GMSH
GAY MEN'S SEXUAL HEALTH ALLIANCE

U=U Position Statement

Introduction

2 Spirit, gay, bisexual, queer, and other transgender and cisgender men who have sex with men (2SGBMSM) have been intensely affected by the HIV epidemic going back to a time before there was even a name for the virus. Before the term AIDS was coined, the condition was named GRID (gay related immune deficiency). Thus, gay men living with and affected by HIV have been at the forefront of advocacy and activism for equal, affordable, and dignified access to treatment and care, access to relevant and timely information, and accessible HIV prevention options including HIV testing and biomedical advancements like pre-exposure prophylaxis (PrEP).

The message of U=U (*Undetectable = Untransmittable),* developed by the Prevention Access Campaign, gives an opportunity for gay men to embrace a new era in the HIV epidemic. U=U provides the gay community with the opportunity to reflect upon and celebrate the successes in the fight to end HIV, and to focus on the best opportunities we have to end this epidemic. Key to ending the epidemic is ending HIV stigma.

HIV stigma, mixed with homophobia, transphobia, misogyny, racism, and HIV criminalization have taken an immeasurable toll on the gay community in the 35 plus years of the epidemic. HIV stigma specifically has had detrimental effects on the wellbeing and quality of life for gay men living with HIV. Much of that stigma has been reproduced and perpetuated within social/sexual realms of the gay community itself. U=U is a dramatic, scientifically proven, and transformational milestone in the HIV epidemic and an important tool for eliminating HIV stigma once and for all.

Community-based organizations are uniquely placed to bridge the gap between science and community engagement on U=U. As individuals who are directly supporting people living with, and affected by HIV, we must nurture and guide conversations. U=U is a new reality that comes with complexities. Its our job to communicate and facilitate engagement in this new landscape. Therefore, we must embrace the science of U=U and celebrate the message it sends: *people who are undetectable cannot transmit HIV to their sexual partners*.

Background

Undetectable Viral Load and Risk of Transmission

In 2008, the Swiss Federal Commission in charge of HIV/AIDS and sexual health made the following statement: "People who are HIV positive and whose viral load has been undetectable for over six months cannot transmit HIV when they continue to follow their treatment…[translation]."[1] Often referred to as "The Swiss Statement," the Federal Commission's statement laid the foundation for a dialogue on the efficacy of treatment as a tool for HIV prevention.

The landmark HPTN 052 study[2] followed heterosexual couples of mixed serostatus and found no

[1] Les personnes séropositives ne souffrant d'aucune autre MST et suivant un traitement antirétroviral efficace ne transmettent pas le VIH par voie sexuelle, Bulletin des médecins suisses, Berne, Janvier 2008, pp.165 [available in French only]

[2] Cohen, M.S. et al (2011) 'Prevention of HIV-1 Infection with Early Antiretroviral Therapy' The New England Journal of Medicine 365(5):493-505[pdf]

HIV transmission occurred through sexual intercourse when the HIV-positive partner's status was undetectable. Following HPTN 052, The Partner Study[3] and Opposites Attract Study[4] were the first to include gay men of mixed HIV status into their studies. Both studies demonstrated that no HIV transmissions occurred through sex when partners were undetectable. The second phase of the Partner Study, Partner 2, recently released the results from their research that looked exclusively at gay men. Again, no transmissions took place when the viral load was undetectable.[5]

Access to Treatment

Research shows that starting treatment early can yield the best health outcomes for people living with HIV. The START study showed a significant reduction in negative health outcomes for people who started treatment early.[6] We should encourage 2SGBMSM to start treatment early whenever possible, while acknowledging that treatment must be given with informed consent and without coercion.

To encourage an early start to HIV treatment we must ensure that 2SGBMSM have access to HIV testing and treatment that is voluntary and provided with informed consent on an opt-in basis. Accessible and culturally relevant sexual health testing service for 2SGBMSM facilitates access to an early HIV diagnosis[7]. Universal coverage of HIV medication will not only improve the overall health of 2SGBMSM living with HIV, it can also reduce stigma.[8] U=U provides a platform to advocate for greater treatment access for all populations affected by HIV.

Community Awareness

The Prevention Access Campaign, the US organization leading the U=U movement, has been endorsed by over 650 organizations across 82 countries including UNAIDS, the Centre for Disease Control (CDC), and the National Institutes of Health (NIH).[9] This growing support and consensus of the science of U=U cannot be ignored.

Despite the growing number of organizations embracing U=U, there is still some distrust and misunderstanding about the efficacy of U=U from 2SGBMSM communities.[10] More work must be done to raise community awareness. Recently, The Canadian Minister of Health has publicly endorsed U=U during a speech at the International AIDS Conference in Amsterdam.[11] This endorsement is a step in the right direction.

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[3] Rodger, A.J. et al (2016) 'Sexual Activity Without Condoms and Risk of HIV Transmission in Serodifferent Couples When the HIV-Positive Partner Is Using Suppressive Antiretroviral Therapy', The Journal of the American Medical Association, Vol 316(2)

[4] Grulich AE, Bavinton BR, Jin F, et al. HIV transmission in male serodiscordant couples in Australia, Thailand and Brazil. 22nd Conference on Retroviruses and Opportunistic Infections, Seattle, USA, 2015. Late breaker poster 1019 LB.

[5] Rodger A et al. *Risk of HIV transmission through condomless sex in gay couples with suppressive ART: the PARTNER2 study expanded results in gay men.* 22nd International AIDS Conference, Amsterdam, abstract WEAX0104LB, 2018.

[6] Lundgren J, Babiker A, Gordin F, et al. (2015). The START study: design, conduct and main results. In: Program and abstracts of the 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention. Abstract MOSY0302.

[7] Ontario Advisory Committee on HIV/AIDS. (2016). Focusing Our Efforts: Changing the Course of The HIV Prevention, Engagement and Care Cascade in Ontario. Retrieved July 5, 2018, from http://www.health.gov.on.ca/en/pro/programs/hivaids/docs/oach_strategy_2026.pdf

[8] Wolfe, W. R., Weiser, S. D., Leiter, K., et al. (2008). The Impact of Universal Access to Antiretroviral Therapy on HIV Stigma in Botswana. American Journal of Public Health, 98(10), 1865–1871.

[9] See the full list of community organizations at: https://www.preventionaccess.org/community

[10] Rendina, H. J., & Parsons, J. T. (2018). Factors associated with perceived accuracy of the Undetectable = Untransmittable slogan among men who have sex with men: Implications for messaging scale-up and implementation. Journal of the International AIDS Society, 21(1)

[11] Public Health Agency of Canada. (2018). Remarks for Ginette Petitpas Taylor, Minister of Health - AIDS 2018 Conference Symposia "Anti-fragile: Strengthening the HIV Response through Addressing Stigma, Prejudice and Discrimination". Retrieved July 31, 2018, from https://www.canada.ca/en/public-health/news/2018/07/remarks-for-ginette-petitpas-taylor-minister-of-health---aids-2018-conference-symposiaanti-fragile-strengthening-the-hiv-response-through-addressin.html

Syndemics and Intersectionality

Syndemics Theory suggests that 2SGBMSM who experience overlapping and interacting epidemics including depression, substance use, and intimate partner violence can increase their risk of HIV infection and contribute to negative health outcomes for those living with HIV.[12] We also know that syndemic factors can impact the ability of 2SGBMSM to adhere to treatment as prescribed and maintain engagement with HIV care.[13] Therefore, we must consider the ways syndemic factors interplay with U=U and promote the implementation of evidence-based interventions to address them.

Approaches to our work with 2SGBMSM should be intersectional, thinking critically about the ways race, class, gender identity, immigration status, and other factors may impact access to healthcare and experiences of HIV stigma.[14] These factors must be considered when we talk about who feels included in the U=U movement.

Other Sexually Transmitted and Blood Borne Infections

Treatment as prevention, including when the viral load is undetectable, does not prevent other sexually transmitted and blood borne infections (STBBIs). It is recommended to use a combination of sexual health strategies (e.g. condoms, PrEP) when having sex. STBBIs can have a negative impact on a person's health, however, the focus on the transmission of STBBIs must not detract from the science of U=U.

HIV Criminalization

According to Supreme Court of Canada decision from 2012, people living with HIV have a criminal law duty to disclose their HIV status to sexual partners before sexual activity that poses "a realistic possibility of HIV transmission."[15] Based on the Supreme Court decision, there is no realistic possibility when a condom is used *and* the person with HIV has a viral load of under 1500 copies per ml at the time of the sexual activity. The law surrounding oral sex remains unclear.

Recently, however, the scientific evidence behind U=U resulted in positive changes to Ontario's criminal prosecution *policy*. Effective December 1, 2017, Ontario no longer prosecutes cases of alleged HIV non-disclosure where a person on antiretroviral therapy can demonstrate that their HIV has been "supressed"—which means a viral load under *200 copies per ml*— for 6 months.[16] While the Ontario decision is welcome, there has been no announcement that Ontario will stop prosecutions against people living with HIV who do not have a suppressed viral load, even in circumstances relating to sex with a condom or oral sex.

U=U offers scientific evidence to reduce fears of transmission, minimize the anxieties around having to disclose, and reduces the circumstances where people living with HIV will face criminal prosecution for non-disclosure. U=U continues to provide a basis to advocate that "HIV is not a crime" and that the unjust application of the criminal law to alleged HIV non-disclosure harms individuals, communities, and our efforts to end the epidemic.

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[12] Friedman, M.R., Stall, R., Plankey, M., et al. (2015). Effects of Syndemics on HIV Viral Load and Medication Adherence in the Multicenter AIDS Cohort Study. AIDS, 29(9), 1087–1096

[13] Ibid

[14] Rapid Response Service. (2013). Rapid Response: Intersectionality in HIV and Other Health-Related Research. Toronto, ON: Ontario HIV Treatment Network.

[15] R. v. Mabior, 2012 SCC 47.

[16] Department of Justice Canada. (2017). *Criminal Justice System's Response to Non-Disclosure of HIV*. Retrieved July 18, 2018 from http://www.justice.gc.ca/eng/rp-pr/other-autre/hivnd-vihnd/hivnd-vihnd.pdf and Ontario (Ministry of the Attorney General), *Crown Prosecution Manual*, "D. 33 Sexual Offences against Adults-Sexually transmitted infections and HIV exposure cases effective December 1, 2017. Retrieved July 18, 2018 from https://www.ontario.ca/document/crown-prosecution-manual/d-33-sexual-offences-against-adults#section-0

Statement

1. The first and most important goal of HIV treatment is to improve the health and well-being of people living with HIV. Starting treatment early is key to this goal, however, treatment must be delivered with informed consent and without coercion.
2. As a result of achieving and maintaining an undetectable viral load, HIV cannot be transmitted sexually.
3. Supports must be in place for individuals who experience challenges or barriers to accessing and maintaining treatment as prescribed and those who despite this, have difficulty achieving an undetectable viral load.
4. HIV care should be understood holistically, addressing physical, mental, and emotional wellbeing. It must also be culturally competent and attentive to the specific needs of 2SGBMSM.
5. Gay men, like all people living with HIV, deserve universal access to HIV treatment. Cost must not be a barrier for people living with HIV to experience optimal health.
6. It is time for all of us to work diligently to stop any type of HIV-related stigma. Based on the science and information we have available, there is no reason why people living with HIV should still feel stigmatize.