

非政府组织代表报告

检测不出=无法传播=普遍可及（**U=U=U**）：一项以社区为主导的基础性全球艾滋病毒健康公平战略



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4.1 *Takes note* of the Report by the NGO representative;

4.1 关注到非政府组织代表报告

4.2 *Calls upon* the UNAIDS Joint Programme to:

4.2 呼吁艾滋病规划署：

- a. Support multistakeholder technical consultations, led by WHO, to harmonize the existing definition of Undetectable = Untransmittable (U=U) and develop implementation guidance on U=U;

支持世卫组织领导下的多利益相关方技术咨询，协调当前对检测不出=无法传播（U=U）的定义，并开发关于 U=U 的实施指南；

- b. Promote the harmonized definition of U=U and support the implementation of the guidance as a health equity strategy towards the goals of zero discrimination, zero new infections and zero related deaths as set out in the Global AIDS Strategy, particularly on evidence-based combination HIV prevention packages and communications on U=U for continuous uninterrupted treatment and viral load testing;

推广协调商定的 U=U 定义，支持指南实施，将其作为走向全球艾滋病战略中零歧视、零新增和零相关死亡目标的卫生公平战略。尤其是循证联合艾滋病毒预防包和关于 U=U 的传播，以实现持续不间断的治疗和病毒载量检测

4.3 *Calls upon* Member States to:

4.3 呼吁成员国：

- a. Utilize the existing scientific evidence on U=U to address legal, socio-cultural and economic barriers that prevent people living with HIV from accessing and sustaining treatment and attaining the highest achievable quality of life;

使用现有关于 U=U 的科学证件来应对阻碍艾滋病毒感染者获取和维持治疗并达到可获得的最高水平生活质量的法律社会文化和经济障碍；

- b. Integrate WHO's harmonized definition of U=U and its technical guidance into global, regional and national health plans and guidelines;

将世卫组织协调商定的 U=U 定义及其技术指南整合进入全球、区域和国家卫生规划和指南；

- c. Commit to provide routine HIV testing, uninterrupted quality HIV treatment and care and viral load testing to achieve U=U;

致力于提供日常艾滋病毒检测、不间断的优质艾滋病毒治疗和关怀以及病毒载量检测，以实现 U=U；

- d. Respect the role of community-led services and approaches in providing enablers of U=U including HIV education and information, treatment and access to differentiated care and services;

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Acronyms and abbreviations 缩略语

AIDS	acquired immunodeficiency syndrome 获得性免疫缺陷症
ARV	Antiretroviral 抗逆转录病毒
ART	antiretroviral therapy 抗逆转录病毒治疗
CDC	Centers for Disease Control 疾控中心
CSE	comprehensive sexuality education 全面性教育
Global Fund	Global Fund to Fight AIDS, TB and Malaria 抗击艾滋病、结核与疟疾全球基金
HIV	human immunodeficiency virus 人类免疫缺陷病毒
NGO	nongovernmental organization 非政府组织
PEPFAR	U.S. President's Emergency Plan for AIDS Relief 美国总统艾滋病救援应急计划
SDG	Sustainable Development Goal 可持续发展目标
SRH	sexual and reproductive health 性与生殖健康
STI	sexually transmitted infection 性传播感染
U=U	Undetectable = Untransmittable 检测不出=不可传播
UHC	universal health coverage 全民健康覆盖
WHO	World Health Organization 世界卫生组织

Executive summary 执行摘要

1. The latest UNAIDS data show that the pace of progress in preventing new HIV infections continues to slow. Alarming numbers of new infections still occur each year and far too many people living with or at risk of HIV remain without access to life-saving treatment and prevention services.¹

联合国艾滋病规划署的最新数据显示，在预防新的艾滋病毒感染方面取得进展的速度继续放缓。每年仍有大量新增感染发生，太多感染艾滋病毒或面临艾滋病毒风险的人，无法获得挽救生命的治疗和预防服务。²

2. Despite the many evidence-based strategies that chart paths “a world free from poverty, hunger, disease and want, and where all life can thrive”,³ too many global reports continue to show that we are not moving fast enough to end the social and structural drivers of current pandemics. In some cases, entrenched inequities are reversing hard-won gains.^{4 5 6} Widening inequalities within and between countries are a primary driver of HIV and other pandemics, including but not limited to tuberculosis, malaria, cholera, Ebola, Monkeypox and COVID-19.⁷

3. 尽管有许多基于证据的战略为“一个没有贫困、饥饿、疾病和匮乏的世界，一个所有生命都能茁壮成长的世界”指明了道路⁸，但太多的全球报告持续表明，我们的行动速度不够快，无法结束驱动当前大流行的社会和结构性因素。在某些情况下，根深蒂固的不平等正在逆转来之不易的成果。^{9 10 11} 国家内部和国家之间日益扩大的不平等是艾滋病和其他大流行的主要驱动因素，包括但不限于结核病、疟疾、霍乱、埃博拉、猴痘和新冠。¹²

4. 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”.¹³

检测不出=不可传染（U=U）是一个得到世界各地政府和不同社群认可的概念。它改变了数百万艾滋病毒感染者和受其影响的人的生活，并改变了艾滋病毒预防、检测、治疗、关怀和普遍支持。有力证据表明，U=U 是一种非常有效消除艾滋病毒污名和歧视的途径，可以通过适合当地情况和社群的信息可及、知识（教育）和倡导来实现。U=U 被描述为“对艾滋病毒污名最有效和最具历史意义的反叙事之一”。¹⁴

5. This annual report by the NGO Delegation to UNAIDS's Programme Coordinating Board focuses on the untapped potential of U=U as a vital community-led, global HIV health equity strategy. It describes how U=U can improve the health and quality of life of people living with HIV, key populations and other vulnerable groups,ⁱ and it underscores the fundamental role U=U can play in achieving the 95–95–95 treatment targets and in ending AIDS by 2030.

非政府组织代表团向联合国艾滋病规划署方案协调委员会提交的这份年度报告聚焦于 U=U 作为重要的社群主导的全球艾滋病毒健康平等战略的未开发潜力。它描述了 U=U 如

ⁱ Key populations and other vulnerable groups such as, women and girls, adolescents and young people, and migrants who are disproportionately affected by HIV.

https://www.unaids.org/sites/default/files/media_asset/PCB49_Decisions_EN_.pdf

何改善艾滋病毒感染者、关键人群和其他弱势群体的健康和生活质量，并强调了ⁱⁱ U=U 在实现 95-95-95 治疗目标和到 2030 年终结艾滋病方面可以发挥的根本作用。

6. In preparing this report, it was clear that U=U means many things to many people. For the purpose of this report, U=U refers to a multimodal concept that is:
- based on biomedical evidence that a person with a suppressed viral load cannot sexually transmit HIV;
 - centred on the experiences and treatment needs of people living with HIV, while supporting evidence-based combination prevention efforts for seronegative people and those who still need to learn about their status;
 - an advocacy campaign that arose from the collaborative efforts of people living with HIV and leading scientists to ensure that people living with HIV have access to the latest scientific evidence that can have a direct impact on their health, well-being and quality of life;
 - an expansion beyond the normative description of U=U as a biomedical and antistigma intervention to a global movement led by people living with HIV to help support people in attaining and maintaining optimal health, while also improving outcomes in HIV prevention, diagnosis, care and treatment; and
 - to be recognized as a new community-led health equity policy instrument following the inclusion of U=U in the [2021 High-Level Political Declaration on HIV and AIDS](#).

在准备这份报告时，很明显 U=U 对许多人来说意味着很多事情。就本报告而言，U=U 是指一种多模式的概念，即：

- 基于生物医学证据，病毒载量受到抑制的人不能通过性传播艾滋病毒；
 - 集中于艾滋病毒感染者的经验和治疗需要，同时支持对血清反应阴性者和仍需了解其状况的人开展循证综合预防工作；
 - 在艾滋病毒感染者和主要科学家的共同努力下开展倡导运动，以确保艾滋病毒感染者能够获得对其健康、福祉和生活质量产生直接影响的最新科学证据；
 - 从 U=U 作为生物医学和反污名干预的规范性描述扩展到由艾滋病毒感染者领导的全球运动，以帮助支持人们实现和保持最佳健康，同时改善艾滋病毒预防、诊断、关怀和治疗的结果；
 - 在将 U=U 纳入 [2021 年艾滋病毒和艾滋病高级别政治宣言](#) 之后，被公认为一种新的社群主导的健康公平政策工具。
7. Ending AIDS by 2030 requires ending inequality and inequity. It requires strengthening the health and community systems that can better prepare the world to prevent, identify and respond to future pandemics and health challenges.^{15 16} Achieving the UNAIDS global treatment targets means making good on commitments to global solidarity and ensuring universal access to quality HIV combination prevention, testing, treatment, care and support for all.

到 2030 年终结艾滋病需要结束不公平和不平等。它需要加强卫生和社群系统，使世界能够更好地预防、识别和应对未来的大流行和卫生挑战。^{17 18} 实现艾滋病规划署的全球治疗目标意味着兑现对全球团结的承诺，并确保高质量的艾滋病毒综合预防、检测、治疗、关怀和支持的普遍可及。

8. The report has six sections:

ⁱⁱ受艾滋病毒影响尤为严重的关键人群和其他弱势群体，如妇女和女童、青少年和年轻人以及移民。
https://www.unaids.org/sites/default/files/media_asset/PCB49_Decisions_EN_.pdf

报告有六个部分：

- an introduction to the topic of U=U, along with key terminology and a review of the methodology used in developing the report;
- U=U 主题及关键术语的介绍，以及对编写报告所用方法的综述；
- a review of the landscape to provide context for discussion of U=U as a global, community-led HIV health equity strategy that harmonizes with the UNAIDS global treatment targets of 95–95–95 and the Global AIDS Strategy (2021–2026);
- 全景综述，为讨论 U=U 作为一项全球的社群主导的艾滋病毒健康公平战略提供背景，该战略与联合国艾滋病规划署全球治疗目标 95-95-95 和全球艾滋病战略（2021-2026）相协调；
- a discussion of critical issues related to U=U and specific areas of alignment with the Global AIDS Strategy;
- 讨论与 U=U 有关的关键问题以及与全球艾滋病战略保持一致的具体领域；
- a summary of key challenges and facilitators for U=U, including stigma and discrimination; ensuring enabling environments to support marginalized communities that are not yet engaged in U=U and the HIV treatment cascade; investments in community systems, leadership and responses, including within global pandemic prevention, preparedness and responses; and access to technology and innovation;
- 总结 U=U 面临的主要挑战和促进因素，包括污名和歧视；确保有利的环境，以支持尚未参与 U=U 和艾滋病毒治疗级联的边缘化社群；投资于社群系统、领导力和应对措施，包括全球大流行预防、备灾和应对；以及技术和创新可及；
- proposed decision points for consideration by members of the PCB; and
- 供 PCB 成员审议的拟议决策点；以及
- 14 illustrative case studies from government and nongovernmental partners implementing U=U in regions across the world.
- 来自世界各地实施 U=U 的政府和非政府合作伙伴的 14 个说明性案例研究。

Key points 关键点

9. Limited and inequitable access to HIV combination prevention and testing services means that not enough people know their HIV status and receiving life-saving HIV treatment. This threatens their health and well-being and contributes to the ongoing cycle of HIV transmission.¹⁹

获得艾滋病毒综合预防和检测服务的机会有限且不公平，这意味着了解自己的艾滋病毒状况并接受挽救生命的艾滋病毒治疗的人还不够。这威胁到他们的健康和福祉，并助长了艾滋病毒传播的持续循环。²⁰

10. U=U represents a grassroots, rights-based, community-led public health paradigm shift that repositions the understanding of what it means to be living full and healthy lives with HIV without stigma, shame or the fear of transmitting HIV on to others.
11. U=U 代表了一种草根的、基于权利的、社群主导的公共卫生范式转变，重新定位对感染艾滋病毒后完整健康生活意味着什么的理解，没有污名、羞耻或害怕将艾滋病毒传染给他人。

12. The scientific evidence shows that effective antiretroviral therapy reduces viral loads to such low levels that a person cannot transmit HIV to others. Yet, limited research has been conducted on the applicability of U=U for all key populations and vulnerable groups. This gap in research undermines the pursuit of health inequity and the potentially powerful role of universal access to ART, diagnostics and sustained (health) care in reducing new HIV infections.

13. 科学证据表明，有效的抗逆转录病毒治疗可将病毒载量降低到非常低的水平，以至于一个人无法将艾滋病毒传播给他人。然而，关于 U=U 对所有关键人群和弱势群体的适用性的研究有限。研究的空白破坏了对健康公平的追求，以及抗逆转录病毒治疗、诊断和持续（健康）护理普遍可在减少艾滋病毒新增感染方面的潜在强大作用。

14. The transformative and untapped potential of U=U is optimized when services are designed and delivered in strategic and supportive partnership with facility-based and community-led health providers, communities living with and affected by HIV, and government programmes.²¹ They:

当有场地的社群主导的卫生服务机构、感染艾滋病毒和受艾滋病毒影响的社群以及政府项目建立战略和支持性伙伴关系来设计和提供服务时，U=U 的变革性和未开发潜力得到优化。²²他们：

- improve the well-being of people living with HIV by incorporating U=U in comprehensive sexuality education, transforming the social, sexual, and reproductive lives and legal rights of people living with HIV by freeing them from the shame and fear of sexual transmission to their partners;
- 通过将 U=U 纳入全面的性教育，改变艾滋病毒感染者的社会、性与生殖健康以及法律权利，使他们摆脱性传播给伴侣的羞耻和恐惧，从而改善艾滋病毒感染者的福祉；
- challenge and dismantle deep-seated HIV-related stigma and discrimination and public perception about HIV transmissibility;
- 质疑与消除与艾滋病毒有关的根深蒂固的污名和歧视以及公众对艾滋病毒传播性的看法；
- support HIV combination prevention and treatment goals by reducing the structural barriers and anxiety connected with testing and treatment; and
- 通过减少与检测和治理相关的结构性障碍和焦虑，支持艾滋病毒联合预防和治疗目标；
- advance an evidence-based public health and health equity argument for universal access to HIV testing, diagnostics, treatment, and care that will support improved health outcomes, save lives and prevent new HIV infections.²³
- 推动基于证据的公共卫生和健康公平论点，支持改善健康结果，拯救生命和预防艾滋病毒新增感染的艾滋病毒检测、诊断、治疗和护理普遍可及。²⁴

Introduction 介绍

“I as person living with HIV, who personally benefits from U=U because U=U is about making sure I have access to optimal diagnostics, optimal treatment regimens, affordable medicines, must adhere to my meds and be virally suppressed in order to maximize benefits. However, there is also the collective responsibility to create enabling ecosystems where being HIV+ or loving who we want to love is not a criminalized offence. U=U will not be achieved where health services are not available, viral load not accessible, medicines not affordable. Then the failure to achieve U=U is a government failure not mine.”

“我作为艾滋病毒感染者，我个人受益于 U=U，因为 U=U 是为了确保我能够获得最佳诊断，最佳治疗方案，负担得起的药物，必须按时用药达到病毒抑制，以最大化收益。然而，创造有利的生态系统是集体的责任。在这个生态系统中，艾滋病毒感染者或爱我们想爱的人不是刑事犯罪。在无法获得卫生服务、无法获得病毒检测、药物负担不起的地方，U=U 将无法实现。那么未能实现 U=U 是政府的失败，而不是我的失败。”

– Dr. Vuyiseka Dubula-Majola, Centre for Civil Society, University of KwaZulu-Natal, South Africa

Vuyiseka Dubula-Majola 博士，南非阔族路-纳塔尔大学民间社会中心

“We can win the fight to end pandemics, but only if we are bold enough to end the inequalities which drive them.”

“我们可以赢得结束大流行的斗争，但前提是我们有足够的勇气结束导致流行病的不平等。”

– Helen Clark, Co-chair of the Independent Panel for Pandemic Preparedness and Response

Helen Clark，大流行备灾和应对独立小组联合主席

15. The NGO Delegation to the UNAIDS Programme Coordinating Board (PCB) produces an annual NGO report that is presented during one of the biannual PCB meetings. The Delegation selects the topic of the report. The highest priority is given to a topic that is timely, critically important to communities and civil society, and seen to require urgent action at global and national levels in order to end AIDS by 2030.

PCB 的非政府组织代表团编写一份非政府组织年度报告，在 PCB 一年两次的会议上提交。代表团选择报告的主题。最优先重视的是应时的、对社群和民间社会至关重要的议题，并需要在全球和国家层面采取紧急行动，以便到 2030 年终结艾滋病。

16. This year’s NGO report focuses on the untapped potential of U=U as a vital community-led, global HIV health equity strategy to improve the health and quality of life of people living with HIV and contribute to the global treatment targets of 95–95–95 by advancing universal access to antiretroviral therapy (ART), diagnostics and sustained care, while reducing HIV transmission.

今年的非政府组织报告侧重于 U=U 作为一项重要的社群主导的全球艾滋病毒健康公平战略的未开发潜力，旨在改善艾滋病毒感染者的健康和生活质量，并通过促进抗逆转录病毒治疗（ART）的普遍可及性，诊断和持续护理，为 95-95-95 的全球治疗目标做出贡献，同时减少艾滋病毒传播。

17. The NGO Delegation acknowledges the [2021 United Nations High-Level Political Declaration on HIV and AIDS: Ending inequalities and getting on-track to end AIDS by 2030](#), the Global AIDS Strategy 2021–2026, and the WHO Global Health Sector Strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections (STIs) and the recognition of Undetectable = Untransmittable (U=U) as a highly effective tool for eliminating HIV-related stigma and discrimination, and its significant HIV prevention benefits.²⁵

非政府组织代表团认可《2021年联合国艾滋病毒和艾滋病问题高级别政治宣言：到2030年终止不平等并进入终止艾滋病的正轨》、《2021-2026年全球艾滋病战略》和世界卫生组织《全球卫生部门战略》，分别涉及艾滋病毒、病毒性肝炎和性传播感染，以及认识到检测不出=不可传染（U=U）是消除与艾滋病毒有关的污名和歧视的高效工具，及其预防艾滋病毒的重大益处。²⁶

18. The report recalls UNAIDS's support for the U=U concept in the 2018 UNAIDS document [Undetectable = Untransmittable: Public health and HIV viral load suppression](#) and the renewed call to action in the [Global AIDS Strategy \(2021–2026\)](#) to end inequities. The Global AIDS Strategy 2021–2026 states the ambition to “fulfill the potential of treatment as prevention” and to prioritize the “urgent implementation and scale-up of evidence-based tools, strategies and approaches that will turn incremental gains into transformative results ... while importantly avoiding the artificial dichotomies between treatment and prevention, focusing instead on fully leveraging the synergies between combination prevention and treatment”.²⁷

报告回顾了联合国艾滋病规划署在2018年联合国艾滋病规划署文件《[检测不出=不可传播：公共卫生和艾滋病毒病毒载量抑制](#)》中对U=U概念的支持，以及《[全球艾滋病战略（2021-2026年）](#)》中为结束不平等现象而再次发出的行动呼吁。《2021-2026年全球艾滋病战略》表明其雄心是“发挥治疗即预防的潜力”，并优先考虑“紧急实施和扩大循证工具、战略和方法，将增量收益转化为变革性成果……同时重要的是避免治疗和预防之间的人为二分法，专注于充分利用预防和治疗的协同作用”。²⁸

19. The NGO Delegation recognizes the transformative potential of U=U as an evidence and rights-based global response that is driven by communities living with and affected by HIV and their allies, as an embodiment of the principles the Greater Involvement of People Living with HIV (the [GIPA Principles](#)) and the meaningful engagement of all communities who are vulnerable to HIV.
20. 非政府组织代表团认识到U=U作为由艾滋病毒感染者和受其影响的社群及其盟友推动的基于实证和权利的全球应对措施的变革潜力，体现了艾滋病毒感染者更多地参与的原则（[GIPA原则](#)）以及易感染艾滋病毒的所有社群的有效参与。
21. This NGO report builds on a series of previous reports from the Delegation to the UNAIDS Programme Coordinating Board, including but not limited to:
- Left out: the HIV community and societal enablers in the HIV response (UNAIDS/PCB (49/21.24.rev1);
 - If it is to be truly universal: Why universal health coverage will not succeed without people living with HIV and other key populations, women and young people (UNAIDS/PCB (45)/19.23);
 - People on the move—key to ending AIDS (UNAIDS/PCB (43)/18.20);
 - An unlikely ending: ending AIDS by 2030 without sustainable funding for the community-led response (UNAIDS/PCB (39)/16.23);

- Sexual and reproductive health and rights of people most affected by HIV: the right to development (UNAIDS/PCB (38)/16.4);
- When rights cause wrongs: addressing intellectual property barriers to ensure access to treatment for all people living with HIV (UNAIDS/PCB (35)/14.19); and
- The equity deficit: unequal and unfair access to HIV treatment, care and support for key and affected communities (UNAIDS/PCB (33)/13.16).

本非政府组织报告以代表团先前向联合国艾滋病规划署规划署方案协调委员会提交的一系列报告为基础，包括但不限于：

- 被抛在后面：艾滋病毒应对措施中的艾滋病毒社群和社会推动因素（联合国艾滋病规划署 PCB（49/21.24.rev1））；
- 如果要真正全覆盖：为什么没有艾滋病毒感染者和其他重点人群、妇女和青年人就无法实现全民健康覆盖（联合国艾滋病规划署 PCB（45）/19.23）；
- 流动人口——终结艾滋病的关键（艾滋病规划署 PCB（43）/18.20）；
- 一个不太可能的结局：到 2030 年在社区主导的应对措施没有可持续资金的情况下终结艾滋病（联合国艾滋病规划署 PCB（39）/16.23）；
- 受艾滋病毒影响最严重的人的性与生殖健康及权利：发展权（联合国艾滋病规划署 PCB（38）/16.4）；
- 当权利导致错误时：消除知识产权障碍，确保所有艾滋病毒感染者都能获得治疗（联合国艾滋病规划署 PCB（35）/14.19）；以及
- 公平赤字：关键社群和受影响社群获得艾滋病毒治疗、关怀和支持的机会不平等和不公平（联合国艾滋病规划署 PCB（33）/13.16）。

22. In developing this report, the Delegation collected community experiences and reflections on key considerations about U=U, its current and potential benefits, and important lessons learned from the COVID-19 pandemic. Key messages and recommendations were developed in consultation with community and civil society experts. They are presented here with a set of illustrative case studies of community leadership and good practice research, policy and practice from around the world.

在编写本报告时，代表团收集了社群的经验和思考，包括 U=U 的关键考虑因素、其当前和潜在益处以及从新冠疫情大流行中吸取的重要教训。关键信息和建议是在与社群和民间社会专家协商后制定的。他们提供了一系列关于社群领导和世界各地良好实践研究、政策和实践的说明性案例研究。

23. The NGO Delegation urges Member States and UNAIDS to take immediate and accelerated action to tackle the challenges that continue to slow progress towards the UNAIDS global targets and to act on the “untapped potential”²⁹ of U=U by taking to scale this foundational, community-led, global HIV health equity strategy.

非政府组织代表团敦促会员国和联合国艾滋病规划署立即加快行动，应对实现联合国艾滋病规划署全球目标持续减缓的挑战，并就 U=U 的“未开发潜力”³⁰采取行动，扩大这一基本的、社群主导的全球艾滋病毒健康公平战略。

Methodology 方法

24. Between July-September 2022, a mixed methods approach was used in preparing this report, including:

- a **literature review** of more than 90 articles and publications, including UNAIDS and other UN publications, peer-reviewed journal articles, reports, policy briefs, and resources prepared by community-led groups and civil society partners.
- **key informant interviews** with 18 individuals, using a semi-structured question set. Interviews done via zoom sought the perspectives, reflections and recommendations of community and civil society activists, community-led service providers, and representatives from governments and leading multilateral organizations and UN partner agencies. Interviews were conducted across all regions represented on the Delegation: Africa, Asia-Pacific, Europe, Latin America and the Caribbean, and North America.
- **case studies** that were collected via an open call for submissions. Twenty case studies were submitted by government and nongovernmental partners. They feature examples of good practices and community recommendations at country, regional and global levels. They show how community-led U=U has contributed to increased and more equitable access and improved uptake of testing, treatment and care services across diverse communities in low-, middle-, and high-income settings.
- a **peer review process** that entailed draft iterations of the report being reviewed by serving members of the NGO Delegation, 13 community and civil society experts, representatives of key population across all regions, and members of the UNAIDS Secretariat.

在 2022 年 7 月至 9 月期间，在编写本报告时采用了多种方法，包括：

- 对 90 多篇文章和出版物的**文献综述**，包括联合国艾滋病规划署和其他联合国出版物、同行评审的期刊文章、报告、政策简报以及由社群领导的团体和民间社会合作伙伴编写的资源。
- 对 18 个名**关键信息员**使用半结构化问卷**进行了采访**。通过 zoom 进行的访谈征求了社群和民间社会活动家、社群主导的服务机构以及政府、主要多边组织和联合国伙伴机构代表的观点、思考和建议。采访在代表团的所有地区进行：非洲、亚太、欧洲、拉美和加勒比以及北美地区进行。
- **案例研究**通过公开征集提案收集。政府和非政府合作伙伴提交了 20 份案例研究。它们以国家、区域和全球各层面的良好实践和社群建议为例。它们展示了社群主导的 U=U 如何有助于在低收入、中等收入和高收入环境中的不同社群中检测、治疗和关怀服务的可及与公平，改善服务的使用。
- 一个**同伴审议程序**，由非政府组织代表团的在职成员、13 名社群和民间社会专家、所有区域关键人群的代表以及艾滋病规划署秘书处成员审查报告的迭代草案。

25. The methods used were not intended to provide quantitative data or to produce measurements, numerical data or statistical analysis. The report therefore does not provide a quantification of knowledge, attitudes, behaviours or practices in relation to U=U. The intention is to provide a literature review and qualitative data, including community and expert opinions, by using a range of methods.

我们所使用的方法并非旨在提供定量数据或产生测量、数值数据或统计分析。因此，该报告没有提供与 U=U 有关的知识、态度、行为或实践的量化。目的是通过使用一系列方法提供文献综述和定性数据，包括社群和专家意见。

Defining the terminology 术语定义

26. **Undetectable = Untransmittable (U=U)** refers to the scientifically proven fact that a person living with HIV who is on effective ART that lowers the amount of virus in their body to undetectable levels cannot sexually transmit HIV to another person. The low level of virus in the blood is referred to as an undetectable viral load. This means that the viral level is too low to be detected by viral load test or they are below an agreed threshold (such as 50 copies/ml³¹ or 200 copies/ml for undetectable viral load).^{32 iii}

检测不出=不可传播 (U=U) 是指科学证明的事实，即正在接受有效抗逆转录病毒治疗的艾滋病毒感染者将体内病毒的数量降低到无法检测的水平，就不能将艾滋病毒性传播给另一个人。血液中病毒水平低以致被称为检测不到的病毒载量。这意味着病毒水平太低而无法通过病毒载量测试检测到，或者它们低于商定的阈值（例如 50 copies/ml³³或 200 copies/ml 为检测不到的病毒载量）³⁴。iv

27. An undetectable viral load is the first goal of ART.³⁵ When people living with HIV are on treatment and have undetectable viral loads, they protect their own health and cannot transmit HIV to their sexual partners.³⁶ U=U is achieved by knowing one's status and by having equitable access to effective HIV diagnostics, testing, treatment, care and support to maintain viral suppression.

检测不到的病毒载量是抗病毒治疗的首要目标。³⁷当艾滋病毒感染者正在接受治疗并且病毒载量检测不到时，说明他们保护自己的健康，且不能将艾滋病毒传播给性伴侣。³⁸

U=U 是通过了解一个人的状态且有效维持病毒抑制的艾滋病毒诊断、检测、治疗、护理和支持平等可及来实现的。

28. U=U is a crucial biomedical tool in a comprehensive HIV prevention toolkit, but it is also much more than an instrument for successfully reaching the global 95–95–95 treatment targets. It represents a rights-based, community-led public health paradigm shift that

ⁱⁱⁱ The UNAIDS Indicator Registry describes viral suppression as: “Individual-level viral load is the recommended measure of antiretroviral therapy efficacy and indicates treatment adherence and the risk of transmitting HIV. A viral load threshold of <1000 copies/mL defines treatment success according to the 2016 World Health Organization's Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. People with viral load test result below the threshold should be considered as having suppressed viral loads ... Viral suppression among people living with HIV provides a benchmark for monitoring global targets over time and a standardized indicator of HIV treatment and prevention success, critical to ending the AIDS epidemic. When considered as a proportion of the number of people on treatment (the numerator of Indicator 2.2), this indicator monitors the third 95 of the UNAIDS 95–95–95 targets: that 95% of the people receiving antiretroviral therapy will have suppressed viral loads by 2025” (<https://indicatorregistry.unaids.org/indicator/people-living-hiv-who-have-suppressed-viral-loads#:~:text=Viral%20suppression%20is%20defined%20as,95%2D95%2D95%20target>).

^{iv} 艾滋病规划署指标登记处将病毒抑制描述为：“个体水平的病毒载量是抗逆转录病毒治疗效果的推荐衡量标准，显示了治疗依从性和传播艾滋病毒的风险。根据 2016 年世界卫生组织关于使用抗逆转录病毒药物治疗和预防艾滋病毒感染的综合准则，治疗成功的门槛为低于 1000 copies/mL 的病毒载量。病毒载量检测结果低于阈值的人应被视为病毒载量受到抑制 ... 艾滋病毒感染者中的病毒抑制为长期监测全球目标提供了基准，并为艾滋病毒治疗和预防成功与否提供了标准化指标，这对结束艾滋病流行至关重要。考虑到接受治疗的人数的比例（指标 2.2 的）时，该指标监测联合国艾滋病规划署 95–95–95 目标的第三个 95：到 2025 年，95%接受抗逆转录病毒治疗的人的病毒载量抑制”(<https://indicatorregistry.unaids.org/indicator/people-living-hiv-who-have-suppressed-viral-loads#:~:text=Viral%20suppression%20is%20defined%20as,95%2D95%2D95%20target>).

reshapes understandings of what it can mean to live full and healthy lives with HIV without stigma, shame or the fear of transmitting HIV to others.

U=U 是综合艾滋病毒预防工具包中至关重要的生物医学工具，但它不仅仅是成功实现全球 95-95-95 治疗目标的工具。它提出了一种基于权利的、社群主导的公共卫生范式转变，重新塑造了对感染艾滋病毒后健康生活的意义的理解，没有污名、羞耻或害怕将艾滋病毒传染给他人。

29. The term U=U was pioneered by the Prevention Access Campaign (PAC) in 2016 as part of an anti-stigma communication campaign that evolved into a global, community-led movement of people living with HIV, HIV advocates, activists, researchers, governments and other community and private sector partners who are committed to end the AIDS epidemic. U=U has been integrated into local contexts and communities in over 105 countries. For instance, communities in Viet Nam refer to U=U as K=K. In Russian, it is referred to as N=N, in French and Spanish it is known as I=I, and in Chinese, it is known as 测不到=不傳染.



U=U 一词由预防可及运动（PAC）于 2016 年率先提出，作为反污名倡导运动的一部分，该运动演变成一项由艾滋病毒感染者、艾滋病毒倡导者、活动家、研究人员、政府以及其他致力于结束艾滋病流行的社群和私营部门合作伙伴组成的全球社群领导的运动。U=U 已被整合到超过 105 个国家的当地环境和社群中。例如，越南社群将 U=U 称为 K=K。在俄语中，它被称为 N=N，在法语和西班牙语中，它被称为 I=I，在中文中，它被称为检测不出=无法传播。

30. **Treatment as prevention** is a biomedical HIV prevention approach that refers to any HIV prevention method that uses ART to decrease the risk of HIV transmission through sexual, blood-borne or through vertical transmission (pregnancy, childbirth and breast/chest-feeding). The preventive effect stems from lowered community viral load as a result of ART within a population. ART reduces the HIV viral load in blood, semen, vaginal fluid, breastmilk and rectal fluid to very low levels, and as a result reduces HIV transmission. Historically, many people living with HIV had concerns with the term "treatment as prevention" because of its singular focus on prevention. U=U is centered on both combination prevention and treatment.^v By combining the tools of U=U, pre-exposure (PrEP) and post-exposure prophylaxis (PEP) supports a "status neutral approach", which supports people to reach and maintain their optimal health, while also improving outcomes in HIV prevention, diagnosis, care and treatment.³⁹

治疗作为预防是一种生物医学艾滋病毒预防方法，是指任何使用抗逆转录病毒治疗来降低艾滋病毒通过性传播、血源性传播或垂直传播（怀孕、分娩和母乳喂养/胸部喂养）的

^v For a history of the evolution of U=U, please see: U=U taking off in 2017. *Lancet HIV*. 2017;4(1):e475 ([www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(17\)30183-2/fulltext](http://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(17)30183-2/fulltext)).

传播风险的艾滋病毒预防方法。预防效果源于人群中抗逆转录病毒治疗导致的社群病毒载量降低。抗逆转录病毒治疗将血液、精液、阴道液、母乳和直肠液中的艾滋病毒病毒载量降低到非常低的水平，从而减少艾滋病毒传播。从历史上看，许多艾滋病毒感染者对“治疗作为预防”一词感到担忧，因为它只关注预防。U=U 以预防和治疗相结合为中心。^{vi} 通过结合 U=U、暴露前预防（PrEP）和暴露后预防（PEP）的工具，支持“状态中立的方法”，即支持人们达到并保持最佳健康状态，同时也改善艾滋病毒预防、诊断、关怀和治疗的结果。⁴⁰

31. PrEP is defined in the [WHO 2021 Consolidated HIV guidelines](#) as the use of antiretroviral (ARV) drugs by HIV-negative people to reduce the risk of acquiring HIV infection. Based on evidence from randomized trials, open-label extension studies and demonstration projects, WHO recommended daily oral PrEP containing tenofovir in 2015 as an additional prevention choice for people at substantial risk of HIV infection.

在世卫组织《2021年艾滋病毒综合指南》中，暴露前预防被定义为 HIV 阴性人群使用抗逆转录病毒（ARV）药物来降低 HIV 感染的风险。根据随机试验、开放标签扩展研究和示范项目的证据，世卫组织于 2015 年建议每日口服含有替诺福韦的暴露前预防（PrEP），作为艾滋病毒感染高危人群的额外预防选择。

32. The updated [Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations](#) (July 2022) present important new recommendations and guidance. This includes the use of long-acting, injectable cabotegravir as an additional HIV prevention choice in combination prevention approaches for people at substantial risk of HIV infection, including sex workers, gay men and other men who have sex with men, people who inject drugs,^{vii} people in prisons and other closed settings, and transgender and gender-diverse people.⁴¹ U=U, PrEP and PEP, and other prevention technologies such as "post-exposure prophylaxis-in-pocket",^{viii} the Dapivirine vaginal ring and long-acting injectable ARVs are crucial tools for effective combination HIV prevention and treatment strategies. In 2021, WHO released a conditional recommendation for the Dapivirine ring as an additional prevention choice for women who are at substantial risk of HIV infection, as part of combination prevention approaches.⁴²

2022 年 7 月，《关于高危人群艾滋病毒、病毒性肝炎和性传播感染的预防、诊断、治疗和关怀最新综合指南》提出了重要的新建议和指导。这包括使用长效注射卡博特韦作为艾滋病毒预防方法的额外选择，用于艾滋病毒感染风险很高的人，包括性工作者、男同性恋者和其他男男性行为者、注射毒品使用者^{ix}、监狱和其他封闭环境中的人，以及跨性别和多元性别人群。⁴³ U=U、PrEP 和 PEP 以及其他预防技术，如“暴露后口袋预防”^x、

^{vi}对于 U=U 历史的演变，请看：U=U 在 2017 年起飞，柳叶刀艾滋病毒。2017;4 (1) : e475 ([www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(17\)30183-2/全文](http://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(17)30183-2/全文)).

^{vii} “PrEP services for people who inject drugs and their sexual partners can provide benefits both in the prevention of sexual transmission, and likely in the prevention of HIV, acquired through unsafe injection practices. PrEP services should not replace needle and syringe exchange programs (NSPs). NSPs have the greatest impact in preventing the transmission of HIV and other bloodborne infections, including hepatitis C (HCV) associated with injecting drug use.” WHO Consolidated Guidelines, p. 50.

^{viii} PIP refers to "post-exposure prophylaxis-in-pocket" and is used by individuals with low-frequency, high-risk, HIV exposures. The approach involves providing selected patients with a 28-day prescription for PEP before exposure occurs. See: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30152-5/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30152-5/fulltext).

^{ix} “为注射毒品使用者及其性伴侣提供的暴露前预防服务既可以预防性传播，也可以预防通过不安全注射做法感染艾滋病毒。暴露前预防服务不应取代针头和注射器交换计划（NSPs）。NSPs 在预防艾滋病毒和其他血源性感染的传播方面具有最大的影响，包括与注射毒品使用相关的丙肝（HCV）。世卫组织《综合准则》，第 50 页。

^x PIP 指“暴露后口袋预防”并被低频率高风险的艾滋病毒暴露者使用。包括为选定的患者在暴露发生之前提供 28 天的暴露后预防处方。参见：[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30152-5/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30152-5/fulltext)

达匹韦林阴道环和长效注射抗逆转录病毒药物是有效联合艾滋病毒预防和治疗策略的关键工具。2021年，世卫组织发布了一项有条件的建议，将达匹韦林环作为艾滋病毒感染高危妇女的额外预防选择，作为联合预防方法的一部分。⁴⁴

33. **Post-exposure prophylaxis** the use of ARVs in emergency situations by people who possibly have been exposed to HIV. PEP must be taken within 72 hours of exposure if it is to be effective.⁴⁵

暴露后预防（PEP），即可能接触过艾滋病毒的人在紧急情况下使用抗逆转录病毒药物。PEP 必须在暴露后 72 小时内服用，才能有效。⁴⁶

34. **Community-led responses**^{xi} are actions and strategies that seek to improve the health and human rights of their constituencies, and that are specifically informed and implemented by and for communities.⁴⁷ U=U is a prime example of an effective community-led response that has evolved into a grassroots-led global movement to improve the health, well-being and quality of life of people living with HIV, while contributing to HIV prevention efforts when people know their HIV status, are on effective HIV treatment and are supported in maintaining an undetectable viral load.

社群主导的应对措施^{xii} 是寻求改善其社群健康和人权的行动和战略，和由社群提供具体情况和由社群实施。⁴⁸ U=U 是社群主导的有效应对措施的一个主要例子，已演变成基层领导的全球运动，以改善艾滋病毒感染者的健康、福祉和生活质量，有助于人们知道自己的艾滋病毒状况，接受有效的艾滋病毒治疗，并获得支持以维持检测不到的病毒载量时，从而有益于艾滋病毒预防工作。

“End AIDS by ending inequalities, and because inequalities affect access to testing, diagnostics, treatment and care, it also affects U=U”.

– **Community member, Latin America and Caribbean region**

“通过结束不平等来终结艾滋病，由于不平等影响了检测、诊断、治疗和关怀的可及性，它也影响了U=U”。

– **社群成员，拉丁美洲和加勒比地区**

35. **Community-led organizations**^{xiii} are groups and networks in which the majority of leadership, staff, spokespeople, membership and volunteers represent the experiences, perspectives and voices of their constituencies and which have transparent mechanisms of accountability. Community-led organizations, groups and networks are self-determining and autonomous, and are not influenced by government, commercial or donor agendas. Not all community-based organizations are community-led.⁴⁹

社群主导组织^{xiv}是大多数领导人、工作人员、发言人、成员和志愿者能代表其社群的经验、观点和声音的团体和网络，并具有透明的问责机制。社群主导组织、团体和网络是

^{xi} Discussions about the definitions of community-led organizations and community-led responses are ongoing in the context of the work of a MultiStakeholder Task Team on Community-Led AIDS Responses, at the request of the UNAIDS Programme Coordinating Board. The definitions were conceived as umbrella terms, inclusive of the leadership of people living with HIV, key populations, women and youth in all their diversity. The definitions under discussion can be accessed [here](#).

^{xii} 关于社群主导组织的定义和社群主导应对措施的讨论正在多利益相关方社群主导的艾滋病抗击工作组中进行。应艾滋病规划署 PCB 的要求。这些定义被认为是总括性术语，包括艾滋病毒感染者、关键人群、妇女和青年的领导力。正在讨论的定义参见 [这里](#)。

^{xiii} *Ibid*

^{xiv} 同前

自决和自主的，不受政府、商业或捐助者议程的影响。并非所有社群组织都是由社群主导的。⁵⁰

36. **Community-based responses** are delivered in settings or locations outside formal health facilities and are run by civil society organizations.⁵¹

基于社群的应对措施在正规卫生设施以外的场所中或地点提供，由民间社会组织管理。⁵²

37. **Community systems strengthening** refers to the development and fortification of informed, capable and coordinated communities that work to achieve improved health through their involvement in the design, delivery, monitoring and evaluation of health-care services and programmes, including for HIV, COVID-19 and other ongoing pandemics. Resilient health and community systems are the essential building blocks for progressing towards universal health coverage (UHC), and all the Sustainable Development Goals (SDGs). They are foundational for effective, efficient and sustainable responses to HIV and other health-related threats.^{53 54}

加强社群系统指发展和强化知情、有能力和协调的社群，这些社群通过参与设计、交付、监测和评估来改善健康状况保健服务和项目，包括艾滋病毒、COVID-19 及其他持续流行病的项目。有韧性的卫生和社群系统是实现全民健康覆盖（UHC）和所有目标可持续发展目标的重要基石。它们是有效、高效和可持续应对艾滋病毒和其他卫生相关威胁的基础。^{55 56}

Never before has it been more clear that increasing access to treatment, including addressing ARV stock-outs, ending criminalization and removing barriers to U=U not only saves the lives of people living with HIV, but also prevents new transmissions, reduces health-care costs and burden, contributes to economic growth, and accelerates progress toward ending the epidemic.

– The Win-Win agenda, Prevention Access Campaign, 2022

前所未有的明显是，增加获得治疗的机会，包括解决抗逆转录病毒药物缺货问题、结束刑事定罪和消除 U=U 障碍，不仅可以挽救艾滋病毒感染者的生命，还可以防止新的传播，降低卫生保健成本和负担，促进经济增长，并加快结束这一流行病的进展。

–双赢议程，预防可及运动，2022

The current landscape 当前全景

38. In 2021, the world marked 40 years since the first cases of AIDS were reported. In settings where investments have matched ambitions, we have had four decades of progress in tackling one of the deadliest and most complex pandemics of modern times.⁵⁷ Yet, despite the sophisticated knowledge about HIV and an extensive evidence base of effective approaches to prevention, treatment, care and support, the world is not on-track to meet the global commitment to end AIDS as a global public health threat by 2030.⁵⁸ HIV remains an urgent global health crisis.⁵⁹

2021 年是世界首例艾滋病报告病例 40 周年。在投入与雄心相匹配的环境中，我们在应对现代最致命和最复杂的流行病之一方面取得了四十年的进展。⁶⁰然而，尽管对艾滋病毒

有深入的了解，并且有广泛的证据基础来有效预防、治疗、关怀和支持，但世界还没有走上实现到 2030 年消除艾滋病这一全球公共卫生威胁的全球承诺的轨道。⁶¹ 艾滋病毒仍然是一个紧迫的全球卫生危机。⁶²

39. The COVID-19 pandemic continues to wreak havoc on health and social systems, plunging the economies of households, communities and entire nations into crisis. COVID-19 continues to lay bare the underinvestment in public health systems and social protection,⁶³ ongoing inequalities, glaring fissures in the social fabric, and the

“In this time of COVID-19, there is a significant risk that political attention to and financing for HIV will drift. If we do not take the steps needed to tackle the inequalities driving HIV today, not only will we fail to end the AIDS pandemic, we also will leave our world dangerously unprepared for future pandemics”.

– **Helen Clark**, Co-chair of the Independent Panel for Pandemic Preparedness and Response

“在新冠疫情的这个时期，对艾滋病毒的政治关注和资助存在重大风险。如果我们不采取必要步骤解决今天导致艾滋病毒的不平等现象，我们不仅无法结束艾滋病的流行，而且还将使我们的世界对未来的流行病毫无准备。

——**Helen Clark**，大流行备灾和应对独立小组联合主席

impact of social and structural barriers on efforts to achieve the 2030 Agenda for Sustainable Development.⁶⁴

新冠疫情大流行继续对卫生和社会系统造成严重破坏，将家庭、社群和整个国家陷入危机。新冠疫情持续暴露了在公共卫生系统和社会保护方面投入不足的问题，⁶⁵ 持续的不平等，社会网的明显裂缝，以及这社会和结构性障碍对实现《2030 年可持续发展议程》工作的影响。⁶⁶

40. Status reports by UNAIDS and other global entities continue to show that HIV infections and AIDS-related deaths are not decreasing quickly enough to reach the 2030 targets.⁶⁷ Globally, more than 13 000 deaths a week are attributed to HIV⁶⁸ and an estimated 7.7 million AIDS-related deaths will occur in the current decade if the international community fails to build on the gains and meet the commitments made in the [2021 Political Declaration on HIV and AIDS](#).⁶⁹

联合国艾滋病规划署和其他全球机构的状况报告持续显示，艾滋病毒感染和与艾滋病有关的死亡人数下降的速度不足以实现 2030 年的目标。⁷⁰ 在全球范围内，每周有 1 万 3 千多人死于艾滋病毒⁷¹，如果国际社会不能在成果的基础上再接再厉，履行 [2021 年《关于艾滋病毒和艾滋病问题的政治宣言》](#) 中作出的承诺，估计将有 770 万人在这个十年间死于艾滋病。⁷²

41. The global scale-up of and access to life-saving ART is widely recognized as one of the greatest achievements of the global HIV response to date.⁷³ However, while some countries have succeeded in drastically reducing HIV morbidity and mortality, progress has been uneven within and between countries.⁷⁴ HIV continues to affect millions of people and communities around the world.⁷⁵

拯救生命的抗逆转录病毒治疗全球规模扩大和可及性增加被广泛认为是迄今为止全球艾滋病毒应对措施的最大成就之一。⁷⁶ 然而，尽管一些国家成功地大大降低了艾滋病毒发病

率和死亡率，但国家内部和国家之间的进展并不均衡。⁷⁷ 艾滋病毒持续影响着全世界数百万人和社群。⁷⁸

42. The UNAIDS Global AIDS Strategy targets for 2030 require that countries provide effective HIV combination prevention options to at least 95% of all people at risk of HIV; ensure that at least 95% of people living with HIV are aware of their HIV status; ensure that at least 95% of people who know their status are on effective HIV treatments; and, that at least 95% of all people on HIV treatment achieve viral suppression.⁷⁹

联合国艾滋病规划署 2030 年全球艾滋病战略目标要求各国向至少 95% 的艾滋病毒高危人群提供有效的艾滋病毒联合预防方案; 确保至少 95% 的艾滋病毒感染者了解自己的艾滋病毒状况; 确保至少 95% 了解自己状况的人接受有效的艾滋病毒治疗; 以及至少 95% 接受艾滋病毒治疗的人实现了病毒抑制。⁸⁰

43. In 2021, approximately 85% of all people living with HIV knew their HIV status. That meant that about 6 million people did not they were living with HIV.⁸¹ Approximately 88% of people who knew their HIV status were accessing treatment and 92% of those on treatment were virally suppressed.⁸²

2021 年，大约 85% 的艾滋病毒感染者知道自己的艾滋病毒状况。这意味着大约有 600 万人不知道自己感染艾滋病毒。⁸³ 大约 88% 知道自己艾滋病毒状况的人正在接受治疗，92% 的接受治疗的人的病毒受到抑制。⁸⁴

44. Of the estimated 38.4 million people living with HIV, approximately 10 million are not receiving the quality information, testing, treatment, and care that is necessary to reach U=U and protect their health, while being relieved from stigma and anxiety around onward transmission.⁸⁵ For many people living with HIV who have access to quality treatment and services, the virus is a manageable, lifelong condition. With appropriate support, people can manage their health in ways that fit their daily lives and can be empowered to achieve undetectable viral load levels.⁸⁶

在估计的 3840 万艾滋病毒感染者中，约有 1000 万人没有得到达到 U=U 和保护其健康所必需的高质量信息、检测、治疗和关怀，同时没有摆脱对继续传播的污名和焦虑。⁸⁷ 对于许多能够获得优质治疗和服务的艾滋病毒感染者来说，病毒是一种可控的终生疾病。有了适当的支持，人们就可以以适合他们日常生活的方式管理他们的健康，并有能力达到检测不到的病毒载量水平。⁸⁸

45. U=U harmonizes well with the UNAIDS global treatment targets because it envisions a world where, in the absence of an HIV vaccine, or cure, people living with HIV can improve the quality of their lives and halt the sexual transmission of HIV. This can be achieved by knowing one's HIV status and having equitable access to effective treatment, testing and the supports necessary to achieve and maintain viral suppression.

U=U 与联合国艾滋病规划署的全球治疗目标非常吻合，因为它设想了一个世界，在没有艾滋病毒疫苗或治愈方法的情况下，艾滋病毒感染者可以改善生活质量并阻止艾滋病毒的性传播。这可以通过了解个人的艾滋病毒状况并公平获得有效治疗、检测以及实现和维持病毒抑制所需的支持来实现。

46. Common clinical standard(s) on viral load suppression and policy definition(s) of U=U are crucial to leverage U=U as a policy tool to advance health equity, with appropriate monitoring and evaluation metrics. Making U=U a reality for all people living with HIV

improves individual and population health, transforms the lives of people living with HIV, and is essential for accelerating progress towards ending the pandemic.⁸⁹

关于病毒载量抑制的临床标准和 U=U 政策定义对于利用 U=U 作为促进健康公平的政策工具以及适当的监测和评估指标至关重要。让 U=U 成为所有艾滋病毒感染者的现实，可以改善个人和人群的健康，改变艾滋病毒感染者的生活，对于加快结束这一流行病至关重要。⁹⁰

47. HIV is both a cause and a consequence of poverty and inequity.^{91 92} In all HIV settings, barriers to combination prevention, treatment, care and support occur at the individual, interpersonal, community and societal levels.⁹³ Stigma, discrimination, criminalization, gender-based violence, poverty and a range of social, racial, age and gender inequalities and social and structural determinants of health continue to fuel HIV epidemics. They often exact the heaviest toll on populations that experience higher disease mortality and morbidity and that have lower access to life-saving prevention, treatment, care and support programmes and services.⁹⁴

艾滋病毒既是贫穷和不公平的原因，也是贫穷和不公平的后果。⁹⁵⁹⁶ 在所有艾滋病毒环境中，预防、治疗、关怀和支持相结合的障碍都发生在个人、人际、社群和社会层面。⁹⁷ 污名、歧视、刑事定罪、基于性别的暴力、贫穷以及一系列社会、种族、年龄和性别不平等以及健康的社会和结构决定因素持续助长艾滋病毒的流行。它们对疾病死亡率和发病率较高且获得拯救生命的预防、治疗、关怀和支持计划及服务的机会较少的人群造成的损失最大。⁹⁸

48. Key and vulnerable populations^{xv} face multiple and intersecting inequities that expose them to higher risks of HIV and other life-threatening infections and that subject them to social exclusion and marginalization in society (Figure 1).^{99 100 101} Key and vulnerable populations include sex workers, people who inject drugs, people in closed settings such as prisoners, transgender people, gay and bisexual men and other men who have sex with men, adolescent girls and women, Indigenous peoples and mobile populations.

49. 关键和脆弱人群^{xvi}面临多重和交叉的不平等，使他们面临更高的艾滋病毒和其他危及生命的感染风险，使他们在社会中受到社会排斥和边缘化（图 1）。¹⁰²¹⁰³¹⁰⁴ 关键和弱势群体包括性工作者、注射毒品使用者、如囚犯等封闭环境中的人、跨性别者、男同性恋和双性恋男性和其他男男性行为者、少女和妇女、原住民和流动人口。

Gender inequality and gender-based violence continue to drive the heightened risk of HIV infection experienced by women and adolescent girls. Approximately 5,000 young women worldwide aged 15–24 years become infected with HIV weekly. In sub-Saharan Africa, women and girls accounted for 63% of all new HIV infections in 2021.¹⁰⁵ Combination prevention approaches that include U=U, PrEP, PEP, and the Dapivirine vaginal ring must be integrated into comprehensive sexuality education (CSE) for improved sexual and reproductive health (SRH) and rights of women and girls, boys

^{xv} “Key populations or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV, in most settings, gay men and other men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.” Global AIDS Strategy, footnote 9, p8.

^{xvi} “关键人群或高风险关键人群是更有可能接触或传播艾滋病毒的人群，他们的参与对于成功抗击艾滋病毒至关重要。在所有国家，关键人群包括艾滋病毒感染者。在大多数情况下，男同性恋者和其他男男性行为者、跨性别者、注射毒品使用者和性工作者及其客户比其他群体接触艾滋病毒的风险更高。但是，每个国家都应根据流行病学和社会背景确定对其流行和抗击重要的特定关键人群。全球艾滋病战略，脚注 9，第 8 页。”

and men, trans and gender diverse people. If the underlying inequities are addressed, prevention and treatment outcomes will improve (Figure 1).

50. 两性不平等和基于性别的暴力继续加剧妇女和少女感染艾滋病毒的风险。全世界每周约有 5000 名 15-24 岁的年轻女性感染艾滋病毒。在撒哈拉以南非洲，2021 年妇女和女童占有所有艾滋病毒新增感染病例的 63%。¹⁰⁶ 包括 U=U、暴露前预防、暴露后预防和达匹韦林阴道环在内的联合预防方法必须纳入全面的性教育（CSE），以改善妇女和女孩、男孩和男人、跨性别和性别多样化者的性与生殖健康（SRH）和权利。如果潜在的不平等问题得到解决，预防和治疗结果将得到改善（图 1）。

51. The NGO Delegation sees health inequity as a normative concept that describes systematic differences in health between population sub-groups that are unjust, unfair,

非政府组织代表团认为，卫生不公平是一个规范性概念，它描述了人口亚群体之间在健康方面的系统性差异，这些差异是不公正的、不公平的

52. An equity-oriented approach recognizes that systemic and structural inequality, rather than solely individual behaviours and practices, are the root causes of health disparities that drive the disproportionate impact of HIV on key and vulnerable populations. An equity-oriented approach entails targeting population groups that have greater exposure and vulnerability to risk of infection and lesser access to a continuum of quality, right-based services that promote better health, well-being and quality of life.¹⁰⁷ This approach embodies the SDG principle of leaving no one behind, and it applies to the vision of ending HIV as much as it does to pandemic prevention, preparedness and response, and other global goals such as UHC and the SDGs more broadly.

以公平为导向的途径认识到系统性和结构性不平等，而不仅仅是个人行为和做法，是造成艾滋病毒对关键和脆弱人群造成过度影响的健康差异的根源。以公平为导向的途径需要针对那些更容易暴露和易受感染风险的人群，以及获得促进更好的健康、福祉和生活质量的高质量、基于权利的服务的机会较少的人群。¹⁰⁸ 这种途径体现了可持续发展目标的“不落下一个人”原则，既适用于终止艾滋病毒的愿景，也适用于大流行预防、备灾和应对，以及全民健康覆盖和更广泛的可持续发展目标等其他全球目标。

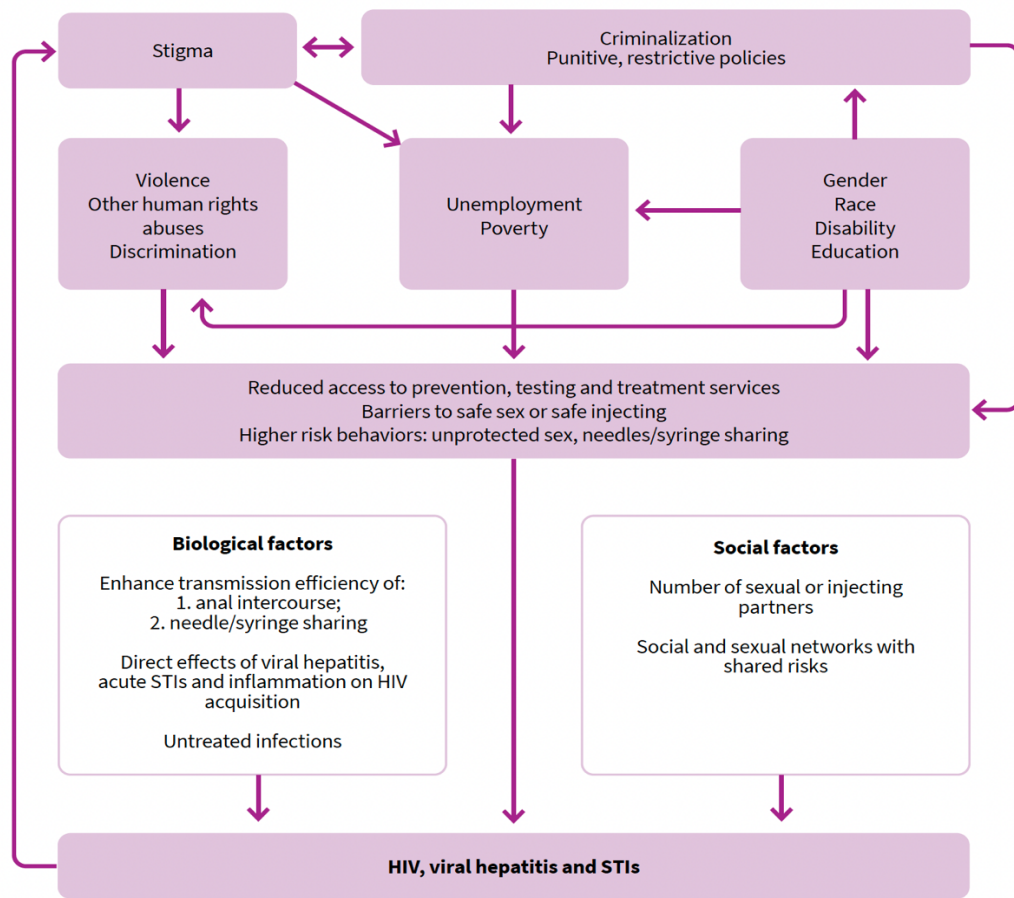
53. In the case of HIV, tackling the inequities that create the fault lines in the HIV care continuum is needed to ensure that everyone with HIV knows their status and receives the quality treatment, support and care they need to achieve viral suppression. Outcomes of U=U will improve the health and well-being of all people living with HIV, improve their quality of life, drive down rates of new HIV infections, reduce health-care costs, and lead to a healthier society, which will contribute to economic growth. and avoidable or remediable.¹⁰⁹

就艾滋病毒而言，需要解决在艾滋病毒护理连续体中造成断层的不平等，以确保每个艾滋病毒感染者都知道自己的状况，并获得实现病毒抑制所需的优质治疗、支持和关怀。U=U 的结果将改善所有艾滋病毒感染者的健康和福祉，改善他们的生活质量，降低艾滋病毒新增感染率，降低医疗保健成本，并走向一个更健康的社会，这将有助于经济增长。以及有助于可避免或可补救的。¹¹⁰

Figure 1: Factors contributing to HIV, STIs and viral hepatitis in key populations

图 1: 导致重点人群感染艾滋病毒、性病和病毒性肝炎的因素。

Source: WHO, 2022¹¹¹
来源: WHO, 2022¹¹²



Stigma 污名

Criminalization 刑事定罪

Punitive 惩罚性

restrictive policies 限制性政策

violence 暴力

other human rights abuses 其他人权侵害

discrimination 歧视

unemployment 失业

poverty 贫穷

gender 性别

race 种族

disability 残障

education 教育

reduced access to prevention, testing and treatment services 预防、检测和治疗服务可及性减少

barriers to safe sex or safe injecting 安全性行为或安全注射的障碍

higher risk behaviors: unprotected sex, needles/syringe sharing 高危行为：无保护性行为，针具共用

biological factors 生物因素

enhance transmission efficiency of :增加传染效率：

1. anal intercourse 肛交

2. needle/syringe sharing 针具共用

Direct effects of viral hepatitis, acute STIs and inflammation on HIV acquisition 病毒性肝炎，急性性传播感染和炎症对艾滋病毒感染的直接影响

Untreated infections 未治疗的感染

Social factors 社会因素

Number of sexual or injecting partners 性伴侣或注射伙伴的人数

Social and sexual networks with shared risks 有共同风险的社交或性活动网络

HIV, viral hepatitis and STIs 艾滋病毒，病毒性肝炎和性传播疾病

54. The Global AIDS Strategy (2021–2026) uses an equity-oriented approach that prioritizes actions to first reach key and underserved populations and to close the gaps in access to prevention, treatment and care that undermine the benefits of ART. The Strategy calls for “substantially greater prioritization of tailored, combination HIV prevention packages, including scaling up underutilized prevention approaches and community-led responses, such as comprehensive sexuality education, harm reduction services, PrEP and U=U.”¹¹³

《全球艾滋病战略（2021-2026年）》采用以公平为导向的方法，优先考虑首先覆盖关键和服务不足人群的行动，并缩小在获得预防、治疗和关怀方面的差距，这些差距损害了抗逆转录病毒治疗的益处。该战略呼吁“大幅优先考虑量身定制的艾滋病毒预防一揽子计划，包括扩大未充分利用的预防方法和社群主导的应对措施，如全面的性教育、减低风险服务、暴露前预防（PrEP）和U=U。”¹¹⁴

55. A U.S.-based study conducted by Quan and others (2021) provides a strong cost-effectiveness argument for equity-oriented HIV combination implementation strategies in reducing long-term health care costs, as well as reductions to incidence-related disparities and health inequity measures in racialized communities.¹¹⁵

一个由 Quan 等人在 2021 年进行的美国研究，为以公平为导向的艾滋病毒联合实施策略提供了强有力的成本效益论据，以降低长期医疗保健成本，以及减少多种族社群中与发病率相关的差异和健康不公平措施。¹¹⁶

56. **Case study 1** (United States) provides a best practice example of how equity-focused HIV combination prevention intervention strategies¹¹⁷ within community-based care settings can use U=U to address persistent disparities in viral load suppression and barriers to care for highly vulnerable populations living with HIV. This work has led to

institutional policy changes and the use of the U=U health equity intervention by seven additional service providers in 20 locations in the New York City region.¹¹⁸

案例研究 1（美国）提供了一个最佳实践实例，说明在社群护理环境中注重公平的艾滋病毒联合预防干预战略¹¹⁹如何利用 U=U 来解决病毒载量抑制方面的持续差异和高度脆弱的艾滋病毒感染者的护理障碍。这导致了机构政策的变化，并在纽约市地区的 20 个地点的另外七家服务机构中使用了 U = U 健康公平干预。¹²⁰

Investing for impact: U=U=U, a foundational health equity strategy

为影响力而投资：U=U=U，一项基本的卫生公平策略

57. Despite the proven benefits of U=U, its application to other modes of transmission, including breast- or chest-feeding and blood-borne transmission, is under-researched and requires more attention, investment and policy/clinical guidance.¹²¹ The need for further research to address the current gaps in the U=U evidence base was noted in the 2021 Political Declaration on HIV and AIDS.¹²²

尽管 U=U 已被证明是有益的，但它在其他传播方式中的应用研究不足，包括母乳喂养或胸部喂养和血源性传播，需要更多的关注、投资和政策/临床指导。¹²³2021 年《关于艾滋病毒和艾滋病的政治宣言》指出，需要进一步研究以解决 U=U 证据基础的当前差距。¹²⁴

58. Clinical recommendations and guidelines on HIV and infant feeding are not unequivocal. In resource-constrained parts of the world, the standard of care calls for parents living with HIV to breast-feed their infants while on ART, but in high-income countries public health guidelines call for replacement feeding.¹²⁵ Noted by public health experts, civil society and community members, the complexity and confusion around feeding guidelines in the era of U=U is challenging, particularly in contexts where HIV is criminalized.¹²⁶ Existing studies demonstrate an extremely low to zero risk of HIV transmission when the breast-feeding parent has sustained viral suppression.^{127 128 129 130}

关于艾滋病毒和婴儿喂养的临床建议和指南并非明确无误。在资源有限的地区，护理标准要求感染艾滋病毒的父母在接受抗逆转录病毒治疗时对婴儿进行喂养，但在高收入国家，公共卫生指南要求替代喂养。¹³¹ 公共卫生专家、民间社会和社群成员指出，在 U=U 时代，喂养指南的复杂性和混乱性是个问题，特别是在艾滋病毒被刑事定罪的情况下。¹³² 现有研究表明，当母乳喂养的父母持续病毒抑制时，艾滋病毒传播的风险极低至零。¹³³¹³⁴¹³⁵¹³⁶

59. Viral load tests are a key marker of treatment success. However, only 38% of people living with HIV who receive ART currently have access to viral load tests. Access is even more limited in some parts of the world, especially in countries with low HIV prevalence and weak health systems. There is a need to invest in viral load technology for U=U in low- and middle-income countries.¹³⁷

病毒载量检测是治疗成功的关键标志。然而，目前只有 38% 接受抗逆转录病毒治疗的艾滋病毒感染者能够获得病毒载量检测。在世界某些地区，特别是在艾滋病毒流行率低和卫生系统薄弱的国家，获得服务的机会甚至更加有限。需要投资于中低收入国家的病毒载量技术以实施 U=U。¹³⁸

60. Pregnant people and parents living with HIV must have easy access to the information, resources and structures to support their autonomy and informed decision-making when

considering their infant feeding options. **Case study 2** (Argentina) presents research findings from community-led research on the experiences and perspectives of cisgender women living with HIV in Argentina, as well as recommendations for research, policy and practice.

在考虑婴儿喂养选择时，感染艾滋病毒的孕妇和父母必须能够容易地获得信息、资源和体系，以支持他们的自主知情决策。**案例研究 2**（阿根廷）介绍了关于阿根廷感染艾滋病毒的顺性妇女的经验和观点的社群主导研究结果，以及对研究、政策和实践的建议。

61. Similarly, there remains a dearth of research on the applicability of U=U for people who use drugs. Evidence shows that people who inject drugs will not transmit HIV through sexual activity if they have a suppressed viral load. Although earlier research (2013) suggested that an undetectable viral load may also reduce the risk of HIV transmission through needle-sharing, research findings remain inconclusive on this matter.¹³⁹

同样，关于 U=U 对毒品使用者的适用性的研究仍然缺乏。有证据表明，注射毒品使用者如果病毒载量受到抑制，就不会通过性活动传播艾滋病毒。尽管早前的研究（2013）表明，测不到的病毒载量也可以降低通过共用针头传播艾滋病毒的风险，但研究结果在这个问题上仍然是非决定性的。¹⁴⁰

62. Also needed is research into the applicability of U=U for younger populations,¹⁴¹ as well as on how U=U could affect policy and clinical guidance for blood donations.

还需要研究 U=U 对年轻人群的适用性，¹⁴² 以及 U=U 如何影响献血的政策和临床指导。

63. Given the scientifically proven benefits of effective ART that reduce viral loads to undetectable levels in the blood, the limited research on the applicability of U=U for all key populations and other vulnerable groups compounds health inequities and undermines HIV prevention efforts.

鉴于科学证明有效的抗逆转录病毒疗法可将血液中的病毒载量降低到无法检测到的水平，关于 U = U 对所有关键人群和其他弱势群体的适用性的研究有限，加剧了卫生不公平并破坏了艾滋病毒预防工作。

64. In 2019, Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases in the United States, called the U=U campaign “the foundation of being able to end the epidemic”, along with the use of PrEP for HIV prevention.¹⁴³ A wealth of research has arrived at similar conclusions, underscoring the enormous opportunity for clear, positive and evidence-based communication about the value of U=U for ending HIV-related discrimination, advancing health equity for people living with HIV, and ending AIDS.¹⁴⁴ To harness this opportunity, all HIV partners must ensure U=U is consistently integrated and implemented.

65. 2019 年，美国国家过敏和传染病研究所所长 Anthony Fauci 博士，称 U=U 运动再加上暴露前预防的使用，是“能够结束疫情的基础”。¹⁴⁵ 丰富的研究已经得出类似的结论，强调对 U=U 在结束艾滋病毒相关歧视、促进艾滋病毒感染者的健康公平，并结束艾滋病方面价值的明确、积极和循证传播的巨大机会。¹⁴⁶ 要抓住这个机会，所有艾滋病毒合作伙伴必须确保 U=U 得到始终如一地整合和实施。

66. U=U threads across the three interlinked strategic priorities of the Global AIDS Strategy and potentially contributes to each of its 10 result areas. This transformative but untapped potential of U=U can be realized if services are designed and delivered in strategic and supportive partnerships with facility-based and community-led health

providers, communities living with and affected by HIV, and government programmes.¹⁴⁷
The services would:

U=U 贯穿全球艾滋病战略的三个相互关联的战略优先事项，并可能为其 10 项成果领域中的每一个做出贡献。如果有设施的社群主导的卫生机构、感染艾滋病毒和受艾滋病毒影响的社群以及政府项目建立战略和支持性伙伴关系，则可以变革性地实现 U=U 的未开发潜力。¹⁴⁸这些服务将：

- improve the well-being of people living with HIV by incorporating U=U in CSE,

“U=U, it's not about looking at you as a vector of disease, but taking that burden away, placing that burden completely outside of the individual and giving you back your dignity and empowerment to know that I have the option. It's in my hands, I can design this, but also the peace of mind in knowing that we are part of a solution to ending AIDS.”

– **Community representative, Europe**

“U=U，不把你看作是疾病的载体，而是把这个负担带离个人，还你尊严，赋权使你知道自己有选择权。它掌握在我手中，我可以设计这个，知道我们是终结艾滋病解决方案的一部分，也让我内心平静。

–社群代表，欧洲

“[U=U] really highlights the structural issues, but it also gives us hope. U=U is a tool of hope: that we can end the AIDS pandemic and new HIV infections and destroy internalized stigma.”

– **Community representative, Asia-Pacific**

“[U=U]确实突出了结构性问题，但它也给了我们希望。U=U 是希望的工具：我们可以结束艾滋病大流行和新增艾滋病毒感染，并摧毁内化的污名。

–社群代表，亚太地区

“First of all, there's a lot of misconception. But secondly, it's not a thing about privilege—it's about right, it's about access, it's about having quality health care and a quality of life that is attainable by anyone. It doesn't matter where you are. It doesn't necessarily mean you need to have 40 options of treatment. A country can have six options and still ensure that the [viral loads of the] population can be undetectable. It's just how those options are managed.”

– **Community Representative, Global Key Population Network**

“最重要的是，有很多误解。但其次，这不是关于特权，这关于权利，关于可及性，关于拥有高质量的医疗保健和任何人都可以达到的生活质量。无论你在哪里。这并不一定意味着你需要有 40 种治疗选择。一个国家可以只有六种选择，仍然可以确保病毒再聊测不到。问题是选择的管理方式。

–社群代表，全球关键人群网络

transforming the social, sexual and reproductive lives and legal rights of people living with HIV by freeing them from the shame and fear of sexual transmission to their partners;

- 通过将 U=U 纳入全面性教育（CSE），改变艾滋病毒感染者在社会、性与生殖健康生活以及合法权利，使他们摆脱性传播给伴侣的羞耻和恐惧，从而改善艾滋病毒感染者的福祉；
- challenge and dismantle deep-seated HIV-related stigma and discrimination and public perception about HIV transmissibility;
- 消除与艾滋病毒有关的根深蒂固的污名和歧视以及公众对艾滋病毒传播性的看法
- support HIV combination prevention and treatment goals by reducing the structural barriers and anxiety connected with testing and treatment; and
- 通过减少与检测和治疗相关的结构性障碍和焦虑，支持艾滋病毒联合预防和治疗目标；
- advance an evidence-based public health and health equity argument for universal access to HIV testing, diagnostics, treatment and care that can support improved health outcomes, save lives and prevent new HIV infections.¹⁴⁹
- 推动基于证据的公共卫生和健康公平论点，使能改善健康结果、拯救生命和预防艾滋病毒新增感染的艾滋病毒检测、诊断、治疗和护理都普遍可及。¹⁵⁰

67. The transformative impact of U=U can be unleashed if Member States and UN Cosponsors integrate U=U into national HIV and health strategies and guidelines. **Case study 3** offers examples from the Asia-Pacific region of the importance of early government endorsement of U=U. The experience shows that when used strategically, U=U will dismantle stigma and discrimination, increase demand for ART, address barriers to accessing life-saving ART and decrease loss to follow-up by promoting adherence.

如果会员国和联合国赞助方将 U=U 纳入国家艾滋病毒和卫生的战略和指南，U=U 的变革性影响就可以释放出来。**案例研究 3** 提供了亚太地区的例子，说明政府尽早认可 U=U 的重要性。经验表明，当战略性地使用 U=U 时，U=U 将消除污名和歧视，增加对抗逆转录病毒治疗的需求，解决获得挽救生命的抗逆转录病毒治疗的障碍，并通过促进依从性来减少随访损失。

68. **Case study 4** provides insight from a 2022 global survey conducted among civil society and community partners to better understand the critical components of being able to achieve and sustain an undetectable HIV viral load and to better understand the experiences of people living with HIV when U=U is promoted.

案例研究 4 提供了 2022 年在民间社会和社群合作伙伴中进行的一项全球调查的洞察，该调查希望更好地了解能够实现和维持检测不到的艾滋病毒病毒载量的关键，并更好地了解 U=U 推广时艾滋病毒感染者的经历。

69. Key informant interviewees highlighted some of the positive lessons learned from the COVID-19 experience that should be maintained beyond the COVID-19 era to propel forward the U=U movement and the HIV response more broadly. These include:

关键信息人受访者强调了从新冠疫情经历中吸取的一些积极教训，这些教训应该在新冠疫情时代之后保持，以推动 U=U 运动和更广泛的艾滋病毒应对措施。其中包括：

- the power of digital technologies to mobilize communities and to design and deliver complex programmes, services and advocacy efforts by using virtual platforms,

including ensuring equitable internet access for remote or key and vulnerable populations;

- 数字技术的力量，通过使用在线平台动员社群，设计和提供复杂的项目、服务和倡导工作，包括确保偏远或关键和弱势群体公平地接入互联网；
- the *power of digital online platforms* as a dissemination channel for teaching, providing training and accessing wider audiences through the internet;
- 数字在线平台作为教学、提供培训的传播渠道，通过互联网接触更广泛受众；
- the role of *heightened public awareness of health, treatment and vaccine equity* to elevate debates and public pressure around the barriers which intellectual property rights pose to effective public health emergency responses;
- 提高公众对健康、治疗和疫苗公平的认识，在围绕知识产权对有效的公共卫生应急响应构成的障碍展开辩论和施加公众压力；
- increased awareness about the *importance of treatment literacy* in the general public, and literacy about pandemics more generally, including awareness about how pandemics evolve and cross geographic borders;
- 提高公众对治疗素养重要性的认识，更广泛地了解大流行，包括对大流行如何演变和跨越地理边界的认识；
- *heightened public awareness about the need for strong public health systems* to manage and overcome the COVID-19 pandemic, which offers a chance to renew attention on the HIV pandemic. The COVID-19 experience has reinforced the understanding that, in order to overcome pandemics, people must have equal access to testing, treatment and care;
- 提高公众对强大的公共卫生系统需求的认识，以管理和克服新冠大流行，这为重新关注艾滋病毒流行提供了机会。新冠的经验强化了人们的理解，即为了克服大流行，人们必须有平等的机会获得检测、治疗和关怀；
- evidence that *multi-month dispensing of ART and point-of-care viral load testing* helped reduce the impact of service disruptions on treatment access and adherence;¹⁵¹ and
- 有证据表明，*多月配发抗逆转录病毒治疗和病毒载量检测及时现场护理*有助于减少服务中断对治疗可及性和依从性的影响；¹⁵²
- evidence that *swift, systemic change is possible* when there is political will, investment, public pressure and motivation to act appropriately.
- 只要有政治意愿、投资、公众压力和采取适当行动的动力，就有可能*迅速、系统地*进行变革。

70. Moving forward, it is important that these and other lessons and innovations drawn from the COVID-19 experience are integrated into the scale-up of U=U across all settings, particularly in resource-constrained and conflict areas, to mitigate HIV service disruptions and treatment access.

展望未来，重要的是将这些以及从新冠疫情经验中吸取的其他经验教训和创新纳入 U=U 在所有环境中的推广工作，特别是在资源有限和冲突地区，以减轻艾滋病毒服务中断和治疗可及性影响。

71. Since the emergence of U=U in 2016, significant momentum has been achieved to institutionalize the campaign. Public and actionable endorsements have been made by HIV researchers and activists, community and civil society organizations, bilateral and

multilateral partners (e.g. PEPFAR, UNAIDS, US CDC and WHO) and national governments (e.g. Canada, Thailand, the USA,^{xvii} Viet Nam and many others), as well as eminent academic journals such as *Lancet*, the *Journal of the International AIDS Society* and the *Journal of the American Medical Association*.¹⁵³

自 2016 年 U = U 出现以来，该运动已经取得了重大进展。艾滋病毒研究人员和活动家、社群和民间社会组织、双边和多边合作伙伴（如总统防治艾滋病紧急救援计划、联合国艾滋病规划署、美国疾病控制中心和世卫组织）和国家政府（如加拿大、泰国、美国^{xviii}、越南等）以及著名的学术期刊，如柳叶刀，国际艾滋病学会期刊和美国医学会期刊都做出了公开和可行动的承诺。¹⁵⁴

72. In Viet Nam, for instance, U=U is at the heart of the country's response to their HIV epidemic. They country was the first PEPFAR country to achieve viral suppression in over 95% of people on ART (**Case study 5**).¹⁵⁵ PEPFAR's updated (2022) country guidance emphasizes the need to integrate U=U along the HIV care continuum.

例如，在越南，U=U 是该国应对艾滋病毒流行的核心。该国是 PEPFAR 国家中第一个在 95% 以上的抗逆转录病毒治疗人群中实现病毒抑制的（**案例研究 5**）。¹⁵⁶ PEPFAR 更新的 2022 年国家指南强调，需要将 U=U 纳入艾滋病毒持续关怀。

73. U=U has become widely known in the global HIV sector as a powerful, scientifically proven communication tool that brings together biomedical progress with contemporary knowledge in behavioural and social science.¹⁵⁷ Yet, myths and misinformation about U=U and HIV transmission abound. **Case study 6** (Botswana) offers a good practice example of the crucial roles of community-led, peer-based U=U communication and treatment literacy strategies to improve the quality of life and treatment outcomes of people living with HIV, while addressing internalized stigma and popular misconceptions about HIV testing and treatment.

U=U 在全球艾滋病毒领域广为人知，是一种强大的、经过科学验证的沟通工具，它将生物医学进步与当代行为社会科学知识结合在一起。¹⁵⁸ 然而，关于 U=U 和艾滋病毒传播的迷思和错误信息比比皆是。**案例研究 6**（博茨瓦纳）提供了一个良好的实践实例，说明社群主导、基于同伴的 U=U 沟通和治疗素养战略在改善艾滋病毒感染者的生活质量和治疗结果方面的关键作用，同时解决对艾滋病毒检测和治疗的污名内化和普遍误解。

74. **Case study 7** (Canada) showcases an online public education and communication campaign led by the Canadian government in partnership with community partners. It was aimed at dispelling incorrect HIV-related information in the general population, while reducing the social stigma and discrimination associated with an HIV diagnosis. Another Canadian] online educational video titled "Strong medicine", has been developed in partnership with Communities, Alliances & Networks (formerly the Canadian Aboriginal AIDS Network) and CATIE, with and for Indigenous people living with HIV. The video shares accurate information about HIV testing and treatment by weaving Indigenous knowledge of culture and wellness with western knowledge of HIV testing and treatment. It encourages people to get tested and to start, resume or stay on HIV treatment for their own health and wellness.¹⁵⁹

^{xvii} U=U is endorsed and has been made actionable in policy and programming as outlined in the US National HIV/AIDS Strategy (2022–2025). <https://www.whitehouse.gov/wp-content/uploads/2021/11/National-HIV-AIDS-Strategy.pdf>

^{xviii} U=U 已获得认可并已在美国国家艾滋病毒/艾滋病战略（2022 年–2025）概述了形成可行动的政策和项目设计。
<https://www.whitehouse.gov/wp-content/uploads/2021/11/National-HIV-AIDS-Strategy.pdf>

案例研究 7 (加拿大) 展示了由加拿大政府与社群合作伙伴合作领导的在线公共教育和交流活动，旨在消除一般人群中与艾滋病毒有关的不正确信息，同时减少与艾滋病毒诊断相关的社会污名和歧视。另一个加拿大在线教育视频名为“强力医药 (Strong medicine)”，是与社群，联盟和工作网（前加拿大原住民艾滋病毒工作网）和 CATIE 合作，面向原住民艾滋病毒感染者并与他们合作开发。该视频通过将文化和健康的本土知识与艾滋病毒检测和治疗的西方知识相结合，分享了有关艾滋病毒检测和治疗的准确信息。它鼓励人们接受检测，并开始、恢复或继续接受艾滋病毒治疗，以维护自己的健康和福祉。¹⁶⁰

75. **Case study 8 (Ukraine)** presents the experiences of a Government-funded national care and support programme aimed at supporting viral suppression among people living with HIV. Activities include support for treatment adherence and access to viral load testing to help people achieve and maintain viral suppression.

案例研究 8 (乌克兰) 介绍了由政府资助的国家护理和支持项目的经验，该项目旨在支持在艾滋病毒感染者中抑制病毒。活动包括支持治疗依从性和获得病毒载量检测，以帮助人们实现和维持病毒抑制。

76. **Case study 9** presents a multicountry, youth-led intervention involving young people between 15–29 years in 11 sub-Saharan African countries. The initiative was developed in response to an identified gap in the provision of practical and tailored materials to facilitate productive U=U dialogues with adolescents and youth living with HIV. The case study provides further evidence for integrating U=U and other combination prevention tools into CSE.

案例研究 9 提供了 11 个撒哈拉以南非洲国家涉及 15-29 岁年轻人的多国青年主导的干预。该项目旨在应对在提供实用和针对性的材料以促进与感染艾滋病毒的青少年和青年进行富有成效的 U=U 对话方面已发现的差距。该案例研究为将 U=U 和其他综合预防工具整合到 CSE 中提供了进一步的证据。

77. Respondents' reflections on the most critical issues and considerations around U=U included:

受访者对 U=U 最关键问题和考虑因素的反思包括：

- emphasizing and advancing U=U as an advocacy tool and health equity policy instrument to improve equitable access to testing, diagnosis, quality treatment and care, including equitable access to medical advancements such as long-acting injectables;
- 强调推动将 U=U 作为倡导工具和卫生公平政策工具，以改善检测、诊断、优质治疗和护理的公平可及，包括长效注射剂等先进治疗的公平可及；
- unlocking data generated by U=U to change harmful laws and policies that criminalize people living with and at risk of HIV; and
- 开放 U=U 生成的数据，以改变将艾滋病毒感染者和有感染风险的人定罪的有害法律和政策；
- dispelling common concerns that U=U will result in surging rates of STIs if it encourages people to have more condomless sex. Some studies have shown people living with HIV, with regular access to healthcare, tend to have better overall health than the general population. From a biomedical standpoint, U=U encourage regular/more frequent health visits, as well as viral load and STI testing for the individual.

- 摒除常见的担忧，即 U=U 鼓励人们进行更多的无安全套性行为，导致性传播感染的发病率飙升。一些研究表明，定期获得医疗保健的艾滋病毒感染者往往比普通人群具有更好的整体健康状况。从生物医学的角度来看，U=U 鼓励定期或更频繁的健康检查，以及个人的病毒载量和 STI 检测。

U=U: facilitators and challenges

U=U: 协助与阻碍

78. Structural and systemic inequities continue to affect the ability of key populations and other vulnerable groups to experience the benefits of effective HIV treatment. They include poverty, inequitable access to treatment and viral load testing, stigma and HIV criminalization. This section summarizes key barriers to achieving the goal of ending AIDS by 2030. They include stigma and discrimination; a lack of enabling environments to support marginalized communities who are not yet engaged in U=U and the HIV treatment cascade; insufficient investments in community systems, leadership and responses; and a lack of access to technologies and innovations.

结构性和系统性不公平持续影响关键人群和其他弱势群体体验有效艾滋病毒治疗益处的能力。它们包括贫困、治疗和病毒载量检测可及性不公平、污名和将艾滋病毒形式定罪。本节总结了实现到 2030 年终结艾滋病目标的主要障碍。它们包括污名和歧视；缺乏有利环境来支持尚未参与 U=U 和艾滋病毒治疗级联的边缘化社群；对社群系统、领导和应对措施的投资不足；缺乏获得技术和创新的机会。

Stigma and discrimination 污名与歧视

"I think it would be great to like to have something like universal, let's say a guideline, or let's say, some kind of instruction for health-care providers [on] how to discuss U=U with patients or with other people. Because it's still, like, questionable concepts for many of them."

– Medical professional, Eastern Europe

"我认为，如果能有具有普遍性的东西，比如说一个指导方针，或者让我们说，为医疗机构提供某种指导，关于如何与患者或其他人讨论 U=S。因为对于他们中的许多人来说，这仍然是有疑问的概念。"

– 医疗专业人员，东欧

79. Numerous studies have identified the quintessential role of health-care providers in raising awareness and improving knowledge about U=U, in addition to their role in achieving positive health outcomes. Despite progress in the past six years by the U=U campaign, research has shown that limited awareness about U=U among people living with and at risk of HIV remains a significant barrier across population groups and country income status. A robust body of research shows that, while learning about U=U from non-health-care providers is beneficial, patient discussions with health-care workers:

许多研究已经确定了卫生保健机构在意识提升和改善对 U=U 的认识方面的重要作用，以及他们在实现积极健康结果方面的作用。尽管 U=U 运动在六年中取得了进展，但研究表明，艾滋病毒感染者和有感染风险的人对 U=U 的认识有限，仍然是在各个人口群体和不

同收入国家中均有的重大障碍。大量研究表明，虽然从非卫生保健机构那里了解 U=U 是有益的，但患者与卫生保健工作者的对话：

- is associated with favourable mental, sexual and general health outcomes, medication adherence and rates of viral suppression;
- 与精神，性和整体健康的良好结果有关，与药物依从性和病毒抑制率有关；
- can constitute an effective primary prevention tool; and
- 可以构成有效的一级预防工具；
- is in line with health workers' ethical obligation to do no harm, provide optimal care and support patients in accessing accurate information and health education.¹⁶¹
- 符合卫生工作者的道德义务，即不造成伤害，提供最佳护理并支持患者获得准确的信息和健康教育。¹⁶²

As such, U=U must be considered a standard of care in medical education and clinical guidelines.^{163 164 165}

因此，U=U 必须被视为医学教育和临床指南中的护理标准。¹⁶⁶¹⁶⁷¹⁶⁸

80. This body of evidence points to the value of training health-care providers and allied professionals on U=U and sexual health assessments. Furthermore, U=U should become a mandatory component of the standard of care for primary health care and

HIV specialty care visits.

这些证据指出了对卫生保健机构和相关专业人员进行 U=U 和性健康评估的培训的价值。此外，U=U 应成为初级卫生保健和艾滋病毒专科护理就诊标准的必要组成部分。

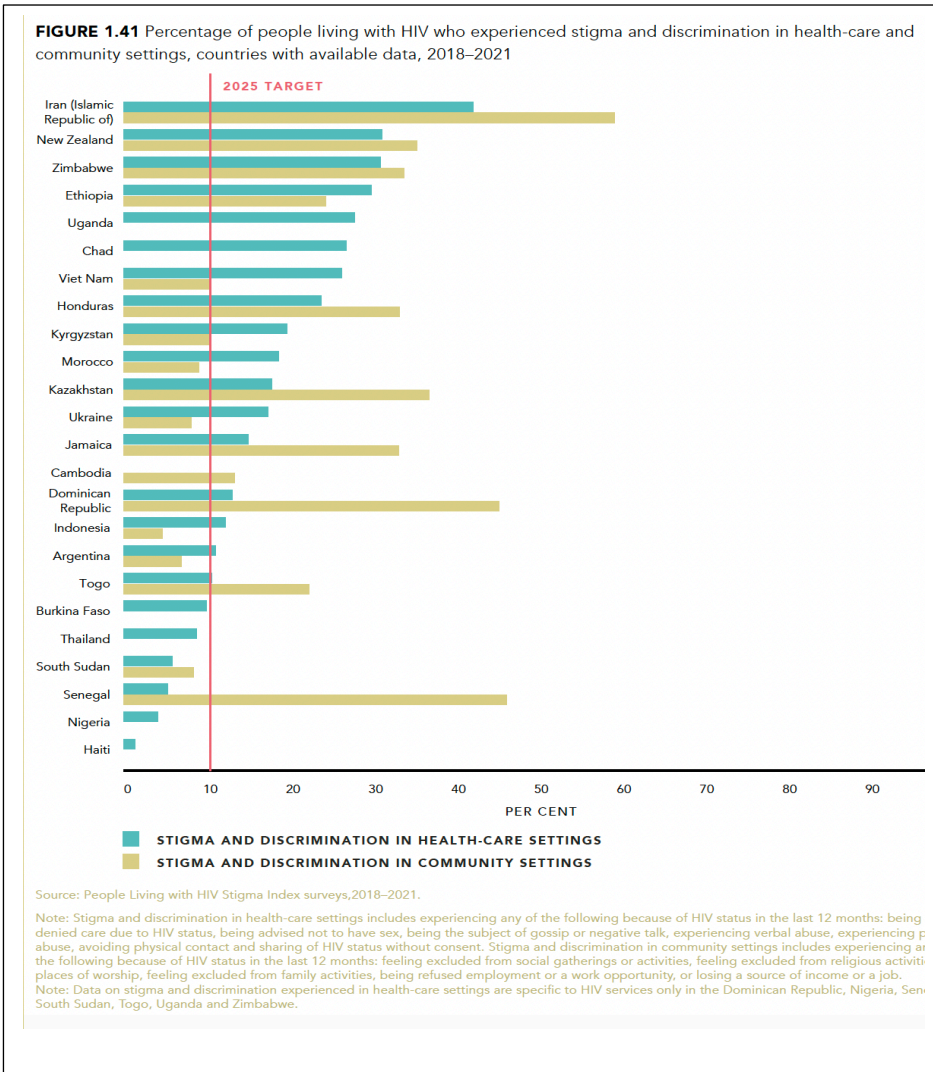


Figure 2. Percentage of people living with HIV who experienced stigma and discrimination in health-care and community settings, countries with available data, 2018–2021

图 2. 2018–2021 年在医疗保健和社区环境中（有可用数据的国家）遭受污名和歧视的艾滋病毒感染者百分比，

Source: *Global AIDS update 2022*. Geneva: UNAIDS; 2022

来源：2022 年全球艾滋病最新情况。日内瓦：联合国艾滋病规划署 2022

- Iran 伊朗
- New Zealand 新西兰
- Zimbabwe 津巴布韦
- Ethiopia 埃塞俄比亚
- Uganda 乌干达
- Chad 乍得
- Viet nam 越南
- Honduras 洪都拉斯

Kyrgyzstan 吉尔吉斯斯坦

Morocco 摩洛哥

Kazakhstan 哈萨克斯坦

Ukraine 乌克兰

Jamaica 牙买加

Cambodia 柬埔寨

Dominican 多米尼加

Indonesia 印度尼西亚

Argentina 阿根廷

Togo 多哥

Burkina faso 布基纳法索

Thailand 泰国

South sudan 南苏丹

Senegal 塞内加尔

Nigeria 尼日利亚

Haiti 海地

Percent 百分比

Green: 卫生场所内的污名与歧视

Yellow: 社群场所内的污名与歧视

81. Stigma and discrimination remain among the major barriers blocking key and vulnerable populations from accessing quality and timely health care, including HIV combination prevention, testing, treatment, care and support services. The 2021 Political Declaration on HIV and AIDS commits countries to ensure that less than 10% of people living with and at-risk of HIV experience stigma and discrimination by 2025. The current Global AIDS Strategy has added a sub-target to track experienced stigma and discrimination within formal health care settings. The 2022 *Global AIDS update* confirms the continued pervasiveness of this barrier to care despite decades of education and advocacy. Figure 2 shows that countries are off-track in meeting the target of ensuring less than 10% of people living with HIV report experiencing stigma and discrimination in health and community settings by 2025.¹⁶⁹

污名和歧视仍然是阻碍关键和脆弱人群获得优质及时卫生保健的主要障碍，包括艾滋病毒综合预防、检测、治疗、关怀和支持服务。2021年《关于艾滋病毒和艾滋病问题的政治宣言》要求各国确保到2025年使不到10%的艾滋病毒感染者和面临风险的人遭受污名和歧视。目前的《全球艾滋病战略》增加了一个次级目标，追踪正规卫生保健机构中遭受的污名和歧视。《2022年全球艾滋病最新情况》证实，尽管进行了数十年的教育和倡导，但这一护理障碍仍然普遍存在。图2显示，在实现确保到2025年不到10%艾滋病毒感染者报告在卫生和社群场所中遭受污名和歧视的目标方面，各国偏离了轨道。¹⁷⁰

82. **Case study 11** (Canada) presents results from two Canadian studies. The first focuses on barriers in the uptake of U=U among sexual minority men, while the second offers insights on communicating U=U messaging in everyday practice. **Case study 12** (Australia) presents good practice media guidelines on HIV and U=U to improve the quality of HIV information reported by journalists. **Case study 13** (Germany) offers a

snapshot of the #DoubleKnowledge (#wissenverdoppeln) anti-stigma media campaign. It was aimed at improving the low levels of public awareness and knowledge about U=U by using multiple media platforms to publicize accurate information about effective, rights-based HIV prevention and treatment.

案例研究 11（加拿大）介绍了两项加拿大研究的结果。第一项侧重于性少数男性群体采纳 U=U 的障碍，而第二项则提供了在日常实践中交流 U=U 信息的洞察。**案例研究 12**（澳大利亚）提出了关于艾滋病毒和 U=U 的良好做法媒体准则，以提高记者报道的艾滋病毒信息的质量。**案例研究 13**（德国）提供了#双倍知识（#wissenverdoppeln）反污名媒体运动。其目的是通过利用多种媒体平台宣传有效的、基于权利的艾滋病毒预防和治疗准确信息，提高公众对 U=U 的认识和知识水平。

Enabling environments: reaching the 5–5–5

"There's, I think, a false dichotomy in treatment and prevention as opposing forces when actually they're the yin and yang. Because if you see people that are not getting proper treatment and care, yeah, then why disclose, why if they're being discriminated against, it puts people underground, or people are being criminalized, and it makes people not want to go out, and they don't even want to mention HIV is the bad thing in the closet. And when you get people living with HIV standing up and saying, I got tested, I got treatment, I'm gonna live forever, I can't pass on HIV... well, those are extremely strong messages, to know that, that we have tools, it's a way to open up a conversation and show them all new tools, we have. It's a huge thing."

– **Community representative, North America**

“我认为，在治疗和预防方面存在错误的二分法，造成对立的力量，而实际上它们是共存的阴阳。如果你看到人们没有适当的治疗和护理，那么为什么要披露，如果他们受到歧视，被迫转入地下，被刑事定罪。这让人们不想站出来，他们甚至不想提到艾滋病毒。当你让艾滋病毒感染者站起来说，我接受了检测，我接受了治疗，我将永远活着，我不会传播艾滋病毒……嗯，这些都是非常有力的信息，要知道，我们有工具，这是一种打开对话并向他们展示我们有的所有新工具的方式。这是一件大事。”

– **社群代表，北美社群**

有利环境：达到5-5-5目标

83. The "5–5–5" concept refers to those population groups who are not being reached by efforts to achieve the UNAIDS global 95–95–95 treatment targets. Population groups within the 5–5–5 are often the most marginalized and hardest to reach with facility-based HIV programmes and services.

“5-5-5”概念是指那些未能通过实现联合国艾滋病规划署全球 95-95-95 治疗目标而覆盖的人口群体。5-5-5 人群往往最边缘化，最难获得基于设施的艾滋病毒项目和服务。

84. "Reaching the last mile first means that health-care models that work for the minority will also work for the majority"—this was a critical contribution made by the Global Network of People Living with HIV (GNP+) to the High-Level Meeting on UHC. Placing the needs of the poorest and most marginalized members of society at the centre of programmes and services is crucial for the HIV response. Within the context of the 95–95–95 targets, reaching the last mile first means first reaching those communities that

fall within the 5–5–5 in ways that support their ability to enjoy the health and quality of life benefits of U=U, while also accelerating progress towards ending AIDS.

“首先到达最后一英里意味着为少数人服务的卫生保健模式也将为大多数人服务”——这是全球艾滋病毒感染者网络（GNP+）对全民健康覆盖高级别会议的重要贡献。将社会中最贫穷和最边缘化成员的需求置于项目和服务的核心位置，对于艾滋病毒应对工作至关重要。在 95-95-95 目标的背景下，首先到达最后一英里意味着首先到达 5-5-5 范围内的社群，以支持他们享有 U=U 的健康和生活质量益处的能力，同时加快终结艾滋病的进展。

85. Enabling environments are key for reaching and engaging the poorest and most marginalized communities in the 5–5–5. Those environments protect people's rights, facilitate the elimination of stigma and discrimination, and remove or reduce obstacles such as criminalization and punitive legal frameworks, gender and racial discrimination, gender-based violence, unemployment and poverty, poor access to education and social protection. Partners and advocates of U=U emphasize its positive implications in legal environments that criminalize people living with HIV and members of key and vulnerable populations.¹⁷¹

有利环境是接触和吸引 5-5-5 最贫困和最边缘化社群的关键。这些环境保护人民的权利，促进消除污名和歧视，以及消除或减少诸如刑事定罪和惩罚性法律框架、性别和种族歧视、性别暴力、失业和贫穷、教育和社会保护等不可及。U=U 的合作伙伴和倡导者强调其在艾滋病毒感染者以及关键和弱势群体被刑事定罪的法律环境中的积极影响。¹⁷²

86. As noted by Stefan Baral and others, HIV treatment implementation strategies that are directed at the most marginalized communities will have important differences compared with programs focused only on treatment numbers.¹⁷³ In this new era of U=U, crucial considerations include ensuring that shifts in legal environments do not further victimize or threaten individuals who are not virally suppressed, reinforce disparities, or stoke HIV-related stigma and discrimination.¹⁷⁴

正如 Stefan Baral 等人所指出的，与仅关注治疗数量的项目相比，针对最边缘化社群的艾滋病毒治疗实施战略将具有重要差异。¹⁷⁵在这个 U=U 的新时代，关键的考虑因素包括确保法律环境的转变不会进一步伤害或威胁还未病毒抑制的个人，不会加剧差异或引发与艾滋病毒相关污名和歧视。¹⁷⁶

Investing in community systems, leadership and responses 投资于社群系统、领导力和应对措施

"The reality is that from theory and evidence to practice in many cases there is a wide gap. The shortages of ARVs in middle- and low-income countries were significant during COVID-19 and showed us that PrEP and other approaches that science has given us, can be lost or heavily affected in a pandemic."

– **Community representative, Latin America and the Caribbean**

“现实情况是，在许多情况下，从理论和证据到实践存在很大差距。在 COVID-19 期间，中低收入国家抗逆转录病毒药物的短缺非常严重，向我们表明，暴露前预防（PrEP）和其他科学手段在大流行中可能会丧失或受到严重影响。”

– 社群代表，拉美和加勒比地区

87. Community-led responses provide vital lifelines to communities who are cut off from formal health and social services. Irrespective of the public health challenge, community-led responses help ensure that no one is left behind. Lessons learned from the ongoing COVID-19 pandemic show that resilient community-led responses play central roles in keeping people healthy and protecting vulnerable communities.^{177 178 179}

社群主导的应对措施为那些无法获得正规卫生和社会服务的社群提供了重要的生命线。无论公共卫生挑战如何，社群主导的应对措施都有助于确保不让任何一个人掉队。从持续的新冠大流行中吸取的经验教训表明，社群主导的有韧性的应对措施在保持人们健康和保护脆弱社群方面发挥着核心作用。¹⁸⁰¹⁸¹¹⁸²

88. Organizations and services that are led and delivered by communities living with and affected by HIV play a particularly crucial role in national HIV responses and boost the effectiveness of prevention, treatment, care and support programmes.^{183 184} As a grassroots community-led global movement with close to 1,100 community partners, on every continent and across 105 countries, U=U is a shining example of the transformative power of community leadership in the HIV and global health landscape improving the health and quality of life for people living with HIV, eliminating stigma and accelerating progress to end the HIV epidemic.

由艾滋病毒感染者和受艾滋病毒影响的社群主导和提供的组织和服务在国家艾滋病毒应对措施和提高预防、治疗、关怀和支持项目的有效性方面发挥着特别关键的作用。

¹⁸⁵¹⁸⁶U=U 是一个由基层社群领导的全球运动，在各大洲和 105 个国家/地区拥有近 1100 个社群合作伙伴，是艾滋病毒和全球卫生领域社群领导力变革力量的光辉典范，改善了艾滋病毒感染者的健康和生活质量，消除了污名并加快了结束艾滋病毒流行的进展。

89. Community-led systems and responses have measurable impact, the potential to reach people at scale, and serve populations who are not accessing formal health services.¹⁸⁷¹⁸⁸ Yet, the essential role of community systems and responses, including community-led monitoring remains severely underfunded and under-acknowledged. They generally are not prioritized and/or integrated into national plans or domestic health budgets.¹⁸⁹ Without adequate resources, civic space and autonomy, the potential of community systems and responses to make a lasting impact in addressing the health disparities affecting the poorest and most marginalized members of society, will continue to be an "untapped potential" of the global HIV response.

社群主导的系统和应对措施具有可衡量的影响，有可能大规模覆盖人群，并为无法获得正规卫生服务的人群提供服务。¹⁹⁰¹⁹¹然而，社群系统和应对措施的重要作用，包括社群主导的监测，仍然面临资金严重不足，也得不到充分承认。它们通常没有被优先考虑或纳入国家计划或国内卫生预算。¹⁹²如果没有足够的资源、民间空间和自主权，社群系统和应对措施在解决影响社会最贫穷和最边缘化成员的健康差距方面产生持久影响的潜力，将继续是全球艾滋病毒应对措施的“未开发潜力”。

Access to technology and innovation 技术与创新可及性

90. Barrier-free access to quality, rights-based combination prevention, testing, treatment, care and support services includes equitable access to technology and innovation. Scaling up access to treatment and affordable medicines requires that countries are empowered to make full use of flexibilities regarding intellectual property rights in current international trade agreements (including but not limited to compulsory licensing). It also requires pursuing alternative initiatives to stimulate both the development of, and equitable access to, affordable medicines and other innovative health technologies in response to public health needs.

无障碍地获得高质量、基于权利的预防、检测、治疗、关怀和支持综合服务，包括技术和创新公平可及。扩大治疗和可负担药物的可及性，需要各国充分权充分利用当前国际贸易协定（包括但不限于强制许可）中有关知识产权的灵活性。它还需要采取替代举措，促进开发和公平获得可负担药物和其他创新卫生技术，以满足公共卫生需求。

91. Access to routine viral load testing and ARV stock-outs resulting from disruptions in procurement and supply chain systems are significant health systems barriers.¹⁹³ A wealth of research indicates that achievement of the global 95–95–95 targets, particularly the final "95", is at risk in many low- and middle-income countries due to gaps in viral load coverage, poor follow-up on viral load results, weak supply chains (e.g. cold chains, especially in remote areas) and treatment stock-outs.^{194 195}

常规病毒载量检测可及性和因采购和供应链系统中断而导致的抗逆转录病毒药物缺货是卫生系统的重大障碍。¹⁹⁶ 大量研究表明，由于病毒载量覆盖率不足、病毒载量结果随访不力，供应链薄弱（例如冷链，特别是在偏远地区）和治疗缺货，许多中低收入国家在实现全球 95-95-95 目标方面有风险，特别是最后一个的“95”目标。^{197 198}

92. An extensive systematic review published in June 2022 by Pham et al. identified several critical gaps. They included insufficient access to viral load testing; a lack of appropriate follow-up on viral load results (patient management); and a lack of access to second- and third-line ARV regimens.¹⁹⁹ That review raises vital questions on how to best provide viral load services in weak health system settings. Its findings suggest that community-based models of care, implemented with local health authorities, can deliver high viral load coverage. However, common clinical standards and policy guidance are needed. **Case study 10 (Nepal)** speaks to the need for common clinical standards that can support consistency in U=U messaging and in national policy documents.

Pham 等人于 2022 年 6 月发表的一项广泛的系统评价确定了几个关键差距。它们包括病毒载量检测可及性不足；缺乏对病毒载量结果的适当随访（患者管理）；以及缺乏获得二线和三线抗逆转录病毒治疗方案的机会。²⁰⁰ 该综述提出了如何在薄弱的卫生系统环境中最好地提供病毒载量服务的重要问题。其研究结果表明，与当地卫生当局一起实施的基于社群的护理模式可以提供高病毒载量覆盖率。因此，需要共同的临床标准和政策指导。**案例研究 10（尼泊尔）**谈到需要共同的临床标准，以支持 U=U 信息和国家政策文件的一致性。

93. Decentralized models of HIV treatment and care such as “hub-and-spoke” approaches, differentiated care, adherence clubs”, new point-of-care viral load technologies, and research clinics with free HIV services (including free viral load testing) support better health, improved quality of care, reduced treatment failure and the scale-up of effective treatment in low- and middle-income settings.²⁰¹ Importantly, while resource constraints may be slowing the expansion of viral load testing, they should not impede the integration of U=U as a health equity policy instrument while global health bodies, decision-makers and civil society address the ongoing inequity of global resources. Resource limitations have real-life implications for people living with HIV, especially on issues of criminalization, which remain a key barrier to reaching the 10–10–10 targets of the UNAIDS Global AIDS Strategy.

分散的艾滋病毒治疗和护理模式，如“中心辐射”方法、差异化护理、依从性俱乐部、新的即时病毒载量技术以及提供免费艾滋病毒服务（包括免费病毒载量检测）的研究诊所，支持更好的健康、提高护理质量、减少治疗失败和在中低收入环境中扩大有效治疗。²⁰² 重要的是，虽然资源限制可能会减缓病毒载量检测的扩大，但它们不应在全球卫生机构、决策者和民间社会解决全球资源的持续不平等问题时阻碍 U=U 被整合入卫生公平

政策工具。资源有限对艾滋病毒感染者具有现实意义，特别是在刑事定罪问题上，这仍然是实现联合国艾滋病规划署全球艾滋病战略 10-10-10 目标的主要障碍。

94. **Case study 14 (Cameroon)** presents the experience of a U.S.-funded community-based project led by Humanity First Cameroon Plus that focused on strengthening the capacities of community health workers to collect blood samples and deliver them to laboratories as a way to increase access to HIV viral load testing.

案例研究 14（喀麦隆）介绍了一个美国资助的由“人道优先喀麦隆阳性”主导的社群项目的经验。该项目的重点是加强社区卫生工作者收集血液样本并将其运送到实验室的能力，以增加获得艾滋病毒病毒载量检测的机会。

Conclusion 结论

95. Global health institutions recognize that overcoming the widening inequities that constitute key social determinants of health is the top priority for reaching our global 2030 goals and targets, including ending AIDS as a public health threat, accelerating the pace of UHC and of pandemic prevention, preparedness and response, and achieving the SDGs.

全球卫生机构认识到，克服构成健康关键社会决定因素的日益扩大的不平等是实现全球 2030 年目标和具体目标的重中之重，包括终止艾滋病这一公共卫生威胁，加快全民健康覆盖步伐，大流行的预防、备灾和响应，以及可持续发展目标的实现。

96. U=U as a health equity strategy is a critical facilitator to meet the global commitments which Member States endorsed at the 2021 High-Level Meeting on HIV (and in the 2021 Political Declaration on HIV and AIDS). However, formidable challenges stand in the way of realizing the full potential of U=U. They call for:

U=U 作为一项卫生公平战略，是实现成员国在 2021 年艾滋病毒问题高级别会议（以及 2021 年《关于艾滋病毒和艾滋病的政治宣言》）上通过的全球承诺的关键促进因素。然而，巨大的挑战阻碍了 U=U 的全部潜力的实现。他们呼吁：

- reducing stigma and discrimination (individual, systemic and structural discrimination, such as systemic racism and punitive legal frameworks that criminalize key and vulnerable populations);
- 减少污名化和歧视（个人、系统性和结构性歧视，例如系统性种族主义及将关键和弱势群体刑事定罪的惩罚性法律框架）；
- ensuring enabling environments to support key and vulnerable populations that are not yet engaged in U=U and the HIV treatment cascade;
- 确保有利的环境，以支持尚未参与 U=U 和艾滋病毒级联治疗的关键和脆弱人群；
- investing in community systems, leadership and responses;
- 投资于社群系统、领导力和应对措施；
- increasing access to medicines, health technologies and innovations; and
- 增加药品、卫生技术和创新的可及性；
- relieving the fiscal constraints and economic realities that hinder programmes and services in many of the countries hardest hit by HIV.
- 缓解许多受艾滋病毒影响最严重的国家中阻碍项目和服务的财政限制和经济现实。

97. The UNAIDS PCB is uniquely placed to drive action at the global and national levels and to accelerate the roll-out and uptake of U=U as a means to everyone can enjoy individual and public health, personal well-being and improved quality of life.

联合国艾滋病规划署 PCB 具有独特的地位，可以推动全球和国家层面的行动，并加速 U=U 作为人人享有个人和公共卫生、个人福祉和提高生活质量的手段的推广和采用。

98. With this report and the recommendations presented, the NGO Delegation urges Member States to take immediate and accelerated action to tackle the challenges that are slowing progress towards the global targets and to act on the “untapped potential”²⁰³ by taking to scale U=U as a foundational, community-led, global HIV health equity strategy to get us back on-track to end AIDS by 2030.

通过这份报告和提出的建议，非政府组织代表团敦促成员国立即采取加速行动，应对阻碍实现全球目标的挑战，将扩大 U=U 作为一项基础的、社群主导的全球艾滋病毒战略来实现其“未开发的潜力”²⁰⁴，使我们回到到 2030 年终结艾滋病的轨道上。

Proposed decision points

The Programme Coordinating Board is invited to:

4.1 *Takes note* of the Report by the NGO representative;

4.1 关注到非政府组织代表报告

4.2 *Calls upon* the UNAIDS Joint Programme to:

4.2 呼吁艾滋病规划署：

- a. Support multistakeholder technical consultations, led by WHO, to harmonize the existing definition of Undetectable = Untransmittable (U=U) and develop implementation guidance on U=U;

支持世卫组织领导下的多利益相关方技术咨询，协调当前对检测不出=无法传播（U=U）的定义，并开发关于 U=U 的实施指南；

- b. Promote the harmonized definition of U=U and support the implementation of the guidance as a health equity strategy towards the goals of zero discrimination, zero new infections and zero related deaths as set out in the Global AIDS Strategy, particularly on evidence-based combination HIV prevention packages and communications on U=U for continuous uninterrupted treatment and viral load testing;

推广协调商定的 U=U 定义，支持指南实施，将其作为走向全球艾滋病战略中零歧视、零新增和零相关死亡目标的卫生公平战略。尤其是循证联合艾滋病病毒预防包和关于 U=U 的传播，以实现持续不间断的治疗和病毒载量检测

4.3 *Calls upon* Member States to:

4.3 呼吁成员国：

- a. Utilize the existing scientific evidence on U=U to address legal, socio-cultural and economic barriers that prevent people living with HIV from accessing and sustaining treatment and attaining the highest achievable quality of life;

使用现有关于 U=U 的科学证件来应对阻碍艾滋病病毒感染者获取和维持治疗并达到可获得最高水平生活质量的法律社会文化和经济障碍；

- b. Integrate WHO's harmonized definition of U=U and its technical guidance into global, regional and national health plans and guidelines;

将世卫组织协调商定的 U=U 定义及其技术指南整合进入全球、区域和国家卫生规划和指南；

- c. Commit to provide routine HIV testing, uninterrupted quality HIV treatment and care and viral load testing to achieve U=U;

致力于提供日常艾滋病毒检测、不间断的优质艾滋病毒治疗和关怀以及病毒载量检测，以实现 U=U；

- d. **Respect the role of community-led services and approaches in providing enablers of U=U including HIV education and information, treatment and access to differentiated care and services;**

尊重社群主导服务和方法的作用，提供 U=U 的助力，包括艾滋病毒教育和信息、治疗和多元化关怀和服务的可及性

- e. **Utilize U=U as a health equity, anti-stigma and anti-discrimination intervention to increase access to HIV education and information, testing, treatment initiation and its uninterrupted continuation, viral load testing and retention in care;**

使用 U=U 作为卫生公平、反污名和反歧视的干预，以增加艾滋病毒教育和信息、检测、治疗启动与不间断持续、病毒载量检测和护理留存的可及性。

- f. **Encourage continuous application of comprehensive HIV prevention measures alongside U=U interventions;**

鼓励持续的应用综合艾滋病毒预防措施和 U=U 干预；

[Annexes follow]

Annexes 附录

Case study 1 案例研究 1

The undetectable viral load suppression programme(UND) for highly vulnerable people living with HIV; Housing Works, USA 面向极脆弱的艾滋病毒感染者：测不到的病毒载量抑制项目（UND）；住房工作，美国

United States of America 美国

Objectives 目标

To advance the transformative fact that Undetectable = Untransmittable (U=U), via: (1) organizational change to elevate viral load suppression as a key goal across our multiservice community-based organization that is critical to our commitment to ending the epidemic; (2) a broad superhero themed anti-stigma social marketing campaign that acknowledges viral load suppression as a heroic act that protects individual and community health to end the epidemic; and (3) a tool kit of evidence-based adherence strategies, including financial incentives, designed to advance HIV health equity by supporting people living with HIV to overcome social and structural barriers to achieving and sustaining viral load suppression.

为了推进测不到=不传染（U=U）的变革性事实，通过：（1）组织变革，将病毒载量抑制提升为我们多服务社群组织的关键目标，这对于我们结束流行病的工作至关重要；（2）广泛的超级英雄主题反污名社会营销活动，承认病毒载量抑制是一种英雄行为，保护个人和社群健康以结束流行病；（3）包括财政激励措施的基于证据的依从性策略工具包，旨在通过支持艾滋病毒感染者克服社会和结构障碍，以实现和维持病毒载量抑制，从而促进艾滋病毒健康公平

Outcomes 成果

Sustained viral load suppression among people living with HIV who face barriers to care; reduction of inequities in rates of viral load suppression; an organizational culture free of fear and stigma that is centered on ending the AIDS epidemic; celebrating people living with HIV as heroes for keeping themselves and their communities healthy.

在面临护理障碍的艾滋病毒感染者中持续抑制病毒载量；减少病毒载量抑制率的不平等；一种以结束艾滋病流行行为为中心的没有恐惧和污名的组织文化；庆祝艾滋病毒感染者作为保持自己和社群健康的英雄。

Populations 人群

People with HIV who face demonstrated social and structural barriers to treatment adherence and sustained viral suppression; among demonstration project participants (n=502), 50% had a mental health diagnosis, 63% used unregulated drugs and 60% experienced homelessness during the 24-month study period; 71% identified as Black, 20% Hispanic/Latino, 27% female and 2% transgender.

面临治疗依从性和持续病毒抑制的社会和结构性障碍的人群；在示范项目参与者（N=502）中，50%的人有心理健康问题诊断，63%的人使用非管制的药物，60%的人在24个月的研究期间有无家可归经历；71%为黑人，20%西班牙裔/拉丁裔，27%的女性和2%的跨性别者。

Stakeholders 相关方

Communities living with HIV; health professionals; civil society organizations; government officials (local, national, global); HIV case coordinators/case managers.

艾滋病毒感染者社群；专业卫生人员；民间社会组织；政府官员（地方、国家、全球）；艾滋病毒病例协调员/病例管理员。

Abstract 摘要

To share the ground-breaking U=U message, address persistent viral load suppression disparities, and advance ending the epidemic, in 2014, New York City service provider Housing Works collaborated with the University of Pennsylvania to develop, implement and evaluate The Undetectables Viral Load Suppression Program (UND) (liveundetectable.org). This client-centered model employs innovative superhero-themed, antistigma social marketing, agency cultural change and a tool kit of evidence-based ART adherence strategies (including quarterly US\$ 100 financial incentives) to support people living with HIV to achieve and sustain viral load suppression (<200 copies/ml).

为了分享突破性的 U=U 信息，解决持续的病毒载量抑制差异，并促进结束这一流行病，2014 年，纽约市服务机构 Housing Works 与宾夕法尼亚大学合作开发，实施和评估“测不到的病毒载量抑制项目”（UND）（liveundetectable.org）。这种以客户为中心的模式采用创新的超级英雄主题，反污名社会营销，机构文化变革和循证 ART 依从性策略工具包（包括季度 100 美元的财政激励），以支持艾滋病毒感染者实现和维持病毒载量抑制（<200 copies/ml）。

Many people living with HIV face social, structural and behavioural health barriers to viral load suppression, including poverty, homelessness, mental health issues, racism and/or marginalization due to substance use, gender identity, sex work or other factors. The UND programme adds individualized ART adherence planning to integrated medical, behavioural, and care management services, via case conferences for people living with HIV and care team members to consider barriers and the toolkit of adherence supports. A broad social marketing campaign features superheroes known as "The Undetectables". They combat stigma and apathy, and emphasize elements of the U=U message to demonstrate how being undetectable improves individual and community health, making the individual a hero in combating the HIV epidemic. Published evaluation results of a 24-month demonstration (n=502) showed significant positive impacts, with a 15% increase in the mean proportion of suppressed time-points for each participant (from 67% to 82% in the 24 months pre- to post-enrollment, $p < 0.0001$) and a 23% increase in the proportion of participants virally suppressed at all time-points (from 39% to 62% pre- to post-enrollment, $p < 0.0001$). Significant social/racial disparities in viral suppression found at baseline disappeared post-enrollment.

许多艾滋病毒感染者在抑制病毒载量方面面临社会、结构和行为健康障碍，包括贫困、无家可归、心理健康问题、种族主义，或由于药物使用、性别认同、性工作或其他因素而边缘化。UND 项目通过艾滋病毒感染者和护理团队的病例会议来考虑障碍和依从性支持工具包，将个性化的 ART 依从性计划添加到综合医疗、行为和护理管理服务中。一项以称为“测不到者”的超级英雄为特色的广泛社会营销活动。他们与污名和冷漠作斗争，并强调 U=U 信息的要素，以证明“测不到”如何改善个人和社群健康，使个人成为抗击艾滋病毒流行的英雄。24 个月的示范项目（n = 502）的已发表评估结果显示显著积极影响，每个参与者的抑制时间点的平均比例增加了 15%（从 67% 增加到 82%，在参与前后的 24 个月内， $p < 0.0001$ ），在所有时间点病毒抑制的参与者比例增加了 23%（从 39% 到 62%，在参与前后， $P < 0.0001$ ）。在基线时发现的病毒抑制方面的显著社会/种族差异在入组后消失。

Beginning in 2016, the New York City Department of Health and Mental Hygiene scaled the intervention to seven additional providers offering the UND programme in 20 locations, and the intervention is now included in IAPAC's Best Practices Repository.

从 2016 年开始，纽约市卫生和精神卫生部门将干预措施扩展到在 20 个地点提供 UND 项目的另外 7 家机构，该干预措施现已包含在 IAPAC 的最佳实践存储库中。

Further reading 更多信息: <https://liveundetectable.org/assets/images/Ghose-et-al-2019-Undetectables-evaluation.pdf>

Case study 2 案例研究 2

ICW Argentina ICW 阿根廷

Argentina 阿根廷

Objectives 目标

Breast-feeding for people with lactating capacities is a topic that is often relegated in the context of U=U. In low- and middle-income countries with high infant mortality rates, breast-feeding can be heavily promoted as a harm reduction practice. In other parts of the world, it is prohibited, while some regions are already applying the first recommendations on breastfeeding with undetectable viral load being allowed for “at least 12 months and up to 24 months or longer, similar to the general population”. However, there is no clear consensus on the topic.

母乳喂养是经常在 U=U 的背景下被忽视的话题。在婴儿死亡率高的中低收入国家，母乳喂养可作为一种减低伤害的做法得到大力推广。在世界其他地区，这是被禁止的，尽管一些地区已经在应用关于在病毒载量检测不到的情况下母乳喂养的建议，允许“至少 12 个月至 24 个月或更长时间，类似于一般人群”。然而，在这个问题上没有明确的共识。

This study sought to investigate perceptions of this situation, with the understanding that reproductive rights are human rights. Women of reproductive age who are living with HIV and are members of ICW Argentina were asked about the options that are presented in the case of the impossibility of breast-feeding, how they experience this, and possible relevant intervention in order to address the problem.

这项研究试图调查在理解生育权利是人权的情况下对该问题的认识。向感染艾滋病毒的育龄妇女和阿根廷 ICW 成员询问了在不可能进行母乳喂养的情况下的选择，她们如何经历这种情况，以及为解决这一问题可能采取的相关干预措施。

Outcomes 成果

The interviews highlighted that providing updated information on breast-feeding to women living with HIV requires taking into account the social, economic, and geographical conditions that mark their lives and affording them access to information that is essential for their lives and the lives of their babies.

访谈强调，要向感染艾滋病毒的妇女提供母乳喂养的最新信息，需要考虑她们生活的社会、经济和地理条件，并为她们提供获取对她们和婴儿的生活至关重要的信息的渠道。

Women with HIV of reproductive age in Argentina are discouraged from breast-feeding, but do not have access to updated information regarding to the choices and possibilities they have, as well as the reasoning behind all them. They tend to seek the information from health authorities, but often find that the authorities do not offer the information or manage the enquiries in a satisfactory manner. This constitutes a violation of their right to information, to health, to breast-feed, and to make decisions about their bodies.

在阿根廷，不鼓励感染艾滋病毒的育龄妇女进行母乳喂养，她们无法获得相关选择及其可能性和理由的最新信息。她们倾向于向卫生当局寻求信息，但往往当局没有以令人满意的方式提供信息或回应询问。这侵犯了她们的知情权、健康权、母乳喂养权和对自己的身体做出决定的权利。

Stigmatization weighs on the women: that of the "bad" mother, mainly associated with not breast-feeding. "If you don't breast-feed, you're a bad mother", according to one of the interviewees.

污名化对女性造成压力：“坏”母亲，主要与不母乳喂养有关。其中一位受访者表示，“如果你不母乳喂养，你就是一个坏妈妈”。

Populations served 服务人群

Women with HIV of reproductive age from Argentina.

阿根廷感染艾滋病毒的育龄妇女。

Stakeholders engaged 相关方

Communities living with HIV; health professionals; civil society organizations; government officials (local, national, global)

艾滋病毒感染者社群；专业卫生人员；民间组织；政府官员（地方、国家、全球）

Abstract 摘要

I=I (Spanish for U=U) is a transformative movement for people living with HIV. Several studies document how women in all of their diversity are more exposed to expressions of violence and discrimination. Breast-feeding is not an exception to this, with research not having deepened significantly on the impact of viral load suppression on transmission via lactation since the adoption of U=U. This has generated a lack of consensus regarding if and how people with gestational capacity can breast-feed their babies should they have an undetectable viral load. Different countries have different, even contradictory guidelines.

I=I（西班牙语的 U=U）是面向艾滋病毒感染者的变革运动。一些研究记录了各群体妇女如何更容易受到暴力和歧视的侵害。母乳喂养也不例外。自采用 U=U 以来，关于病毒载量抑制对哺乳传播的影响的研究并没有明显深入。这导致对妊娠者在病毒载量检测不到的情况下是否以及如何母乳喂养婴儿缺乏共识。不同的国家有不同的，甚至相互矛盾的指导方针。

Description 描述

27 cisgender women living with HIV from different provinces of Argentina were interviewed. They were asked about their experiences of lactation, the importance of this practice in their lives, and knowledge management of current public policies regarding breast-feeding in people with HIV.

采访了来自阿根廷不同省份的 27 名感染艾滋病毒的顺性妇女。问及哺乳的经历，这种做法在她们生活中的重要性，以及有关艾滋病毒感染者母乳喂养的当前公共政策的知识管理。

Lessons learned 经验教训

The interviews showcased the harm caused by not having access to up-to-date information, which has repercussions in the intimate-political space, the affective field, the physical health, the exercise of the sovereignty of bodies and the political-collective space. Access to knowledge should not be a privilege for a few people and information should not be filtered by prejudice or opinion nor should it be provided in a biased manner. Above all, it should not be offered without empathy or be at the service of biocontrol.

访谈展示了无法获得最新信息所造成的危害，这些信息对亲密政治空间、情感领域、身体健康、行使机构主权和政治集体空间都有影响。获取知识不应成为少数人的特权，信息不应被偏见或意见过滤，也不应以有偏见的方式提供。总而言之，它不应该在没有同理心的情况下提供，也不应该为生物防治服务。

Next steps 下一步

This study aims to enrich the conversation regarding a wider framework of choice for women and all people with lactating capacities and to provide recommendations to those who hold

institutional authority in the field of health, who perform research on the subject or who in the field of symbolic production and activism.

这项研究旨在让关于妇女和所有有哺乳能力的人有更广泛选择可讨论，并向卫生当局、本主题研究者或本领域有影响力人士和活动家提供建议。

Case study 3 案例研究 3

Building common understanding and tailoring key messaging on Undetectable = Untransmittable in Asia-Pacific 建立共同理解并定制有关亚太地区“检测不出=不可传播”的关键信息

Asia-Pacific 亚太地区

Implementer 实施方

APCOM, Asia-Pacific region (Indonesia, Japan, Malaysia, Nepal, the Philippines, South Korea, Taiwan, Thailand and Viet Nam).

APCOM，亚太地区（印度尼西亚，日本，马来西亚，尼泊尔，菲律宾，韩国，台湾，泰国和越南）。

Background 背景

PARTNERS2's finding that "undetectable equals untransmittable (U=U)"—i.e. that people living with HIV who are virally suppressed *cannot* pass on the virus through sexual transmission—was a landmark scientific finding. However, awareness about U=U among people living with HIV in the Asia-Pacific region remains low. Their access to routine viral load testing is limited and viral load tests are often not available in HIV clinics.

Misinformation about U=U also persists among health-care providers in the region. This is one of the reasons why HIV-related stigma and discrimination against key populations persist in health-care settings.

PARTNERS2 的发现“测不到等于不传染（U=U）”，即病毒抑制的艾滋病毒感染者不能通过性传播进行病毒传播，这是一个具有里程碑意义的科学发现。然而，亚太地区的艾滋病毒感染者对 U=U 的认识仍然很低。他们获得常规病毒载量检测的机会有限，艾滋病毒诊所通常无法进行病毒载量检测。关于 U=U 的错误信息在该地区的卫生保健机构中也持续存在。这就是为什么在卫生保健机构中，与艾滋病毒有关的对关键人群的污名和歧视持续存在的原因之一。

Objectives 目标

Translate the scientific findings of PARTNERS2 into sets of understandable messages that are tailored around the HIV contexts of countries in the region, and share strategies and key messages for those that have rolled out U=U campaigns.

将 PARTNERS2 的科学发现转化为根据该地区各国艾滋病毒背景量身定制的一系列可理解的信息，并为那些已经推出 U=U 运动的国家分享战略和关键信息。

Specifically, this initiative:

具体而言，此举措：

- establishes a common understanding about U=U among community-based organizations and key populations at regional and country level;
- serves as technical assistance to partner community-based organizations at the country level in developing messages around U=U in their respective contexts. These are relevant to access to ART and viral load testing for people living with HIV, stigma and discrimination, and mental health;

- strengthens the communication strategies of partner community-based organizations to tailor and adapt the stages and key messages to guide active engagements with communities, health providers and national HIV programmes; and
- serves as a knowledge-sharing platform for community-based organizations around U=U.
- 在区域和国家层面的社群组织和关键人群中建立对 U=U 的共识；
- 作为对国家层面社群伙伴组织的技术援助，在各自的背景下围绕 U=U 制定信息。这些都与艾滋病毒感染者的抗逆转录病毒治疗和病毒载量检测可及性、污名和歧视以及精神卫生有关；
- 加强伙伴社群组织的沟通策略，以定制和调整阶段和关键信息，以指导社群，卫生服务机构和国家艾滋病毒规划的积极合作；
- 成为围绕 U=U 的社群组织的知识共享平台。

Approach 途径

APCOM facilitated a regional consultation on U=U to map out existing initiatives about U=U at the country level. Several sessions were also organized to determine the applicability in Asia of examples of good practices from other countries. The consultations allowed communities to share their perspectives about integrating U=U in national HIV programmes, especially in relation to challenges in integrating U=U in national guidelines and identifying the role(s) of PEPFAR or the Global Fund in integrating U=U in national policies.

APCOM 促成了关于 U=U 的区域磋商，以梳理国家层面关于 U=U 的现有项目。还组织了几次会议，以确定其他国家的良好做法在亚洲的适用性。磋商使社群能够分享他们对将 U=U 纳入国家艾滋病毒规划的看法，特别是关于将 U=U 纳入国家指导方针的挑战，以及辨识总统防治艾滋病紧急救援计划或全球基金在将 U=U 纳入国家政策方面的作用。

APCOM provided support in developing U=U fact sheets that were tailored to HIV stakeholders. Fact sheets increased the awareness of U=U among people living with HIV. Fact sheets for health-care providers addressed stigma and discrimination in health-care settings and helped reduced discontinuation of ART.

APCOM 为制定针对艾滋病毒利益相关量身定制的 U=U 说明材料提供了支持。说明材料提高了艾滋病毒感染者对 U=U 的认识。面向卫生服务机构的说明材料回应了卫生机构中的污名和歧视问题，并有助于减少抗逆转录病毒治疗的中断。

Lessons learned 经验教训

Examples of good practices around U=U demonstrated that early government endorsement are key for successfully integrating U=U in HIV responses. However, in some countries in Asia, high levels of stigma and discrimination blocks the integration of U=U and undermines access to ART. Hence, it is vital to bring the science of U=U to both health practitioners and people living with HIV.

围绕 U=U 的良好实践的例子表明，早期的政府认可是成功将 U=U 完全纳入艾滋病毒应对措施的关键。然而，在亚洲一些国家，严重的污名和歧视阻碍了 U=U 的融合，并阻碍了获得抗逆转录病毒治疗的机会。因此，将 U=U 的科学性带给卫生人员和艾滋病毒感染者至关重要。

U=U often does not appear in national HIV guidelines. When used strategically, U=U can reduce stigma and discrimination, increase demand for ART, address barriers to access to life-saving ART, and decrease loss-to-follow-up by promoting adherence.

U=U 通常不会出现在国家艾滋病毒指南中。当战略性地使用时，U=U 可以减少污名和歧视，增加对抗逆转录病毒治疗的需求，解决阻碍挽救生命的抗逆转录病毒治疗可及性的障碍，并通过促进依从性来减少随访损失。

More information 更多信息

https://www.apcom.org/wp-content/uploads/2021/12/Factsheets-APCOM_UNAIDS-HIV-treatment_v3.pdf
<https://www.apcom.org/contextualizing-uu-at-countries-in-asia/>
<https://www.apcom.org/experiences-of-uu-campaign-in-tokyo/>
<https://www.apcom.org/uu-in-taiwan-no-track/>
<https://www.apcom.org/uu-in-korea-the-repeal-article-19-movement-and-beyond/>
<https://www.apcom.org/getting-to-zero-leveraging-uu-for-community-empowerment-eliminating-stigma/>
<https://www.apcom.org/no-time-for-excuses-uu-in-asia-pacific-at-rrrap-con-2020/>

Case study 4

ICASO Global Community Survey 2022: what drives U=U?

ICASO 全球社区调研 2022: 什么驱动了 U=U?

Global 全球

Aims 目标

To improve understandings of the critical factors for achieving and sustaining an undetectable HIV viral load and of the experiences of people living with HIV as a result of the promotion of U=U.

提高关于实现和维持测不到的艾滋病毒载量的关键因素以及推广 U=U 给艾滋病毒感染者带来的经历。

Methods 方法

During two weeks in April 2022, ICASO sought feedback through an online survey from over 50 community leaders in 16 countries with regard to the research questions (aims) of the project. The responses offered a range of perspectives, opinions and insights which the researchers distilled into 10 categories based on each of the two research questions. A global survey targeting people living with HIV was translated and provided in three languages (English, French and Spanish). The survey was promoted via social media and emails. It made use of three unique QR codes for each of the different languages. Over the period of five weeks (mid-April to mid-May 2022), 549 people living with HIV from 56 countries responded to the survey (n=295 Spanish language survey; n=229 English language survey; n=19 French language survey). Respondents were aged between 19 and 80 years, with a median age of 41 years. Men comprised 60%, women 35%, and trans- and gender-non-conforming people 5% of the sample.

在 2022 年 4 月的两周内，ICASO 通过在线调查向 16 个国家的 50 多名社群领袖征求了有关该项目研究问题（目的）的反馈意见。他们的回答提供了一系列的观点，意见和见解，研究人员根据两个研究问题将其提炼为 10 个类目。以三种语言（英文、法文和西班牙文）翻译和提供了一项针对艾滋病毒感染者的全球调查。该调查通过社交媒体和电子邮件进行散发。每种语言版本都有自己的二维码。在五周内（2022 年 4 月中旬至 5 月中旬），来自 56 个国家的 549 名艾滋病毒感染者回答了调研（n=295 西班牙语;n=229 英语;n=19 法语）。受访者年龄在 19 至 80 岁之间，中位年龄为 41 岁。男性占样本的 60%，女性占 35%，跨性别和性别不明者占样本的 5%。

Results 结果

The tables below show the rankings and scores in relation to the two research questions.

下表显示了与两个研究问题相关的排名和分数。

Contributing Factor	Score	Rank
Consistent access to HIV medication	7.33	1
Adherence to HIV medication	6.94	2
High-quality public healthcare services	6.08	3
Consistent access to viral load tests	6.04	4
Affordable HIV medication	5.78	5
A good quality of life	5.76	6
Freedom from stigma and discrimination	5.74	7
Accessible counselling support	5.36	8
Support from peers	4.95	9
A hopeful outlook on the future	4.88	10

影响因素	得分	排序
一贯的艾滋病毒治疗可及性	7.33	1
艾滋病毒治疗依从性	6.94	2
高质量公共保健服务	6.08	3
一贯的病毒载量检测可及性	6.04	4
可负担的艾滋病毒治疗	5.78	5
高质量生活	5.76	6
免于污名和歧视	5.74	7
咨询支持可及	5.36	8
同伴支持	4.95	9
有希望的未来前景	4.88	10

Conclusions 结论

Consistent access and adherence to affordable HIV treatment, diagnostics and health-care services are seen and both critical and vital to being able to achieve and sustain an undetectable viral load. The U=U message can be seen to have significant effects on the empowerment of people living with HIV, improved sexual health, improved adherence and as having a significant impact on HIV stigma and fear of onward transmission of HIV to sexual partners.

可看到，可负担的艾滋病毒治疗、诊断和保健服务的连贯可及性和依从性，这对于能够实现和维持测不到的病毒载量至关重要。U=U 信息被认为对赋权艾滋病毒感染者、改善性健康、提高依从性有重大影响，并对将艾滋病毒传播给性伴侣的污名与恐惧产生重大影响。

Case study 5 案例研究 5

United States Centers for Disease Control and Prevention, on behalf of the Viet Nam Authority for AIDS Control and the Viet Nam Network of People Living with HIV, and other community partners 美国疾控中心，代表越南艾滋病防控当局和越南艾滋病毒感染者工作网，以及其他社群伙伴

Viet Nam 越南

Objectives 目标

To foster an all-of-programme commitment within policy, collaboration, coordination across government and community to make U=U foundational to the HIV response in Vietnam. 在政府和社群的政策、合作、协调中促进全项目承诺，使 U=U 成为越南应对艾滋病毒的基础。

Outcomes 成果

1. Political commitment and policy is critical for centering U=U in HIV programmes and responses.
2. 政治承诺和政策对于将 U=U 集中在艾滋病毒项目和应对措施中至关重要。
3. Impactful public messaging on U=U can change stigmatizing perceptions of HIV and empower HIV-affected communities.
4. 传递关于 U=U 的有影响力的公共信息可以改变对艾滋病毒的污名化看法，并对受艾滋病毒影响的社群赋权。
5. To deliver comprehensive U=U messaging in health settings, health providers must be equipped, confident and empowered by U=U science.
6. 为了在卫生机构中提供全面的 U=U 信息，卫生服务机构必须经由 U = U 赋权，具备相关的科学知识和信心。
7. Community advocacy, demand and dissemination created a positive environment to tailor U=U messaging to key populations.
8. 社群倡导、需求和传播创造了一个积极的环境，为关键人群量身定制 U=U 信息。

Populations 人群

Government officials; community leaders, organizations and members; health providers; influencers and thought leaders; and the general public.

政府官员；社群领袖、组织和成员；卫生服务机构；影响者和意见领袖；公众。

Stakeholders 相关方

Communities living with HIV; health professionals; civil society organizations; government officials (local, national and global); international agencies and donors (including PEPFAR); an LGBTQ-led media firms.

艾滋病毒感染者社群；卫生专业人员；民间社会组织；政府官员（地方、国家和全球）；国际机构和捐助者（包括总统防治艾滋病紧急救援计划）；性少数主导的媒体。

Abstract 摘要

In Viet Nam, the Ministry of Health, National Network of People Living with HIV, and community leaders rapidly and comprehensively leveraged U=U (K=K in Vietnamese) as a programme catalyst and driver for eliminating HIV stigma and meeting epidemic control goals. K=K is a versatile concept beyond reducing stigma that drives Viet Nam's programme priorities for case finding and ART initiation, especially among gay men and other men who have sex with men.

在越南，卫生部、全国艾滋病毒感染者网络和社群领袖迅速、全面地利用 U=U（越南语为 K=K）作为消除艾滋病毒污名和实现流行病控制目标的项目催化剂和驱动力。K=K 是一个超越减少污名的多功能概念，推动了越南将病例发现和抗逆转录病毒治疗启动作为项目优先事项，特别是在男同性恋者和其他男男性行为者中。

Since its 2017 inception, the K=K movement ushered policies to document viral load suppression <200 ml/copies as treatment success and mandated integration of K=K messaging into health practice. Three successful public campaigns (first in Hanoi and Ho Chi Minh City, and then nationally) confronted public perceptions around HIV. Grants to

community-based organizations ensured widespread dissemination of K=K to key population and people living with HIV networks, especially young urban gay men and other men who have sex with men.

自 2017 年启动以来，K=K 运动引入了病毒载量抑制低于 200 ml/copies 作为治疗成功记录的政策，并强制将 K=K 信息整合到健康实践中。三次成功的公共运动（首先在河内和胡志明市，然后是全国）直面公众对艾滋病毒的看法。向社群组织提供的拨款确保了 K=K 广泛传播给关键人群和艾滋病毒感染者网络，特别是年轻的城市男同性恋者和其他男男性行为者。

Lessons 经验教训

Coordinated Ministry of Health and community commitment is critical to place K=K at the centre of HIV programme strategy. Despite global endorsements, health-care providers were initially reluctant to inform patients of the benefits of K=K. Simple, visually powerful materials clarified K=K messaging and addressed concerns around the prevention of mother-to-child transmission, blood transfusion transmission, and the prevention of other sexually transmitted infections. Initial campaigns were conducted in cities where success could influence broader commitment and leverage Viet Nam's impressive viral suppression rates. In response, the Ministry of Health officially endorsed K=K and issued national implementation guidelines. Community forums confirmed regionally nuanced messaging and preferred platforms for effective dissemination, as well as the design of a national campaign. 协调卫生部和社群的投入对于将 K=K 置于艾滋病毒项目战略的中心至关重要。尽管得到了全球的认可，但卫生机构最初不愿意告知患者 K=K 的好处。简单醒目的材料阐明了 K=K 信息，并回应了人们对预防母婴传播、血液传播和其他性传播感染的担忧。最初的活动是在城市进行的，这些城市的成功带动了更广泛的投入，并撬动了越南令人印象深刻的病毒抑制率。对此，卫生部正式认可 K=K，并发布了国家实施指南。社群论坛确认了区域层面传递细微信息传递和有效传播的首选平台，以及全国运动的设计。

K=K revolutionized the national HIV response. In September 2019, Viet Nam became the first PEPFAR country to disseminate official U=U/K=K guidance and document 95% viral load suppression <200 copies/ml among ART patients. In 2021, it reached 97% <50 copies/ml. In 2021, Viet Nam combined messaging around effective ART for people living with HIV and PrEP for people at substantial risk of HIV so that the preventive use of ARVs offers a clear path to HIV epidemic control.

K=K 彻底改变了全国的艾滋病毒应对措施。2019 年 9 月，越南成为第一个传播官方 U=U/K=K 指南并抗逆转录病毒载量抑制 95% 低于 200 copies/ml 的国家。2021 年达到 97% 患者小于 50 copies/ml。2021 年，越南将围绕针对艾滋病毒感染者有效抗逆转录病毒治疗和针对艾滋病毒高危人群的暴露前预防（PrEP）的信息结合起来，让预防性使用抗逆转录病毒药物为控制艾滋病毒流行提供了一条明确的途径。

Case study 6 案例研究

Centre for youth of hope 青年希望中心

Botswana 博茨瓦纳

What were the objectives of your work described in your case study? 目标

To train 15 peer educators living with HIV in basic HIV treatment literacy. Training focused mainly on the HIV viral cycle and actions of different classes of ARVs in the viral cycle. This training provided our peer educators with basic understanding of viral suppression in the context of U=U. Basic research literacy sessions formed part of this training. Studies

confirming that U=U were used for the training. HPTN052, the Opposite Attract study, and the PARTNER 1/2 studies were included in the training curriculum.

对 15 名艾滋病病毒感染者进行基本的艾滋病治疗知识培训。培训主要侧重于艾滋病毒的病毒周期和不同类别抗逆转录病毒药物在病毒周期中的作用。该培训为我们的同伴教育者提供了在 U=U 背景下对病毒抑制的基本了解。基础研究素养是该培训的一部分。研究证实 U=U 可用于培训。HPTN052，对立吸引力研究和 PARTNER 1/2 的研究被纳入培训课程。

To train 15 peer educators living with HIV in basic U=U patient communication strategy.

培训 15 名感染艾滋病毒的同伴教育者基本的 U=U 患者沟通策略。

Educators were trained in health messaging and communication focusing on, audience analysis, setting goals/objectives and crafting tailored U=U messages. HIV basic treatment literacy helped the educators to build confidence and capacities to accurately communicate the U=U message to 2,000 clients living with HIV in Gaborone in 12 months (April 2021 – March 2022). Global U=U consensus and U=U statements from the US Centers for Disease Control and PEPFAR were used.

教育者接受了健康信息和沟通方面的培训，重点是受众分析、设定目标/目的和制作针对性的 U=U 信息。艾滋病基本治疗素养帮助教育者建立信心和能力，在 12 个月内（2021 年 4 月至 2022 年 3 月）向哈博罗内的 2000 名艾滋病病毒感染者准确传达 U=U 信息。使用了来自美国疾病预防控制中心和总统防治艾滋病紧急救援计划的全球 U=U 共识和 U=U 声明。

What key outcomes does your case study address? 成果

Value of people living with HIV on the ground who have been contributing their community's members.

一直在为社群成员做出贡献的在地艾滋病病毒感染者的价值。

What population groups were engaged in your case study? 人群

People living with HIV.

艾滋病病毒感染者

What stakeholders were engaged in the work described by your case study? 相关方

Communities living with HIV; health professionals; civil society organizations.

艾滋病病毒感染者社群;卫生专业人员;民间社会组织。

Abstract 摘要

We used a **qualitative evaluation** approach to evaluate outcomes of U=U messaging to clients living with HIV in Gaborone health catchment ARV clinics. We compared baseline data and current 12 months' data. The following were the level results:

我们使用定性评估方法来评估在哈博罗内卫生区域抗病毒诊所向艾滋病病毒感染者传递 U=U 信息的结果。我们比较了基线数据和当前 12 个月的数据。以下是结果：

- quality of life for people living with HIV (social, sexual and reproductive lives): 89% of the 2,000 clients reported a reduction in HIV anxiety associated with HIV and their sexual and reproductive life;
- HIV stigma: Internalized stigma fell by 89% among participants; and
- treatment goals (U=U added an incentive to remain on treatment and in care). There was 99% retention (n= 2000) in care during the 12-month study.

:

- 艾滋病毒感染者的生活质量（社会、性与生殖健康生活）：2000 名受访者中有 89% 报告与艾滋病毒和性与生殖生活相关的艾滋病毒焦虑减少；
- 艾滋病毒污名：参与者的污名内化下降了 89%；
- 治疗目标（U=U 加了一项继续接受治疗和护理的激励）。在为期 12 个月的研究中，护理中的留存率为 99%（n=2000）。

Conclusion 结论

U=U messaging can be used as an incentive to fast-track the achievements of 95–95–95 global targets, which Botswana has achieved. Messages can be integrated into existing testing and care programmes.

博茨瓦纳已经实现 95-95-95 的全球目标，U=U 信息传递可以作为一种快速轨道的激励措施。信息传递可以集成到现有的测试和护理项目中。

Case study 7 案例研究 7

A U=U public education and communication campaign

U=U 公共教育和传播运动

Canada, Public Health Agency of Canada 加拿大，公共卫生署

Objectives 目标

Undetectable = Untransmittable (U=U) video testimonials were used to share the perspectives of people living with HIV in a positive, uplifting, compassionate and meaningful manner, with a focus on reducing HIV stigma and raising awareness of the impact of U=U. 测不到=不传染（U=U）视频被用来以积极、令人振奋、富有同情心和有效的方式分享艾滋病毒感染者的观点，重点是减少艾滋病毒污名和提高对 U=U 影响的认识。

The videos explore how HIV stigma has affected people, and how their lives have been and can be transformed, including their relationships, romances and partner-seeking. They seek to represent diverse perspectives, including those of members of key populations and across age groups, in a non-stereotypical manner. The videos provide a case study of a U=U education and communication campaign aimed at reducing the stigma and discrimination that is often associated with an HIV diagnosis.

视频探讨了艾滋病毒污名如何影响人们，以及他们的生活可以如何改变和已经有的改变，包括他们的关系、恋爱和寻求伴侣。他们希望以非刻板印象的方式代表多元观点，包括关键人群和不同年龄组成员的观点。这些视频提供了 U=U 教育和宣传活动的案例研究，旨在减少通常与艾滋病毒诊断相关的污名和歧视。

Outcomes 成果

The primary outcomes of the video testimonials were increased awareness of the U=U concept and reduced HIV stigma.

视频的主要成果是提高了对 U=U 概念的认识并减少了艾滋病毒的污名。

The videos served to increase public understanding of the following key messages:

这些视频有助于增加公众对以下关键信息的理解：

- by sticking with their treatment plans, people living with HIV have taken control of their health. U=U means life can be lived to the fullest;
- 坚持他们的治疗计划，艾滋病毒感染者已经控制了自己的健康。U=U 意味着生活可以过得充实；

- U=U challenges the stigma that people living with HIV are less sexual or are dangerous, to be avoided and stigmatized;
- U=U 挑战了艾滋病毒感染者相关污名，如应当少进行性生活或都很危险的、应避免和应被污名化；
- prevention tools such as PrEP and PEP help prevent HIV from being passed on to a sexual partner;
- 暴露前预防（PrEP）和暴露后预防（PEP）等预防工具有助于防止艾滋病毒传染给性伴侣；
- U=U means that treatment can serve as prevention;
- U=U 意味着治疗可以作为预防；
- with treatment, HIV becomes an invisible manageable condition—it is invisible yet real with episodic physical, psychological, social and spiritual manifestations (good and bad);
- 通过治疗，艾滋病毒成为一种看不见的可控疾病，看不见症状，但确实具有偶发的身体、心理、社会和精神表现（好的和坏的）；
- dating with HIV, finding partners and romance with HIV is possible. U=U means sexual relationships are possible without the risk of passing on HIV; and
- 感染艾滋病毒的同时可以约会、寻找伴侣和浪漫。U=U 意味着性关系是可能的，没有传播艾滋病毒的风险；
- What U=U means to long term survivors.
- U=U 对长期患者的影响。

The goal of the video testimonials was to have representation from all of the key populations most affected by HIV, as well as others participants. Including a broad cross-section of participants helped avoid stigmatization, reinforced the fact that anyone can get HIV, and provided more opportunities for viewers to find a perspective they could identify with. The U=U video testimonials had in 43 684 YouTube views (English and French versions).

视频的目的是让所有受艾滋病毒影响最严重的关键人群以及其他参与者都有代表。广泛的参与者有助于避免污名化，强化任何人都可能感染艾滋病毒的事实，并为观众提供更多机会发现他们可以认同的观点。U=U 视频在 YouTube 上观看了 43684 次（英文和法文版）。

Population groups 人群

- People born with HIV (youth),
- 生而感染艾滋病毒者（青少年）
- Indigenous peoples,
- 原住民
- older persons and long-term survivors,
- 老年人和长期患者
- LGBTQ2S+ community members,
- 性少数社群成员
- people who uses or used drugs,
- （前）毒品使用者
- heterosexual females, and
- 异性恋女性
- Black Canadians.
- 非裔加拿大人

Stakeholders 相关方

Communities living with HIV; civil society organizations; government officials (local, national, global).

艾滋病毒感染者社群；民间社会组织；政府官员（地方，国家，全球）。

Abstract

摘要

In 2019, the Public Health Agency of Canada produced a series of testimonial videos highlighting the impact that U=U had on the lives of people living with HIV. The project was aimed at reducing HIV stigma by demystifying and addressing misconceptions. The inspiring stories raised awareness about the potential of U=U and supported the changing of societal attitudes.

2019年，加拿大公共卫生署制作了一系列视频，强调了U=U对艾滋病毒感染者生活的影响。该项目旨在通过揭开神秘面纱和消除误解来减少对艾滋病毒的污名。这些令人振奋的故事提高了人们对U=U潜力的认识，并支持社会态度的改变。

The direction of these videos, from conceptualization to implementation, was led by a steering committee composed of people living with HIV and community-based stakeholders. They identified priority themes/stories to be profiled, identified individuals to be interviewed, and developed interview questions. The committee also provided feedback on the format and approach of each video. They suggested that the focus should be on the impact of social determinants, as well as why certain populations are disproportionately affected by HIV, in order to avoid stigmatization. The collaboration allowed for a tailored dissemination strategy to reach people who were not already engaged. Their guidance and insight ensured that the videos resonated with audiences and demonstrated sensitivity and compassion for people living with HIV.

这些视频从概念化到实施是由一个由艾滋病毒感染者和社群利益相关方组成的指导委员会领导方向。他们确定要描述的优先主题/故事，确定要采访的个人，并制定采访问题。委员会还就每个视频的格式和方法提供了反馈意见。他们建议，重点应放在社会决定因素的影响上，以及为什么某些人群受到艾滋病毒的过度影响，以避免污名化。这种合作允许制定针对性的传播策略，以覆盖尚未参与的人。他们的指导和洞见确保了这些视频引起了观众的共鸣，并表现出对艾滋病毒感染者的敏感性和同情心。

An introductory compilation video presented a wide variety of people living with HIV and introduced key facts about the HIV epidemic in Canada. The testimonial videos explored five people's experiences of living with HIV.

介绍性汇编视频介绍了各种各样的艾滋病毒感染者，并介绍了有关加拿大艾滋病毒流行的关键事实。这些视频探讨了五个艾滋病毒感染者的经历。

The videos were posted on the Government of Canada website and YouTube, and video snippets were produced to promote the series via the Government of Canada's various social media accounts. The videos were also promoted through community partners, including Canada's knowledge broker for HIV/STBBI information, CATIE, and other HIV community-based organizations and provincial/territorial partners. The videos have been showcased at conferences and on social media on an ongoing basis.

这些视频发布在加拿大政府网站和YouTube上，并通过加拿大政府的各种社交媒体帐户传播该系列。这些视频还通过社群合作伙伴进行宣传，包括加拿大艾滋病毒/STBBI知识中介CATIE以及其他艾滋病毒社群组织和省/地区合作伙伴。这些视频一直在会议和社交媒体上展示。

Case study 8 案例研究 8

Public Health Center of the Ministry of Health of Ukraine 乌克兰卫生部公共卫生中心

Ukraine 乌克兰

What were the objectives of the work described in your case study? 目标

Care and support services for people living with HIV funded by state budget.
由国家预算资助的艾滋病毒感染者的护理和关怀服务。

What key outcomes does your case study address? 成果

The number of people living with HIV who received care and support services in 2021 at the expense of the state budget through NGOs.
2021 年通过非政府组织以国家预算支持的获得护理和关怀服务的艾滋病毒感染者人数。

What population groups were engaged in your case study? 人群

People living with HIV.
艾滋病毒感染者。

What stakeholders were engaged in the work described by your case study? 相关方

Civil society organizations; government Officials (local, national, global).
民间社会组织；政府官员（地方、国家、全球）。

Abstract 摘要

According to the national assessment of the HIV/AIDS situation in Ukraine in 2021, there about 174 000 people living with HIV in government-controlled areas (<https://npsi.phc.org.ua/Wiki/717>). Since 2019, the Public Health Center has been implementing a state programme for the care and support of people living with HIV. Activities are implemented through NGOs with experience in working with people living with HIV. The cost of providing these services is covered by the state budget. Public Health Center monitors the indicators of the work performed by NGOs, provides recommendations to improve the quality of services and programme effectiveness. Thus, during 2021, 32 720 people were covered by care and support services, 98% of whom regularly visited a doctor and received ART without interruption.

根据 2021 年乌克兰艾滋病毒/艾滋病形势分析，政府控制区约有 17 万 4 千人感染艾滋病毒（<https://npsi.phc.org.ua/Wiki/717>）。自 2019 年以来，公共卫生中心一直在实施一项国家项目，为艾滋病毒感染者提供护理和关怀。活动是通过具有与艾滋病毒感染者合作经验的非政府组织开展的。提供这些服务的费用由国家预算支付。公共卫生中心监测非政府组织所开展工作的指标，为提高服务质量和效力提出建议。因此，在 2021 年期间，有 32720 人接受了护理和关怀服务，其中 98% 的人定期去看医生并不间断地接受抗逆转录病毒治疗。

The state programme of care and support has two directions of work: "formation of adherence to HIV treatment and maintenance under medical supervision" and "involvement of people who inject drugs in the provision of medical care in connection with HIV and formation of adherence to ART". Clients are included in the programme for six months. The basis of the programme is consultations that are aimed at motivating clients to start HIV treatment and acquire the skills to regular take the medicines. Service providers refer clients to medical facilities and develop their skills to take care of their own health. The results of medical examinations, in particular viral load testing, are recorded in clients' laboratory card. 国家护理和关怀项目有两个工作方向：“形成艾滋病毒治疗依从性并在医疗监督下维持”和“让注射多使用者参与到提供与艾滋病毒有关的医疗服务，并形成对抗逆转录病毒治疗的依从性”。

来访者被纳入项目六个月。该项目的的基础是咨询，旨在激励来访者开始艾滋病毒治疗，并获得定期服用药物的技能。服务机构将来访者转介到医疗机构，并发展他们照顾自身健康的技能。体检的结果，特别是病毒载量测试，记录在来访者的实验卡中。

One of the consultation sessions of the programme is devoted to the topic of reproductive health. Service providers also work with clients on safe behaviour skills, discuss readiness to disclose HIV status to relatives, and inform them about reducing the risk of partner infection. Those activities are aimed at increasing adherence to treatment and reducing viral loads to undetectable levels.

项目的一次协商会议专门讨论生殖健康问题。服务机构还与来访者合作，提高安全行为技能，讨论是否准备好向亲属披露艾滋病毒状况，并告知他们如何降低伴侣感染的风险。这些活动旨在提高对治疗的依从性，并将病毒载量降低到检测不到的水平。

Case study 9 案例研究 9

Elizabeth Glaser Pediatric AIDS Foundation

伊丽莎白 格拉泽儿科艾滋病基金会

Multicountry, sub-Saharan Africa 撒哈拉以南非洲多国

What were the objectives of the work described in your case study? 您的案例研究中描述的工作目标是什么？

The overall aim is the development of a practical tool that provides direction in initiating discussions around U=U with adolescents and youth navigating different scenarios for use by health-care workers and young peers in various psychosocial support settings. It was important that this tool's development be youth-led to ensure that the stories were authentic and represented youths' lives and experiences realistically. It also needed to be responsive to the gaps in messaging and present solutions to the difficulties faced by youth.

总体目标是开发一种实用工具，为不同场景启动青少年和青年围绕 U=U 的讨论提供指导，供卫生保健工作者和青年同伴在各种社会心理支持环境中使用。重要的是，这个工具的开发由青年主导，以确保故事是真实的，并代表年轻人的实际生活和经历。它还需要对信息传递方面的差距做出回应，并为青年人面临的困难提出解决方案。

What key outcomes does your case study address? 成果

Increased comprehension and understanding of the concept of U=U, as well as relating it to people's lives, including:

增加对 U=U 概念的理解，并将其与人们的生活联系起来，包括：

- deeper insight into effective means for messaging U=U for adolescent and young people living with HIV, key populations, and adolescents and youth generally, as well as the means to increase the capacity and awareness of U=U among providers and adolescent and youth facilitators working with all adolescents and youth living with HIV; and
- 深入了解为感染艾滋病毒的青少年和年轻人、重点人群以及青少年和青年传递 U=U 信息的有效手段，以及提高与所有感染艾滋病毒的青少年和青年合作的服务机构和协助者对 U=U 的能力和认识的方法；
- adding to the evidence on meaningful adolescent and youth engagement and leadership in the development of relevant and practical tools for the adolescent and youth population.
- 在为青少年和青年人口开发相关和实用工具方面，增加青少年和青年有效参与和领导的证据。

Initial reactions from young people while gathering additional inputs:

在收集补充意见时年轻人的初步反应：

“The tool explains very well about U=U and adolescent appealing to young people”;

“该工具很好地解释了 U=U 和青少年对年轻人的吸引力”;

“The tool is good and awesome and directly responded to most of young people’s needs”.

“这个工具很好，很棒，直接满足了大多数年轻人的需求”。

What population groups were engaged in your case study? 人群

Young people between 15–29 years in the Elizabeth Glaser Pediatric AIDS Foundation’s Committee of African Youth Advisors were engaged as partners in the development of the tool. The Committee sought additional insights from adolescents and youth aged 15–24 years.

Elizabeth Glaser 儿科艾滋病基金会非洲青年顾问委员会的 15-29 岁年轻人作为合作伙伴参与了该工具的开发。委员会向 15-24 岁的青少年和青年寻求更多见解。

Stakeholders 相关方

Communities living with HIV, adolescents and youth.

感染艾滋病毒的社群、青少年和青年。

Abstract 摘要

In response to a recognized gap in the provision of practical and tailored materials to facilitate productive U=U dialogues with adolescents and youth living with HIV, the Elizabeth Glaser Pediatric AIDS Foundation’s Committee of African Youth Advisors (CAYA), with support from the University of Cape Town, proceeded with a youth-designed tool. CAYA members are young leaders aged 15–29 years from 11 sub-Saharan African countries. A gap analysis was conducted to avoid redundancy among existing U=U tools focused on adolescent and youth living with HIV.

在促进与患有 HIV 的青少年和青年进行富有成效的 U=U 对话方面，缺乏实用和针对性的材料。Elizabeth Glaser 儿科艾滋病基金会的非洲青年顾问委员会（CAYA）在开普敦大学的支持下使用青年设计的工具。CAYA 成员是来自 11 个撒哈拉以南非洲国家的 15-29 岁的年轻领导人。进行了差距分析，以避免针对青少年和感染艾滋病毒的青年的现有 U=U 工具出现冗余。

Virtual discussions with CAYA members identified areas of focus and determined the particular form the delivery of the messaging should take. Through an iterative process, a short graphic-based story collection was drafted. CAYA members developed character profiles, story lines and dialogues. With support from the Urithi design team based in Uganda, CAYA members then led initial validation discussions with adolescents and youth in their networks (including in psychosocial support groups and networks of young people living with HIV) using a standardized questionnaire to gather additional insights. Almost 190 adolescents and youth living with HIV in Kenya, Malawi and Uganda shared insights. Highlighted was the need for simpler, everyday language, designing characters with more youthful looks and ensuring conversations take place in confidential settings in the stories. The final stories are in development.

与 CAYA 成员在线对话确定重点领域，以及传递信息应采取的特定形式。迭代起草了一个基于图形的简短故事集。CAYA 成员开发了人物简介，故事情节和对话。在乌干达设计团队 Urithi 的支持下，CAYA 成员随后在其网络（包括社会心理支持小组和感染艾滋病毒的年轻人

网络) 中与青少年和青年进行了初步验证讨论, 使用标准化问卷收集更多见解。肯尼亚、马拉维和乌干达近 190 名感染艾滋病毒青少年分享了见解。强调的是需要更简单的日常语言, 设计具有更年轻外观的角色, 并确保故事对话在保密环境中进行。最后的故事正在开发中。

Case study 10 案例研究 10

Blue Diamond Society 蓝钻协会

Nepal 尼泊尔

Objectives 目标

To communicate proper messaging of U=U; initiate comprehensive intervention for viral load suppression; and incorporate and proper implementation of U=U in a policy document.

传达 U=U 的正确消息传递, 启动病毒载量抑制综合干预, 并在政策文件中纳入并正确实施 U=U。

Outcomes 成果

Proper messaging and implementation of U=U in policy document.

在政策文件中正确传递和实施 U=U。

Populations 人群

All key populations.

所有 关键人群。

Stakeholders

Communities living with HIV; health professionals; civil society organizations; government officials (local, national, global).

感染艾滋病毒的社群; 卫生专业人员; 民间社会组织; 政府官员 (地方, 国家, 全球)。

Abstract 摘要

During consultations to develop the national guidelines on HIV testing and treatment (2021–2026), many local NGOs (including Blue Diamond Society, Nepal's leading LGBTIQ+ organization) advocated strongly for the inclusion of U=U and an emphasis on its implementation in local HIV/AIDS programming. This led to inclusion of U=U in the national guidelines (<http://www.ncasc.gov.np/uploaded/publication/NHSP-2021-2026/NHSP-2021-2026-English.pdf>), which notes the need to “increase the focus on effective HIV awareness messaging for all key populations such as treatment leads to better health outcomes including survival, U=U, etc.”.

在制定艾滋病毒检测和治疗指南 (2021–2026) 的磋商期间, 许多当地非政府组织 (包括尼泊尔有领导力的性少数组织蓝钻协会) 强烈主张将 U=U 纳入其中, 并强调其在当地的艾滋病毒/艾滋病设计中的实施。这使得 U=U 被纳入国家指南

(<http://www.ncasc.gov.np/uploaded/publication/NHSP-2021-2026/NHSP-2021-2026-English.pdf>)。该指南指出需要“更加关注针对所有关键人群的有效艾滋病毒意识信息传递, 例如治疗导致更好的健康结果, 包括生存, U=U 等”。

While the Government of Nepal swiftly integrated U=U in its policy document, the wording is brief and is based on the clinical definitions (e.g. in the guidelines, an undetectable viral load

is set at less than 200 copies/mL, whereas viral suppression is set at less 1000 copies/mL). Nepal is following the WHO 2016 Consolidated guidelines on the use of ARV drugs for treating and preventing HIV infection. Community members appreciate the inclusion of U=U in the policy document. However, they are confused by the fact that viral suppression is defined as having less than 200 copies/mL of HIV as per the US CDC.

虽然尼泊尔政府迅速将 U=U 纳入其政策文件，但措辞简短，并且基于临床定义（例如，在指南中，测不到的病毒载量设定为低于 200 copies/mL，而病毒抑制设定为少于 1000 copies/mL）。尼泊尔正在遵循世界卫生组织 2016 年关于使用抗逆转录病毒药物治疗和预防艾滋病毒感染的综合指南。社群成员赞赏在政策文件中纳入 U=U。然而，他们感到困惑的是，根据美国疾病预防控制中心，病毒抑制被定义为 HIV 少于 200 copies/mL。

Proper implementation of U=U as a national guidelines strategic action is needed. Successful, holistic integration of U=U (e.g. accurate messaging and quality services, and promotion of U=U for treatment adherence and as part of comprehensive prevention interventions along with PrEP) require community-led monitoring. At a systems level, U=U should be leveraged as evidence-informed rationale for uninterrupted dispensing of ART as well as for expanded and more equitable access to well-maintained viral load testing technology, diagnostic tools, regular viral load testing.

需要将正确实施 U=U 作为国家指导战略行动。U=U 的成功整合（例如准确的信息和优质服务，以及促进 U=U 提升治疗依从性，以及与 PrEP 一起作为全面预防干预的一部分）需要社群主导的监测。在系统层面，U=U 应被用作不间断分配抗逆转录病毒治疗的循证理由，以及扩大和更公平地的病毒载量检测技术、诊断工具、定期病毒载量检测的可及性。

Case study 11 案例研究 11

Two Canadian studies working with community partners doing community-based research related to U=U and HIV undetectability.

两项加拿大研究，与社群伙伴合作开展 U=U 和艾滋病毒的不可检测性相关的社区研究

Canada 加拿大

What were the objectives of the work described in your case study? 目标

British Columbia: The objective was to inductively learn from diverse sexual minority men with different HIV serostatuses to understand what HIV undetectability means to them, including its sexual significance and contested interpretations amid an evolving and uneven landscape of biomedical HIV prevention strategies

(<https://www.tandfonline.com/doi/full/10.1080/13691058.2020.1776397#:~:text=We%20describe%20this%20as%20a,who%20have%20sex%20with%20men>).

不列颠哥伦比亚：目的是归纳具有不同艾滋病毒血清状况的多元性少数群体男性对艾滋病毒测不到的认识，包括在生物医学艾滋病毒预防策略不断发展和不平衡的情况下，其性意义和有争议的解释（

<https://www.tandfonline.com/doi/full/10.1080/13691058.2020.1776397#:~:text=We%20describe%20this%20as%20a,who%20have%20sex%20with%20men>）。

Ontario: The objective was to better understand how various HIV/STI service providers (e.g. nurses, public health workers, physicians, frontline providers, and sexual health educators) communicate the U=U message to sexual health service users in Ontario, Canada. We were specifically interested in understanding the communication of the U=U message in everyday practice, including barriers experienced by service providers to consistently convey this HIV prevention message

(<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0271607>).

安大略：目的是更好地了解各种艾滋病毒/性传播感染服务机构（例如护士、公共卫生工作者、医生、一线服务者和性健康教育者）如何向加拿大安大略的性健康服务用户传达 U=U 信息。我们特别感兴趣的是了解 U=U 信息在日常实践中的传播，包括服务机构在持续传达这种艾滋病毒预防信息时遇到的障碍

(<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0271607>)。

What key outcomes does your case study address?成果

Barriers to health communication for service users and health-care providers.
服务用户和卫生机构在卫生沟通方面的障碍。

What population groups were engaged in your case study?人群

Gay, bisexual, and other men who have sex with men; HIV/STI service providers (e.g. nurses, public health workers, physicians, frontline providers, and sexual health educators).
男同性恋、双性恋和其他男男性行为者;艾滋病毒/性传播感染服务机构（例如护士、公共卫生工作者、医生、一线提供者和性健康教育者）。

What stakeholders were engaged in the work described by your case study?相关方

Communities living with HIV; health professionals; civil society organizations.
艾滋病毒感染者社群;卫生专业人员;民间社会组织。

Abstract 摘要

U=U is a public health message that is designed to reduce HIV stigma and help communicate the scientific consensus that HIV cannot be sexually transmitted when a person living with HIV has an undetectable viral load. Between October 2020 and February 2021, we conducted 11 in-depth interviews and 3 focus groups with diverse HIV/STI service providers (nurses, public health workers, physicians, frontline providers, and sexual health educators) in Ontario, Canada (n=18). The objective was to understand how U=U was communicated to sexual health service users in health-care interactions. Interview questions were embedded in a larger study focused on improving access to HIV/STI testing.

U=U 是一个公共卫生信息，旨在减少艾滋病毒的污名，并帮助传达科学共识，即当艾滋病毒感染者的病毒载量检测不到时，艾滋病毒不能通过性传播。在 2020 年 10 月至 2021 年 2 月期间，我们与加拿大安大略的不同艾滋病毒/性传播感染服务机构（护士、公共卫生工作者、医生、一线提供者和性健康教育者）进行了 11 次深入访谈和 3 个焦点小组（n=18）。目的是了解 U=U 如何在卫生保健互动中传达给性健康服务用户。访谈问题被纳入一项更大的研究，重点是改善艾滋病毒/性传播感染检测的可及性。

Most providers emphasized the significance of U=U as a biomedical advance in HIV prevention, but experienced some challenges communicating U=U in everyday practice. We discovered 4 interrelated barriers when communicating the U=U message: (1) provider-perceived challenges with “zero risk” messaging (e.g. wanting to “leave a margin” of HIV risk); (2) service users not interested in receiving sexual health information (e.g. in order to provide “client-centered care” some providers do not share U=U messages if service users are only interested in HIV/STI testing or if other discussions must be prioritized); (3) skepticism and HIV stigma from service users (e.g. providers explained how the hesitancy of some service users to accept the U=U message was shaped by a legacy of HIV prevention messages and persistent HIV stigma); and (4) need for more culturally appropriate resources (e.g. communities other than sexual and gender minority men, non-English

speaking service users). We discuss ways to overcome barriers to communicating the U=U message, as well as limitations and potential unintended consequences of U=U framings in the context of unequal access to HIV prevention and treatment.

大多数机构强调了 U=U 作为预防艾滋病毒的生物学进步的重要性，但在日常实践中遇到了一些 U=U 的沟通挑战。在传达 U=U 信息时，我们发现 4 个相互关联的障碍：（1）服务机构感受到“零风险”信息的挑战（例如，希望为艾滋病毒风险“留有余地”）；（2）对接收性健康信息不感兴趣的用户（例如，为了提供“以客户为中心的护理”，如果用户只对艾滋病毒/性传播感染检测感兴趣，或者必须优先考虑其他讨论，一些提供者不会分享 U=U 信息）；（3）来自用户的怀疑和艾滋病毒污名（例如，服务机构解释了一些用户对接受 U=U 信息的犹豫是如何由艾滋病毒预防信息和持续的艾滋病毒污名所形成的）；（4）需要更多文化适应资源（例如，除性少数群体和社会性别少数男性以外的社群，非英语用户）。我们讨论了克服 U=U 信息传达障碍的方法，以及在艾滋病毒预防和治疗可及性不平等的背景下 U=U 框架的限制和潜在的意外后果。

Case study 12 案例研究

Media guidelines for reporting on U=U: working with journalists to reduce stigma

U=U 的媒体指南：与记者合作减少污名

Australia 澳大利亚

Objectives 目标

To develop a set of media guidelines to assist journalists reporting on HIV to encourage the inclusion of factual and appropriate information about U=U in order to:

制定一套媒体指南，协助报道艾滋病毒的记者，以鼓励纳入有关 U=U 的事实和正确信息，以便：

- reduce the HIV-related stigma that continues to be present within Australian news reporting on HIV, particularly in relation to exaggerated reporting of HIV transmission risk; and
- 减少澳大利亚关于艾滋病毒的新闻报道中持续存在的与艾滋病毒有关的污名，特别是与夸大艾滋病毒传播风险的报道有关；
- reduce HIV-related stigma associated with sensationalized and negative news reporting on HIV, and people living with HIV.
- 减少与关于艾滋病毒和艾滋病毒感染者的骇人和负面新闻报道相关的艾滋病毒相关污名。

Outcomes 成果

The media guidelines were developed and published in consultation with people living with HIV, and journalists working in Australian news media. They were distributed among networks of Australian journalists and have been cited in Australian news reporting on HIV.

媒体指南是在与艾滋病毒感染者和在澳大利亚新闻媒体工作的记者协商后制作和发布的。指南在澳大利亚记者网络中分发，并在澳大利亚关于艾滋病毒的新闻报道中被引用。

Groups involved 人群

People living with HIV.

艾滋病毒感染者。

Stakeholders 相关方

Communities living with HIV; representatives from a wide range of Australian community organizations representing people living with HIV; journalists in the Australian news media reporting on HIV; broader networks of Australian news journalists; journalists attending 2022 International AIDS Conference in Montreal.

艾滋病毒感染者社群;代表艾滋病毒感染者的澳大利亚各种社群组织的代表;报道艾滋病毒的澳大利亚新闻媒体记者;更广泛的澳大利亚新闻记者网络;参加 2022 年蒙特利尔国际艾滋病大会的记者。

Background/purpose 背景/目的

Research has shown a link between low HIV knowledge and stigmatizing attitudes. Journalists who are unfamiliar with the evidence behind U=U may be skeptical about the principle and minimize its validity, contributing to stigmatizing depictions of HIV in their reporting.

研究表明,对艾滋病毒的了解不足与污名化态度之间存在联系。不熟悉 U=U 背后证据的记者可能会对这一原则持怀疑态度,并弱化其可信性,在报道中对艾滋病毒进行污名化描述。

Media guidelines are information packs for journalists to guide reporting on specialist subjects and have been used to inform reporting on topics such as suicide. The development of U=U media guidelines aims to support more factual reporting on HIV transmission and to reduce stigmatizing depictions of people living with HIV.

媒体指南是面向记者的专业主题报道的指导信息包,并已用于为自杀等主题的报道提供信息。U=U 媒体指南旨在支持对艾滋病毒传播的更多真实报道,并减少对艾滋病毒感染者的污名化描述。

Approach 途径

A thorough review of existing media guidelines and their use in Australian media identified best practice for development and implementation. Interviews were conducted with journalists to determine their knowledge of HIV and U=U. Journalists were asked what barriers might prevent them from using available media guidelines. In interviews, people living with HIV shared their views about the depictions of HIV in news media they found stigmatizing, and how this might be addressed. Based on this research, a set of media guidelines was developed to improve journalists' understanding of HIV transmission risk in relation to U=U. The guidelines were promoted to media contacts.

对现有媒体准则及其在澳大利亚媒体中的使用、制定和实施的最佳实践情况进行了彻底的回顾。采访记者,以确定他们对艾滋病毒和 U=U 的了解。记者被问及哪些障碍可能阻止他们使用媒体指南。在访谈中,艾滋病毒感染者分享了他们认为新闻媒体对艾滋病毒的描述是污名化的看法,以及如何解决这个问题。基于这项研究,制定了一套媒体指南,以提高记者对 U=U 相关的艾滋病毒传播风险的理解。该准则已推广给媒体联系人。

Outcomes/impact 成果影响

Interviewees said omissions of information about U=U in news media contributed to false and stigmatizing views that presented a risk to them and others. Journalists said that a lack of easy access to clear, authoritative information and time pressures were barriers to increasing their understanding of U=U.

受访者表示,新闻媒体遗漏有关 U=U 的信息导致了虚假和污名化的观点,给他们和其他人带来了风险。记者们表示,缺乏清晰权威的信息和时间压力是提升他们对 U=U 的理解的障碍。

The guidelines developed accounted for pressured work environments of Australian journalists and provided clear, concise information. Examples of stigmatizing HIV reporting were used to show how the inclusion of U=U messages could reduce stigmatizing depictions of people living with HIV .

制定的媒体指南考虑到了澳大利亚记者的工作压力环境，并提供了清晰简洁的信息。使用污名化艾滋病病毒报告的例子来说明包含 U=U 信息如何减少对艾滋病病毒感染者的污名化描述。

The guidelines were adapted for an international audience and provided to journalists at AIDS 2022 and have been shared with multiple news media organizations in Australia, including the Science Journalists Association of Australia. The guidelines are being used by journalists reporting on HIV in Australia.

该指南针对国际受众进行了改编，并在 2022 年艾滋病大会上提供给记者，已经与澳大利亚的多个新闻媒体组织共享，包括澳大利亚科学记者协会。澳大利亚报道艾滋病毒的记者正在使用这些指南。

Innovation and significance 创新与重要性

These are the first such guidelines to be produced globally. They provide an innovative example of a stigma-reducing activity that connects media practice to clinical and community experience and expertise.

这些是全球首次制定此类指南。它提供了一个减少污名活动的创新示例，将媒体实践与临床和社群经验和专业知识联系起来。

Case study 13 案例研究 13

#DoubleKnowledge #双倍知识

Deutsche Aidshilfe, Germany 德国艾滋病救助, 德国

What population groups were engaged in your case study? 人群

People living with HIV, key audiences of Deutsche Aidshilfe, the general public.

艾滋病病毒感染者，德国艾滋病救助的主要受众，公众。

What stakeholders were engaged in the work described by your case study? 相关方

Communities living with HIV; health professionals; civil society organizations; parliamentarians.

艾滋病病毒感染者社群;卫生专业人员;民间社会组织;议员。

What were the objectives of the work described in your case study? 目标

Generating outreach, spreading knowledge of U=U.

产生外展，传播 U=U 的知识。

What key outcomes does your case study address? 成果

Raised awareness for the U=U fact among general public and key audiences.

提高了公众和主要受众对 U=U 事实的认识。

Abstract 摘要

#wissenverdoppeln (which translates as #DoubleKnowledge) is a cross-media campaign which Deutsche Aidshilfe conducted in 2018–2020. The overall objective was to publicize the U=U message in the wider public and to reduce HIV-related stigma and discrimination. A request to spread the knowledge (by sharing it on social media or telling friends and colleagues) was the campaign's central "call to action". The campaign generated strong outreach and press coverage.

#wissenverdoppeln (译为#双倍知识)是德国艾滋病救助在2018-2020年进行的一项跨媒体运动。总体目标是在更广泛的公众中宣传U=U信息，减少与艾滋病毒有关的污名和歧视。该活动的核心“行动呼吁”是要求传播知识（通过在社交媒体上分享或告诉朋友和同事）。这场运动产生了强有力的外展和新闻报道。

Background 背景

The objective of doubling the knowledge of U=U until everyone knows relates to a survey in 2017, which showed that only 10% of the general public in Germany knew that HIV cannot be transmitted sexually by a person who is virally suppressed. The campaign was financed by Bundeszentrale für gesundheitliche Aufklärung/Federal Centre for Health Education (BZgA) in the context of the annual campaigns around World-Aids-Day on December 1.

将U=U的知识翻倍，直到每个人都知道。设定这个目标与2017年的一项调查有关。该调查显示，德国只有10%的公众知道艾滋病毒不会由病毒抑制的人通过性传播。该运动由联邦健康教育中心（BZgA）在12月1日世界艾滋病日前后的年度运动中资助。

Campaign elements 运动要素

The campaign featured a campaign website (www.wissen-verdoppeln.hiv, in German), videos with role models, digital and print advertisements and giveaways.

该活动包括一个活动网站（www.wissen-verdoppeln.hiv，内容为德语）、榜样示例视频、数字和印刷广告以及赠品。

The campaign was also supported by many local member organizations of Deutsche Aidshilfe and self-organized communities of people living with HIV, who both were provided with information material and assistance in publicizing the message.

该运动还得到德国艾滋病救助许多地方成员组织和艾滋病毒感染者自发团体的支持，他们都得到了宣传材料和宣传信息的协助。

Outcomes 成果

The campaign generated very high outreach. Many prominent people shared the information in social media profiles (e.g. artists and politicians) and there was broad media coverage (including on the public broadcaster). The campaign videos had more than 1 million views on social media. A follow-up survey in 2020 showed that knowledge of U=U had increased significantly in the general public (up by 18%) and some discriminatory beliefs regarding people living with HIV had been reduced.

该运动产生了大量外部拓展。很多知名人士在社交媒体中分享信息（例如艺术家和政治家），这里的媒体报道范围广泛（包括公共广播公司）。运动视频在社交媒体上的观看次数超过100万次。2020年的一项后续调查显示，公众对U=U的了解显著增加（提升了18%），并且对艾滋病毒感染者的一些歧视性观念已经减少。

Case study 14 案例研究 14

The use of U=U to promote equal access to viral load testing: experience of community workers with gay men and other men who have sex with men in Yaoundé, Cameroon

使用 U=U 推动病毒载量检测平等可及：喀麦隆雅温得社群工作者对男同性恋和其他男男性行为者的工作经验

Humanity First Cameroon Plus, Cameroon 人道优先喀麦隆阳性，喀麦隆

What were the objectives of the work described in your case study?目标

Use the U=U approach to enhance access to viral load testing for key populations, and train community workers to perform blood sample collection and safe transportation to laboratories for testing.

使用 U=U 来增强关键人群的病毒载量检测可及性，并培训社群工作者进行血液样本采集和安全运送到实验室进行检测。

What key outcomes does your case study address?成果

Key populations know their viral load testing and can live without fear of transmitting HIV to others. Understanding that U=U is a reality, not just a slogan.

重点人群知道他们的病毒载量检测，可以生活而不用担心将艾滋病毒传染给他人。理解 U=U 是一个现实，而不仅仅是一个口号。

What population groups were engaged in your case study?人群

Gay men and other men who have sex with men.

男同性恋者和其他男男性行为者。

Stakeholders 相关方

Communities living with HIV; health professionals; civil society organizations.

艾滋病毒感染者社群;卫生专业人员;民间社会组织。

Background 背景

Achieving an undetectable viral load for successful HIV treatment is often fraught with challenges. In low- and middle-income countries, although many efforts are being made to test and link to treatment people living with HIV, access to viral load testing remains difficult, with very few laboratories performing these tests. Furthermore, discrimination encountered in health facilities prevents key populations at high risk of HIV from accessing the services. Humanity First Cameroon Plus (HFC+), through implementation of the CHAMP project (continuum of prevention, care and treatment with most at-risk populations in Cameroon), put in place a programme to strengthen the capacity of community workers to collect blood samples and transport them to laboratories. The CHAMP project aims to limit the incidence of HIV by starting key populations living with HIV on treatment so they can achieve and maintain an undetectable viral load.

成功治疗艾滋病毒达到检测不到的病毒载量往往充满挑战。在中低收入国家，尽管有很多检测和联系工作来治疗艾滋病毒感染者，但获得病毒载量检测仍然很困难，很少有实验室进行这些检测。此外，在卫生机构中遇到的歧视使艾滋病毒高危关键人群无法获得服务。“人道优先喀麦隆阳性”（HFC+）通过实施 CHAMP 项目（喀麦隆高危人群预防、护理和治疗中心），加强社群工作者收集血液样本并将其运送到实验室的能力。CHAMP 项目旨在通过使艾滋病毒感

染者的关键人群接受治疗，以便他们能够达到并维持测不到的病毒载量，从而限制艾滋病毒的发病率。

Description 描述

The CHAMP programme has been implemented in Cameroon since 2014 and is supported by the US Government. HFC+ is a community-based organization which benefits from that programme and works with gay men and other men who have sex with men in Yaoundé. To facilitate access to viral load testing, 15 men were trained to collect and transport blood samples for testing in laboratories.

CHAMP 项目自 2014 年以来一直在喀麦隆实施，并得到美国政府的支持。HFC+是一个以社群为基础的组织，它受益于该项目，并与雅温得的男同性恋者和其他男男性行为者合作。为了促进病毒载量检测可及性，培训 15 名男子收集和运输血液样本以供实验室检测。

Lesson learned 经验教训

In fiscal year 2021, during the COVID-19 crisis, we collected 960 blood samples and transported them to laboratories, 912 of which had an undetectable viral load, (95%). Through this work, we have understood that it is important to include most affected communities if we are to make U=U a reality.

2021 财年，在 COVID-19 危机期间，我们收集了 960 份血液样本并将其运送到实验室，其中 912 份的病毒载量无法检测到（95%）。通过这项工作，我们认识到，如果我们要使 U=U 成为现实，就必须纳入大多数受影响的社群。

Next steps 下一步

We will advocate to perform viral load testing directly at the community level by using less sophisticated equipment.

我们将倡导使用较简单的设备直接在社群进行病毒载量测试。

Acknowledgements 鸣谢

We extend our heartfelt appreciation for the time, thoughtful reflections, invaluable contributions and country case studies shared by our key informant interview participants and civil society experts and reviewers. Due to confidentiality, participants in key informant interviews are not named here.

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Regions represented in key informant interviews 关键信息人代表区域

Region	Number of interviews
Africa	4
Asia-Pacific and Middle East and North Africa	3
Eastern Europe and central Asia	2
Europe	3
Latin America and the Caribbean	2
North America	4
Total	18

区域	受访人数
非洲	4
亚太中东北非	3
东欧中亚	2
欧洲	3
拉美与加勒比	2
北美	4
总数	18

Civil society experts for peer review of the NGO report

进行非政府组织报告同伴审议的民间组织专家

Name	Organization	Country and region 国家地区
Brent Allan	ICASO	Global 全球
Solange Baptiste Simon	International Treatment Preparedness Coalition	South Africa (Africa)南非 (非洲)

Javier Hourcade-Bellocq	Plataforma VIH 2025	Argentina (Latin American and the Caribbean)阿根廷 (拉美与加勒比)
Laurie Edmiston	CATIE	Canada (North America)加拿大 (北美)
Sandra Ka Hon Chu	HIV Legal Network	Canada (North America)加拿大 (北美)
Erika Castellanos	GATE	Netherlands (Europe)荷兰 (欧洲)
Lucy Wanjiku Njenga	Positive Young Women Voices	Kenya (Africa)肯尼亚 (非洲)
Mat Southwell	International Drug Policy Consortium	United Kingdom (Europe)英国 (欧洲)
Kaythi Wynn	Asia Pacific Network of Sex Workers	Thailand (Asia-Pacific)泰国 (亚太)

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Endnotes 尾注

- ¹ In danger: UNAIDS Global AIDS Update 2022. Geneva: UNAIDS; 2022 (https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf).
- ² 《危险：联合国艾滋病规划署 2022 年全球艾滋病最新情况》，日内瓦：艾滋病规划署，2022，(https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf).
- ³ Transforming our world: the 2030 Agenda for Sustainable Development. Resolution adopted by the UN General Assembly on 25 September 2015 (A/Res/70/1). New York: UN General Assembly; 2015.
- ⁴ In danger: UNAIDS Global AIDS Update 2022. Geneva: UNAIDS; 2022 (https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf).
- ⁵ Report of the Secretary-General: Tackling inequalities to end the AIDS pandemic. Seventy-sixth session: Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. New York: UN General Assembly; 12 May 2022 (https://www.unaids.org/sites/default/files/media_asset/A_76_783_en.pdf).
- ⁶ State of inequality: HIV, tuberculosis and malaria. Geneva: WHO: 2021 (<https://www.who.int/publications/i/item/9789240039445>).
- ⁷ World AIDS Day report 2021: Unequal, unprepared, under threat. why bold action against inequalities is needed to end AIDS, stop Covid-19 and prepare for future pandemics. Geneva: UNAIDS; 2021 (<https://www.unaids.org/en/2021-world-aids-day>).
- ⁸ 《改变我们的世界：2030 年可持续发展议程》，联合国大会决议，2015 年 9 月 25 日 (A/RES/70/1)。纽约：一联合国大会;2015.
- ⁹ 《危险：联合国艾滋病规划署 2022 年全球艾滋病最新情况》日内瓦：艾滋病规划署;2022 (https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf).
- ¹⁰ 《秘书长报告：解决不平等以结束艾滋病流行病》，第七十六届会议：《关于艾滋病毒/艾滋病问题的承诺宣言》和《政治宣言》的执行情况。纽约：联合国，联合国大会;2022 年 5 月 12 日，(https://www.unaids.org/sites/default/files/media_asset/A_76_783_en.pdf).
- ¹¹ 《不平等状况：艾滋病毒、肺结核和疟疾》，日内瓦：世卫组织，2021 (<https://www.who.int/publications/i/item/9789240039445>).
- ¹² 《世界艾滋病日报告 2021：不平等、毫无准备、受到威胁。为什么需要采取大胆的行动来消除不平等以结束艾滋病，阻止 Covid-19 并为未来的流行病做好准备。》日内瓦：艾滋病规划署;2021 (<https://www.unaids.org/en/2021-world-aids-day>).
- ¹³ Stephens C. Viral load does not equal value. POZ, 18 February 2019 (<https://www.poz.com/article/viral-load-equal-value-charles-stephens>).
- ¹⁴ Stephens C. 《病毒载量不等于价值》，POZ，2019 年 2 月 18 日 (<https://www.poz.com/article/viral-load-equal-value-charles-stephens>).
- ¹⁵ In danger: UNAIDS Global AIDS Update 2022. Geneva: UNAIDS; 2022 (https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf).
- ¹⁶ *ibid*
- ¹⁷ 《危险：联合国艾滋病规划署 2022 年全球艾滋病最新情况》，日内瓦：艾滋病规划署;2022 (https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf).
- ¹⁸ 同前
- ¹⁹ Global Fund results report (<https://www.theglobalfund.org/en/results/>).
- ²⁰ 全球基金成果报告(<https://www.theglobalfund.org/en/results/>).
- ²¹ Ayala G, Sprague L, van der Merwe L et al. Peer-and community-led responses to HIV: A scoping review. PLOS ONE. 2021;16(12):e0260555.
- ²² Ayala G, Sprague L, van der Merwe L 等人，《同伴和社群主导的艾滋病毒应对措施：范围综述》，PLOS ONE, 2021, 16(12) : e0260555.
- ²³ Prevention Access Campaign. Why is U=U important? Accessed at: <https://preventionaccess.org/about-introduction/>
- ²⁴ 预防可及运动，《U=U 为什么重要？》，链接：<https://preventionaccess.org/about-introduction/>
- ²⁵ Political Declaration on HIV and AIDS: Ending inequalities and getting on track to end AIDS by 2030. UN General Assembly 75th session, agenda item 10 (paras 39 and 65e). New York: UN General Assembly, 8 June 2021) (https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf).
- ²⁶ 《关于艾滋病毒和艾滋病的政治宣言：结束不平等，走上 2030 年终结艾滋病的轨道》第 75 届联合国大会，议程 10 (第 39 和 65e)。纽约：联合国大会，2021 年 6 月 8 日，(https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf).
- ²⁷ Global AIDS Strategy (2021–2026). Geneva: UNAIDS; 2021 (<https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy>).
- ²⁸ 全球艾滋病战略 (2021 年–2026)，日内瓦：艾滋病规划署;2021 (<https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy>).

- ²⁹ In danger: UNAIDS Global AIDS Update 2022. Geneva: UNAIDS; 2022 (https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf).
- ³⁰ 《危险：联合国艾滋病规划署 2022 年全球艾滋病最新情况》日内瓦：艾滋病规划署;2022 (https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf).
- ³¹ Updated recommendations on HIV prevention, infant diagnosis, antiretroviral initiation and monitoring. Geneva: WHO; 2021 (<https://www.who.int/publications/i/item/9789240022232>).
- ³² Viral suppression. Fact sheet. Atlanta: U.S. CDC; 2022 (<https://www.cdc.gov/hiv/statistics/overview/in-us/viral-suppression.html>).
- ³³ 《关于艾滋病毒预防、婴儿诊断、抗逆转录病毒启动和监测的最新建议》，日内瓦：世卫组织，2021，(<https://www.who.int/publications/i/item/9789240022232>).
- ³⁴ 病毒抑制情况说明。亚特兰大：美国。疾控中心;2022(<https://www.cdc.gov/hiv/statistics/overview/in-us/viral-suppression.html>).
- ³⁵ <https://www.aidsmap.com/about-hiv/glossary?term=#alpha-U>
- ³⁶ Prevention Access Campaign. What is U=U? (<https://preventionaccess.org/about-introduction/>).
- ³⁷ <https://www.aidsmap.com/about-hiv/glossary?term=#alpha-U>
- ³⁸ 预防可及运动。《什么是 U=U?》，(<https://preventionaccess.org/about-introduction/>).
- ³⁹ Status neutral HIV care and service delivery eliminating stigma and reducing health disparities. Atlanta: U.S. CDC; 2022 (<http://www.cdc.gov/hiv/policies/data/status-neutral-issue-brief.html>).
- ⁴⁰ 《中立的艾滋病毒护理和服务提供消除了污名并减少了健康差距》亚特兰大：美国疾控中心，2022，(<http://www.cdc.gov/hiv/policies/data/status-neutral-issue-brief.html>).
- ⁴¹ Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. Geneva: WHO; 2022 (<https://www.who.int/publications/i/item/9789240052390>).
- ⁴² *Ibid*
- ⁴³ 《关键人群艾滋病毒、病毒性肝炎和性传播感染预防、诊断、治疗和护理综合指南》日内瓦：世卫组织，2022，(<https://www.who.int/publications/i/item/9789240052390>).
- ⁴⁴ 同前
- ⁴⁵ National HIV/AIDS Strategy for the United States, 2022–2025. (<https://www.whitehouse.gov/wp-content/uploads/2021/11/National-HIV-AIDS-Strategy.pdf>).
- ⁴⁶ 美国国家艾滋病毒/艾滋病战略，2022 年–2025. (<https://www.whitehouse.gov/wp-content/uploads/2021/11/National-HIV-AIDS-Strategy.pdf>).
- ⁴⁷ Progress report of the Multistakeholder Task Team on Community-Led AIDS Responses. Geneva: UNAIDS PCB; November 2020. Para 32 (footnote 7) (https://www.unaids.org/sites/default/files/media_asset/Report_Task_Team_Community_led_AIDS_Responses_EN.pdf).
- ⁴⁸ 《多利益相关方工作组关于社群主导的应对艾滋病的进展报告》日内瓦：艾滋病规划署 PCB，2020 年 11 月。第 32（脚注 7）(https://www.unaids.org/sites/default/files/media_asset/Report_Task_Team_Community_led_AIDS_Responses_EN.pdf).
- ⁴⁹ *Ibid*
- ⁵⁰ 同前
- ⁵¹ https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf
- ⁵² https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf
- ⁵³ The state of inequity: HIV, TB and malaria. Geneva: WHO; 2021 (https://www.who.int/data/health-equity/report_2021_hiv_tb_malaria).
- ⁵⁴ Community systems strengthening framework. Geneva: Global Fund; 2014 (https://www.theglobalfund.org/media/6428/core_css_framework_en.pdf).
- ⁵⁵ 《不平等状况：艾滋病毒、结核病和疟疾》日内瓦：世卫组织，2021 (https://www.who.int/data/health-equity/report_2021_hiv_tb_malaria).
- ⁵⁶ 社群系统强化框架，日内瓦：全球基金，2014，(https://www.theglobalfund.org/media/6428/core_css_framework_en.pdf).
- ⁵⁷ End inequalities. end AIDS. Global AIDS Strategy 2021–2026. Geneva: UNAIDS; 2021, p. 6 (<https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026>).
- ⁵⁸ *Ibid*
- ⁵⁹ *Ibid*
- ⁶⁰ 《结束不平等，终结艾滋病》全球艾滋病战略 2021-2026，日内瓦：艾滋病规划署，2021，p.6，(<https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026>).
- ⁶¹ 同前
- ⁶² 同前
- ⁶³ World AIDS Day report 2021: Unequal, unprepared, under threat. why bold action against inequalities is needed to end AIDS, stop Covid-19 and prepare for future pandemics. Geneva: UNAIDS; 2021 (<https://www.unaids.org/en/2021-world-aids-day>).

⁶⁴ High-level Committee on Programmes Inequalities Task Team. Covid-19, inequalities and building back better: policy brief by the HLCP inequalities task team. New York: UN; 2020 (<https://www.un.org/development/desa/dspd/2020/10/covid-19-inequalities-and-building-back-better/>).

⁶⁵ 《世界艾滋病日报告 2021：不平等、毫无准备、受到威胁。为什么需要采取大胆的行动来消除不平等现象，以结束艾滋病，阻止 Covid-19 并为未来的流行病做好准备》日内瓦：艾滋病规划署，2021，(<https://www.unaids.org/en/2021-world-aids-day>).

⁶⁶ 关于方案高级别委员会不平等工作组，《Covid-19、不平等和重建更好：HLCP 不平等工作组的政策简报》。纽约：联合国，2020，(<https://www.un.org/development/desa/dspd/2020/10/covid-19-inequalities-and-building-back-better/>).

⁶⁷ Report of the Secretary-General: Tackling inequalities to end the AIDS pandemic. Seventy-sixth session: Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. New York: UN General Assembly; 12 May 2022 (https://www.unaids.org/sites/default/files/media_asset/A_76_783_en.pdf).

⁶⁸ *Ibid*

⁶⁹ *Ibid*

⁷⁰ 《秘书长报告：解决不平等以结束艾滋病流行病》，第七十六届会议：《关于艾滋病毒/艾滋病问题的承诺宣言》和《政治宣言》的执行情况。纽约：联合国，联合国大会，2022 年 5 月 12 日 (https://www.unaids.org/sites/default/files/media_asset/A_76_783_en.pdf).

⁷¹ 同前

⁷² 同前

⁷³ Bekker L-G, Alleyne G, Baral S et al. Advancing global health and strengthening the HIV response in the era of the Sustainable Development Goals: International AIDS Society – Lancet Commission. *Lancet*; 2018;392:312–358.

⁷⁴ In danger: Global AIDS update 2022. Geneva: UNAIDS; 2022 (<https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update>).

⁷⁵ State of inequality: HIV, tuberculosis and malaria. Geneva: WHO; 2021 (<https://www.who.int/publications/i/item/9789240039445>).

⁷⁶ Bekker L-G, Alleyne G, Baral S 等，《在可持续发展目标时代促进全球卫生和加强艾滋病毒应对：国际艾滋病协会-柳叶刀委员会》。柳叶刀;2018;392:312–358.

⁷⁷ 《危险：全球艾滋病最新情况 2022》，日内瓦：艾滋病规划署;2022 (<https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update>).

⁷⁸ 《不平等：艾滋病毒、肺结核和疟疾》日内瓦：世卫组织，2021，(<https://www.who.int/publications/i/item/9789240039445>).

⁷⁹ Understanding Fast-Track: Accelerating action to end the AIDS epidemic by 2030. Geneva: UNAIDS; 2021 (https://www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_en.pdf).

⁸⁰ 《了解快速轨道：加快行动，到 2030 年结束艾滋病流行》日内瓦：联合国艾滋病规划署;2021 (https://www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_en.pdf).

⁸¹ Global HIV statistics. Geneva: UNAIDS; 2021 (https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf).

⁸² *Ibid*

⁸³ 全球艾滋病毒统计。日内瓦：艾滋病规划署;2021 (https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf).

⁸⁴ 同前

⁸⁵ Prevention Access Campaign. The WIN-WIN agenda, 2022 (<https://preventionaccess.org/about-introduction/>).

⁸⁶ Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: WHO; 2021 (<https://www.who.int/publications/i/item/9789240031593>).

⁸⁷ 预防可及运动，双赢议程，2022(<https://preventionaccess.org/about-introduction/>).

⁸⁸ 《关于艾滋病毒预防、检测、治疗、服务提供和监测的综合准则：公共卫生途径建议》日内瓦：世卫组织，2021，(<https://www.who.int/publications/i/item/9789240031593>).

⁸⁹ Acclaimed global activist to lead U =U innovations in advocacy for health equity. *POZ Magazine*; 2022 (<https://www.poz.com/blog/micheal-ighodaro-joins-pac-director-global-policy-advocacy>).

⁹⁰ 《备受赞誉的全球活动家，领导 U=U 创新，倡导健康公平》POZ 杂志;2022 (<https://www.poz.com/blog/micheal-ighodaro-joins-pac-director-global-policy-advocacy>).

⁹¹ https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/publication/wcms_120468.pdf

⁹² https://journals.lww.com/aidsonline/Fulltext/2007/11007/Is_poverty_or_wealth_driving_HIV_transmission_2.aspx

⁹³ State of inequality: HIV, tuberculosis and malaria. Geneva: WHO: 2021 (<https://www.who.int/publications/i/item/9789240039445>).

- ⁹⁴ Report of the Secretary-General: Tackling inequalities to end the AIDS pandemic. Seventy-sixth session: Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. New York: UN General Assembly; 12 May 2022 (https://www.unaids.org/sites/default/files/media_asset/A_76_783_en.pdf).
- ⁹⁵ https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/publication/wcms_120468.pdf
- ⁹⁶ https://journals.lww.com/aidsonline/Fulltext/2007/11007/Is_poverty_or_wealth_driving_HIV_transmission_2.aspx
- ⁹⁷ 《不平等：艾滋病毒、肺结核和疟疾》日内瓦：世卫组织，2021，(<https://www.who.int/publications/i/item/9789240039445>).
- ⁹⁸ 《秘书长报告：解决不平等问题以结束艾滋病流行病》第七十六届会议：《关于艾滋病毒/艾滋病问题的承诺宣言》和《政治宣言》的执行情况。纽约：联合国，联合国大会，2022年5月12日 (https://www.unaids.org/sites/default/files/media_asset/A_76_783_en.pdf).
- ⁹⁹ *Ibid*
- ¹⁰⁰ State of inequality: HIV, tuberculosis and malaria. Geneva: WHO: 2021 (<https://www.who.int/publications/i/item/9789240039445>).
- ¹⁰¹ World AIDS Day report 2021: Unequal, Unprepared, under threat. why bold action against inequalities is needed to end AIDS, stop COVID-19 and prepare for future pandemics. Geneva: UNAIDS; 2021 (<https://www.unaids.org/en/2021-world-aids-day>).
- ¹⁰² 同前
- ¹⁰³ 《不平等：艾滋病毒、肺结核和疟疾》日内瓦：世卫组织，2021，(<https://www.who.int/publications/i/item/9789240039445>).
- ¹⁰⁴ 《世界艾滋病日报告：不平等、毫无准备、受到威胁。为什么需要采取大胆的行动来消除不平等现象，以终结艾滋病、阻止 COVID-19 并为未来的大流行做好准备》日内瓦：艾滋病规划署;2021 (<https://www.unaids.org/en/2021-world-aids-day>).
- ¹⁰⁵ *Ibid*
- ¹⁰⁶ 同前
- ¹⁰⁷ *Ibid*, p. 3
- ¹⁰⁸ 同前，第3页
- ¹⁰⁹ State of inequality: HIV, TB and malaria. Geneva: WHO; 2021 (<https://www.who.int/publications/i/item/9789240039445>).
- ¹¹⁰ 《不平等：艾滋病毒、肺结核和疟疾》日内瓦：世卫组织，2021，(<https://www.who.int/publications/i/item/9789240039445>).
- ¹¹¹ Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations: policy brief. Geneva: WHO; 2022 (<https://www.who.int/publications/i/item/9789240053274>).
- ¹¹² 《关键人群艾滋病毒、病毒性肝炎和性传播感染预防、诊断、治疗和护理综合指南：政策简报》日内瓦：世卫组织，2022，(<https://www.who.int/publications/i/item/9789240053274>).
- ¹¹³ Global AIDS Strategy (2021–2026). Geneva: UNAIDS; 2021 (<https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy>).
- ¹¹⁴ 全球艾滋病战略（2021–2026），日内瓦：艾滋病规划署;2021 (<https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy>).
- ¹¹⁵ Quan AM, Cassandra M, Krebs E, et al. Improving health equity and ending the HIV epidemic in the USA: a distributional cost-effectiveness analysis in six cities. The Lancet HIV. 2021;8(9).
- ¹¹⁶ Quan AM, Cassandra M, Krebs E 等，《改善美国的健康公平性和结束艾滋病毒流行：六个城市的分布成本效益分析》柳叶刀艾滋病毒，2021;8(9).
- ¹¹⁷ *ibid*.
- ¹¹⁸ Ghose T, Shubert V, Poitevien V, et al. Effectiveness of a viral load suppression intervention for highly vulnerable people living with HIV. AIDS and Behavior; 2019.
- ¹¹⁹ 同前。
- ¹²⁰ Ghose T, Shubert V, Poitevien V 等，《面向高度脆弱的艾滋病毒感染者的病毒载量抑制干预的有效性》艾滋病与行为;2019.
- ¹²¹ Breastfeeding, Chestfeeding and HIV: Supporting Informed Choices. (March 18 2022) The Well Project. Accessed at <https://www.thewellproject.org/hiv-information/breastfeeding-chestfeeding-and-hiv-supporting-informed-choices>
- ¹²² https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf para 39.
- ¹²³ 《母乳喂养，胸部喂养和艾滋病毒：支持知情选择》（2022年3月18日）The Well Project。参见：<https://www.thewellproject.org/hiv-information/breastfeeding-chestfeeding-and-hiv-supporting-informed-choices>
- ¹²⁴ https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf，第39。

- ¹²⁵ Expert consensus statement on breastfeeding and HIV in the United States and Canada. The Well Project; 2020 (updated signatories from July 11, 2022) (<https://www.thewellproject.org/hiv-information/expert-consensus-statement-breastfeeding-and-hiv-united-states-and-canada>).
- ¹²⁶ Symington A, et al. When law and science part ways: the criminalization of breastfeeding by women living with HIV. *Therap Adv in Infect Dis.* 2022; 9.
- ¹²⁷ Prestileo T, Adriana S, Lorenza D, et al. From undetectable equals untransmittable (U=U) to breastfeeding: is the jump short? *Infect Dis Rep.* 2002;14(2):220–227.
- ¹²⁸ Expert consensus statement on breastfeeding and HIV in the United States and Canada. The Well Project; 2020 (updated signatories from July 11, 2022) (<https://www.thewellproject.org/hiv-information/expert-consensus-statement-breastfeeding-and-hiv-united-states-and-canada>).
- ¹²⁹ Wagner N, Crisinel PA, Kahlert C, et al. Breastfeeding for HIV-positive mothers in Switzerland: are we ready to discuss? *Rev Med Suisse.* 2020;16(712):2050-2054.
- ¹³⁰ Waitt C et al. Does U=U for breastfeeding mothers and infants? Breastfeeding by mothers on effective treatment for HIV infection in high-income settings. *Lancet.* 2018;5(9):e531-e536.
- ¹³¹ 《关于美国和加拿大母乳喂养和艾滋病毒的专家共识声明》The Well Project, 2020 (2022年7月11日更新签名) (<https://www.thewellproject.org/hiv-information/expert-consensus-statement-breastfeeding-and-hiv-united-states-and-canada>).
- ¹³² Symington A 等, 《当法律和科学分道扬镳时: 将感染艾滋病毒妇女的母乳喂养刑事定罪》*Therap Adv in Infect Dis,* 2022;9.
- ¹³³ Prestileo T, Adriana S, Lorenza D 等, 《从测不到=不传染到母乳喂养: 小跳步?》*Infect Dis Rep.* 2002;14 (2) : 220–227.
- ¹³⁴ 《关于美国和加拿大母乳喂养和艾滋病毒的专家共识声明》The Well Project, 2020 (2022年7月11日更新签名) (<https://www.thewellproject.org/hiv-information/expert-consensus-statement-breastfeeding-and-hiv-united-states-and-canada>).
- ¹³⁵ Wagner N, Crisinel PA, Kahlert C 等, 《瑞士艾滋病毒阳性母亲的母乳喂养: 我们准备好讨论了吗?》*Rev Med Suisse,* 2020;16(712):2050-2054.
- ¹³⁶ Waitt C 等, 《母乳喂养的母亲和婴儿适用 U=U 吗? 高收入社会中接受艾滋病毒感染的有效治疗母亲的母乳喂养》.柳叶刀。2018;5(9) : e531-e536.
- ¹³⁷ Nlend AE. Mother-to-child transmission of HIV through breastfeeding improving awareness and education: a short narrative review. *Int J Women's Health.* 2022;14:697–703.
- ¹³⁸ Nlend AE. 《通过母乳喂养母婴传播艾滋病毒的提高认识和教育: 简短陈述综述》, 国际妇女健康期刊, 2022;14:697–703.
- ¹³⁹ Prevention Access Campaign. Frequently Asked Questions. Accessed at: <https://preventionaccess.org/faq/>
- ¹⁴⁰ 预防可及运动, 常见问题, 参见: <https://preventionaccess.org/faq/>
- ¹⁴¹ Agaku I, et al. A cross-sectional analysis of U=U as a potential educative intervention to mitigate HIV stigma among youth living with HIV in South Africa. *Pan Afr Med J.* 2022;41(248).
- ¹⁴² Agaku I 等人, 《关于 U=U 作为一种潜在的教育干预措施缓解南非感染艾滋病毒的青年中艾滋病毒污名的跨领域分析》, 泛非洲医疗期刊. 2022;41 (248) .
- ¹⁴³ Fauci A. The concept of U-U is the foundation of being able to end the epidemic. *Internat AIDS Soc;*2019 (<https://www.youtube.com/watch?v=kCM-6dyDE-Q>).
- ¹⁴⁴ Ford O, Rufurwadzo T, Richman B et al. Adopting U=U to end stigma and discrimination. *J Internat AIDS Soc.* 2022;25:25891.
- ¹⁴⁵ Fauci A, 《U-U 的概念是能够结束流行的基础》, 国际艾滋病协会, 2019 (<https://www.youtube.com/watch?v=kCM-6dyDE-Q>).
- ¹⁴⁶ Ford O, Rufurwadzo T, Richman B 等人, 《采用 U=U 结束污名和歧视》, 国际艾滋病协会期刊, 2022, 25:25891.
- ¹⁴⁷ Ayala G, Sprague L, van der Merwe L et al. Peer-and community-led responses to HIV: A scoping review. *PLOS ONE.* 2021;16(12):e0260555.
- ¹⁴⁸ Ayala G, Sprague L, van der Merwe L 等人, 《同伴和社群主导的艾滋病毒应对措施: 范围审查》, *PLOS ONE,* 2021;16(12) : e0260555.
- ¹⁴⁹ Prevention Access Campaign. Why is U=U important? Accessed at: <https://preventionaccess.org/about-introduction/>
- ¹⁵⁰ 预防可及运动, 《U=U 为什么重要?》, 参见: <https://preventionaccess.org/about-introduction/>
- ¹⁵¹ [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(19\)30402-3/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(19)30402-3/fulltext)
- ¹⁵² [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(19\)30402-3/全文](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(19)30402-3/全文)
- ¹⁵³ Prevention Access Campaign. U=U: flagship endorsements. March 2022 (https://preventionaccess.org/wp-content/uploads/2022/03/PAC_UU-Flagship-29-March-2022.pdf).
- ¹⁵⁴ 预防可及运动, 《U=U, 旗舰背书》, 2022年3月, (https://preventionaccess.org/wp-content/uploads/2022/03/PAC_UU-Flagship-29-March-2022.pdf).

- 155 Krishen S. Can U=U be used to reshape HIV programmes globally? Aidsmap, 15 July 2020 (<https://www.aidsmap.com/news/jul-2020/can-uu-be-used-reshape-hiv-programmes-globally>).
- 156 Krishen S. 《U=U 能用于重塑全球艾滋病项目?》Aidsmap, 2020 年 7 月 15 日, (<https://www.aidsmap.com/news/jul-2020/can-uu-be-used-reshape-hiv-programmes-globally>).
- 157 Eisinger R, Dieffenbach, C, Fauci, A. HIV viral load and transmissibility of HIV infection: Undetectable equals untransmittable. J Amer Med Ass, 2019;321(5).
- 158 Eisinger R, Dieffenbach, C, Fauci, A. 《艾滋病病毒载量和艾滋病病毒感染的传播性: 测不到等于不传染》, 美国医学协会期刊, 2019;321(5).
- 159 Communities, Alliances & Networks (CAAN) and CATIE. Strong Medicine.
- 160 社群, 联盟和网络 (CAAN) 和 CATIE。强力医药。
- 161 OHCHR and the right to health (<https://www.ohchr.org> > health).
- 162 人权高专办与健康权(<https://www.ohchr.org> > health).
- 163 Okoli C, Van de Velde N, Richman B, et al. Undetectable equals untransmittable (U=U): awareness and associations with health outcomes among people living with HIV in 25 countries. Sex Transm Infect. 2021;97:18-26.
- 164 Agaku I, et al. A cross-sectional analysis of U=U as a potential educative intervention to mitigate HIV stigma among youth living with HIV in South Africa. Pan Afr Med J. 2022;41(248).
- 165 Ford O, Rufurwadzo T, Richman B et al. Adopting U=U to end stigma and discrimination. J Internat AIDS Soc. 2022;25:25891.
- 166 Okoli C, Van de Velde N, Richman B 等人, 《测不到等于不传播(U=U): 25 个国家的艾滋病病毒感染者对健康结果的认识和关联》, 性传播感染. 2021;97:18-26.
- 167 Agaku I 等人, 《关于 U=U 作为一种潜在的教育干预措施缓解南非感染艾滋病毒的青年中艾滋病毒污名的跨领域分析》, 泛非洲医疗期刊.2022;41 (248) .
- 168 Ford O, Rufurwadzo T, Richman B 等人, 《采用 U=U 结束污名和歧视》, 国际艾滋病协会期刊, 2022, 25:25891.
- 169 In danger: UNAIDS Global AIDS update 2022. Geneva: UNAIDS; 2022 (https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf).
- 170 《危险: 联合国艾滋病规划署全球艾滋病最新情况 2022》日内瓦: 艾滋病规划署, 2022, (https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf).
- 171 Eisinger R, Dieffenbach, C, Fauci, A. HIV viral load and transmissibility of HIV infection: Undetectable equals untransmittable. J Amer Med Ass, 2019;321(5).
- 172 Eisinger R, Dieffenbach, C, Fauci, A. 《艾滋病病毒载量和艾滋病病毒感染的传播性: 测不到等于不传染》, 美国医学协会期刊, 2019;321(5).
- 173 Baral S, Rao A, Sullivan P et al. The disconnect between individual-level and population-level HIV prevention benefits of antiretroviral treatment. The Lancet. 2019;6 (e632-638).
- 174 *Ibid*
- 175 Baral S, Rao A, Sullivan P 等人。《个人和人群层面艾滋病病毒预防的抗逆转录病毒治疗益处的脱节》, 柳叶刀, 2019 : 6 (e632-638) .
- 176 *同前*
- 177 Confronting inequalities: Lessons for pandemic responses from 40 years of AIDS. Global AIDS update 2021. Geneva: UNAIDS; 2021 (<https://www.unaids.org/en/resources/documents/2021/2021-global-aids-update>).
- 178 Collins C. et al. Time for full inclusion of community actions in the response to AIDS. J Internat AIDS Soc. 2016;19:20712.
- 179 Montgomery R. Fully fund the Global Fund: at the frontlines – community-led systems and responses. Global Fund Advocates Network; 2022 (<https://www.globalfundadvocatesnetwork.org/wp-content/uploads/2022/07/Community-Led-Systems-Brief.pdf>).
- 180 《直面不平等: 40 年艾滋病大流行应对的教训》, 全球艾滋病最新情况 2021, 日内瓦: 艾滋病规划署, 2021 (<https://www.unaids.org/en/resources/documents/2021/2021-global-aids-update>).
- 181 Collins C 等, 《将社群行动充分纳入艾滋病防治工作正当时》, 国际艾滋病协会期刊, 2016;19:20712.
- 182 Montgomery R., 《充分资助全球基金: 在 frontline——社群主导系统和应对措施》, 全球基金倡导者网络, 2022, (<https://www.globalfundadvocatesnetwork.org/wp-content/uploads/2022/07/Community-Led-Systems-Brief.pdf>).
- 183 Community systems strengthening—technical brief. Geneva: Global Fund; 2019.
- 184 Rodriguez-Garcia R. Investing in communities achieves results: findings from an evaluation of community responses to HIV and AIDS. Washington DC: World Bank; 2013 (https://www.oecd.org/derec/unitedkingdom/3_EvaluationofHIVCommunity%20Response.pdf).
- 185 加强社群系统—技术简介。日内瓦: 全球基金;2019.
- 186 Rodriguez-Garcia R. 《投资社群取得成果: 对社群艾滋病病毒和艾滋病应对措施的评估发现》, 华盛顿: 世界银行, 2013, (https://www.oecd.org/derec/unitedkingdom/3_EvaluationofHIVCommunity%20Response.pdf).
- 187 Collins C. et al. Time for full inclusion of community actions in the response to AIDS. J Internat AIDS Soc. 2016;19:20712.

-
- ¹⁸⁸ Ayala G, Sprague L, van der Merwe L et al. Peer-and community-led responses to HIV: A scoping review. PLOS ONE. 2021; Accessed at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0260555>
- ¹⁸⁹ *Ibid*
- ¹⁹⁰ Collins C 等, 《将社群行动充分纳入艾滋病防治工作正当时》, 国际艾滋病协会期刊, 2016;19:20712.
- ¹⁹¹ Ayala G, Sprague L, van der Merwe L 等人, 《同伴和社群主导的艾滋病毒应对措施: 范围审查》, PLOS ONE, 2021, 链接: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0260555>
- ¹⁹² *同前*
- ¹⁹³ Berezcky, B. U=U is a blessing: but only for patients with access to HIV treatment. British Med J. 2019;366:15554.
- ¹⁹⁴ Krishen S. The challenges integrating U=U into HIV care around the world. NAM Aidsmap, 17 August 2022 (<https://www.aidsmap.com/news/aug-2022/challenges-integrating-uu-hiv-care-around-world>).
- ¹⁹⁵ Pham M, Nguyen H, Anderson D, et al. Viral load monitoring for people living with HIV in the era of test and treat: progress made and challenges ahead – a systematic review. BMC Public Health. 2022;22:1203.
- ¹⁹⁶ Berezcky, B, 《U=U 是福: 但仅适用于能够获得艾滋病毒治疗的患者》, 英国医学期刊, 2019;366:15554.
- ¹⁹⁷ Krishen S. 《整合 U=U 进入世界各地艾滋病毒关怀的挑战》, NAM Aidsmap, 2022 年 8 月 17 日, (<https://www.aidsmap.com/news/aug-2022/challenges-integrating-uu-hiv-care-around-world>).
- ¹⁹⁸ Pham M, Nguyen H, Anderson D 等人, 《检测和治疗时代的艾滋病毒感染者的病毒载量监测: 取得的进展和面临的挑战——系统性综述》, BMC Public Health, 2022;22:1203.
- ¹⁹⁹ *Ibid*
- ²⁰⁰ *同前*
- ²⁰¹ *Ibid*
- ²⁰² *同前*
- ²⁰³ In danger: UNAIDS Global AIDS Update 2022. Geneva: UNAIDS; 2022 (https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf).
- ²⁰⁴ 《危险: 联合国艾滋病规划署 2022 年全球艾滋病最新情况》, 日内瓦: 艾滋病规划署, 2022, (https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf).