-ministry-of-public-health-of-thailand-world-health-organization-who-and-joint-united-nations-programme-on-hiv-aids-unaids/>

## Undetectable = Untransmittable: Public Health and HIV Viral Load Suppression

“Ensuring access to treatment and support to stay virally suppressed and ultimately achieve an undetectable level for all people living with HIV is essential to ensure good health, save lives and prevent new transmissions, accelerating progress towards ending AIDS as a public health threat. U = U is a gamechanger for better efficacy of ART programmes and is a win-win for all.

“All efforts must be made to ensure health-care providers and communities of people living with HIV are aware of U = U and make it part of the routine dialogue between service providers and clients.” <sup>**22**</sup>

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### **22**

UNAIDS (2024). Undetectable = Untransmittable - Public Health and HIV Viral Load Suppression. Retrieved from [https://www.unaids.org/sites/default/files/media\\_asset/undetectable-untransmittable\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/undetectable-untransmittable_en.pdf)



## National Institutes of Health (NIH)

### **HIV Undetectable=Untransmittable (U=U), or Treatment as Prevention**

“People with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others.”<sup>23</sup>

### **The Science Is Clear—With HIV, Undetectable Equals Untransmittable NIH Officials Discuss Scientific Evidence and Principles Underlying the U=U Concept**

“In recent years, an overwhelming body of clinical evidence has firmly established the HIV Undetectable = Untransmittable (U=U) concept as scientifically sound, say officials from the National Institutes of Health. U=U means that people living with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking and adhering to antiretroviral therapy (ART) as prescribed cannot sexually transmit the virus to others.”

“U=U can help control the HIV pandemic by preventing HIV transmission, and it can reduce the stigma that many people with HIV face.”<sup>24</sup>

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#### **23**

NIAID (2019). HIV Undetectable=Untransmittable (U=U), or Treatment as Prevention. Retrieved from <https://www.niaid.nih.gov/diseases-conditions/treatment-prevention>

#### **24**

NIAID (2019). The Science Is Clear—With HIV, Undetectable Equals Untransmittable. Retrieved from <https://www.niaid.nih.gov/news-events/science-clear-hiv-undetectable-equals-untransmittable>



## United States Department of Health and Human Services (HHS)

### Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV

“All persons with HIV should be informed that maintaining a plasma HIV RNA (viral load) of <200 copies/mL, including any measurable value below this threshold value, with ART prevents sexual transmission of HIV to their partners (All). Patients may recognize this concept as Undetectable = Untransmittable, or U=U.”<sup>25</sup>



### Multinational U=U Call to Action

#### Canada, United States, Vietnam and Australia Government *Multinational Undetectable = Untransmittable (U=U) Call-to-Action*

“Throughout the history of the global HIV epidemic, rarely has such a clear opportunity emerged to alter its course. There is a worldwide possibility to fight HIV stigma and improve HIV prevention, care, and treatment outcomes by following the science and disseminating the evidence-based U=U message at scale. Doing so will propel nations, and the entire world, one step closer to finally ending the epidemic. As global leaders unite to amplify U=U, let all nations follow the science to achieve 95-95-95 goals and worldwide elimination of HIV.”<sup>26</sup>

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#### 25

U.S. Department of Health and Human Services (2019). Panel on Antiretroviral Guidelines for Adults and Adolescents, Department of Health and Human Service. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.(Pg. E-6) Retrieved from <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf>

#### 26

PAC (2022). Multinational Undetectable = Untransmittable (U=U) Call-to-Action. Retrieved from <https://preventionaccess.com/multinational-uu-call-to-action/>





The Global Fund

## HIV Information Note

The HIV program essentials are key evidence-based interventions and approaches to addressing the ambitious goals set out in the UNAIDS Global AIDS Strategy 2021-2026, the 2022-2030 WHO Global Health Sector Strategies on HIV, viral hepatitis, and sexually transmitted infections, and the 2023-2028 Global Fund Strategy. They are critical to ensure equity in access to high-impact interventions for those who need them most.

U=U is one of the 22 program essentials and focuses on “supporting the continuity of treatment and return to care.” Global Fund implementers should “ensure resources are available for improving treatment literacy so that individuals understand the importance of knowing one’s viral load and that virologic suppression promotes well-being and prevents onward HIV transmission in line with the “undetectable= untransmittable” (U=U) concept.” <sup>27</sup>

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<sup>27</sup>

The Global Fund (2022). HIV Information Note Allocation Period 2023 - 2025. Retrieved from [https://www.theglobalfund.org/media/4765/core\\_hiv\\_infonote\\_en.pdf](https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf)

# THE LANCET

## The Lancet

### Providers Should Discuss U=U with All Patients Living with HIV

“With evidence supporting undetectable=untransmittable (U=U) now overwhelming, providers should be routinely communicating the message to all of their patients living with HIV.”<sup>28</sup>

### Call to Action: How can the US Ending the HIV Epidemic Initiative Succeed?

“A national culturally competent effort is needed to raise awareness of the U=U campaign as a promising approach to reduce HIV stigma, which has a powerful potentiating role in both acquisition risks and treatment challenges.”

“Health care professionals must inform patients living with and affected by HIV about U=U to improve, first and foremost, personal health, as well as public health; sharing this information might greatly improve the social and emotional wellbeing of people living with HIV, reduce HIV stigma, reduce anxiety associated with HIV testing, and help motivate treatment uptake, treatment adherence, and engagement in care.”

“Advocates should be equipped to use the so-called public health argument from U=U in advocacy to increase access and remove barriers to quality health care; ensuring people with HIV have the treatment and services they need to achieve and maintain an undetectable viral load not only saves lives, but also is an effective way to prevent new transmissions.”<sup>29</sup>

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#### 28

Calabrese, S. K., & Mayer, K. H. (2019, April 1). Providers should discuss U=U with all patients living with HIV). Retrieved from [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(19\)30030-X/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(19)30030-X/fulltext)

#### 29

Beyrer, C. A., Adimora, A. L., Hodder, S. H., Hopkins, E. S., Millett, G. P., Mon, S. H., . . . Mayer, K. U. (2021). Call to action: How can the US Ending the HIV Epidemic initiative succeed? The Lancet. Retrieved from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00390-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00390-1/fulltext)

## Prioritizing Pleasure and Correcting Misinformation in the Era of U=U

“Many PHIV [People with HIV] with an undetectable viral load have unnecessarily abstained from condomless sex, avoided serodifferent partnering, and had anxiety about onward sexual transmission due to perceived HIV risk that is now known to be non-existent.”

“Withholding information about U=U is thus rooted in behavioral assumptions and is scientifically unfounded. Moreover, withholding such information violates medical ethics, perpetuates health inequities, and infringes on the sexual health and human rights of people with HIV. Health professionals and the broader public health community have an ethical responsibility to actively address misinformation about HIV transmission and disseminate the U=U message to all people.”<sup>30</sup>

### U=U Taking Off in 2017

“The fact that people infected with HIV who are virally suppressed cannot sexually transmit the virus to others is now accepted in the HIV/AIDS community as a result of accumulating evidence since the early 2000s.”

“The fact that HIV treatment has advanced to the point that people infected with HIV can live full-length, healthy lives with zero chance of sexually transmitting the virus to others as long as they are on effective ART is a huge success.”

“U=U is a simple but hugely important campaign based on a solid foundation of scientific evidence. It has already been successful in influencing public opinion, causing more people with HIV (and their friends and families) to comprehend that they can live long, healthy lives, have children, and never have to worry about passing on their infection to others.”<sup>31</sup>

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#### 30

Calabrese, S. K., Mayer, K. H., & Marcus, J. L. (2021). Prioritising pleasure and correcting misinformation in the era of U=U. *The Lancet HIV*, 8(3). Retrieved from [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(20\)30341-6/fulltext#relAudio](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(20)30341-6/fulltext#relAudio)

#### 31

Hiv, T. L. (2017). U=U taking off in 2017. *The Lancet HIV*, 4(11). Retrieved from [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(17\)30183-2/fulltext?elsca1=etoc](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(17)30183-2/fulltext?elsca1=etoc)

# The Journal of the American Medical Association (JAMA)

## HIV Viral Load and Transmissibility of HIV Infection Undetectable Equals Untransmittable

“In 2016, the Prevention Access Campaign, a health equity initiative with the goal of ending the HIV/AIDS pandemic as well as HIV-related stigma, launched the Undetectable = Untransmittable (U = U) initiative. U=U signifies that individuals with HIV who receive antiretroviral therapy (ART) and have achieved and maintained an undetectable viral load cannot sexually transmit the virus to others. This concept, based on strong scientific evidence, has broad implications for treatment of HIV infection from a scientific and public health standpoint, for the self-esteem of individuals by reducing the stigma associated with HIV, and for certain legal aspects of HIV criminalization.”

“Because of the promise of U = U, achieving and maintaining an undetectable viral load becomes an aspirational goal and offers hope for persons with HIV. To enhance the overall success of the U = U concept, it is important to implement programs that help patients remain in care and address the challenges in their lives that result in their stopping therapy.”

“The U = U concept provides incentives for individuals with HIV to seek, initiate, and adhere to ART. In addition, it adds incentives to efforts to control and ultimately end the HIV/AIDS pandemic because treatment as prevention is a critical tool in preventing the spread of HIV infection.”

“The U = U concept also bridges the best of biomedical science with current concepts in behavioral and social science by removing the sense of fear and guilt that a person may be harming someone else, as well as the feeling of self-imposed and external stigma that many people with HIV experience. Finally, this concept has legal implications related to the criminalization of certain persons with HIV whereby criminal law is used to penalize alleged, perceived, or potential HIV exposure of one person to another.” <sup>32</sup>

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### 32

Eisinger, R. W., Dieffenbach, C. W., & Fauci, A. S. (2019). HIV Viral Load and Transmissibility of HIV Infection. JAMA, 321(5), 451. Retrieved from <https://jamanetwork.com/journals/jama/article-abstract/2720997?alert=article>