

Positive Perspectives Study, Wave 2 (Positive Perspectives 2) is one of the largest, global, HIV patient-reported outcomes studies to date, involving 2,389 people living with HIV (PLHIV) across 25 countries. The research explores the aspirations and attitudes of a diverse range of PLHIV, revealing how they feel about their HIV care and relationships with their health care providers (HCPs).

Visit viivhealthcare.com to download a copy of the Positive Perspectives Study, Wave 2 Global Results Report Results from Positive Perspectives 2 reveal the experiences of PLHIV, reflecting changes in HIV care and providing insights into aspects of quality of life that need to be addressed across several key areas including:

- ightarrow Impact of polypharmacy
- PLHIV-HCP engagement
- Undetectable = Untransmittable (U=U)
- HIV and Women
- ightarrow Ageing well with HIV

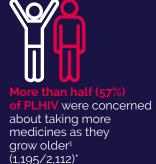
IMPACT OF POLYPHARMACY

Positive Perspectives 2 defined polypharmacy as taking five or more pills a day or taking medicines for five or more health conditions



reported taking at least one non-HIV pill daily1 (1,731/2,112)*

an HIV treatment with fewer medicines, as long as viral load remains suppressed¹ (1,544/2,112)



(1,847/2,389)2



HIV treatment

(1,556/2,389)2

INFORMING PLHIV ABOUT U=U

Positive Perspectives 2 data show that people living with HIV who reported they were informed of Undetectable = Untransmittable (U=U) by their HCPs have more favourable health outcomes than those reporting they were not informed by their HCPs (66%, 1,588/2,389)³

Those informed of U=U by their HCPs were significantly more likely to report:3

Treatment satisfaction (1,201/1,588) 76% (456/801) 57% (456/801) 57% (456/801) 57% (1,266/1,588) 80% (548/801) 68% (548/801) 68% (1,220/1,588) 77% (4,220/1,588) (4,220/1,588)

Yet, Positive Perspectives 2 discovered that just over one-third of PLHIV were not told about U=U by their HCPs (34%, 801/2,389)³

Informed by HCPs
Not Informed by HCPs



HIV AND WOMEN

Today, women make up more than half of all people living with HIV worldwide⁴, and HIV/AIDS is now the leading cause of death for women aged 15-44⁵



Over two thirds (69%, 396/571) of women living with HIV (WLHIV) desired greater involvement in their care, yet almost one quarter (22%, 128/571) were uncomfortable discussing treatment issues with their HCPs due to a lack of confidence⁶

1/3

1 in 3 (34%, 196/571) WLHIV reported their HCPs did not tell them about U=U and they did not believe maintaining effective treatment prevents transmission⁶



Only 59% (336/571) of WLHIV reported being virologically suppressed compared to 78% (1,155/1,486) of men living with HIV (MLHIV)⁶

otal number of participants is 2.112 as the figures were calculated before the inclusion of additional data from Russia and South Africa

AGEING WELL WITH HIV

It isn't always possible for people living with HIV to make planning for the future a top priority. Positive Perspectives 2 data show that the priorities of PLHIV evolve as they grow older, highlighting the importance of HCPs and PLHIV having ongoing open discussions to address changing needs^{7,8}



Almost one-quarter of PLHIV aged ≥50 years reported suboptimal health in all areas including physical, mental, sexual and overall health (23%, 161/699)⁷

53% CONCERNS

Over half of treatment-experienced PLHIV aged ≥50 years reported barriers to raising concerns with their HCPs (336/632)⁸

84%

Newly diagnosed* PLHIV aged ≥50 years were more likely than treatment-experienced PLHIV to report barriers to raising these concerns (56/67)⁸

*Newly diagnosed in the study was defined as PLHIV who have been diagnosed from January 2017

References 1. Okoli C, de los Rios P, Eremin A, Brough G, Young B, Short D. Relationship Between Polypharmacy and Quality of Life Among People in 24 Countries Living With HIV. Prev Chronic Dis 2020;17;190;359. DOI: http://dx.doi.org/10.5888/pcd;7190;359. 2. Okoli C, Brough G, Allan B, Castellanos E, Young B, Eremin A, Corbelli GM, Mc Britton M, Muchenje M, Van de Velde N, de los Rios P, Putting the heart back into HAART: greater HCP-patient engagement is associated with better health outcomes among persons living with HIV (PLHIV) on treatment; Poster PED 0808 Presented at the 23rd International AIDS Conference, July 6–10, 2020. 3. Okoli C, Richman B, Allan B, Brough G, Castellanos E, Young B, Eremin A, Corbelli GM, McBritton M, Hardy D, Muchenje M, Van de Velde N, de los Rios P, A tale of two 'U's and their use by healthcare providers: a cross country analysis of information sharing about undetectable - untransmittable (U-U); Poster PED 0773 Presented at the 23rd International AIDS Conference, July 6–10, 2020. 4. UNAIDS. Core Epidemiology Stides. Available at: https://www.unaids.org/sites/default/files/media_asset/UNAIDS_2017_core-epidemiology-slides_en.pdf. Last accessed June 2020. 5. Global health estimates 2016: deaths by cause, age, sex, by country and by region, 2000–2016. Geneva: World Health Organization; 2018. https://www.who.int/healthinfo/global_burden_disease/estimates/en/index.thtml Last accessed June 2020. 6. Okoli C, de los Rios P, Muchenje M, Young B. Treatment experiences, perceptions towards sexual intimacy and child-bearing, and empowered decision making in care among women living with HIV: Positive Perspectives; Presented at the 10th International Workshop on HIV & Women, Boston, MA, March 6–7, 2020. 7. Short D. Spinelli F, Okoli C, de los Rios P. Clinical and sociodemographic characteristics associated with poor self-rated health across multiple domains among older adults living with HIV: Oral OAD 0903 Presented at the 23rd International AIDS Conference, July 6–10, 2020. 8. Short D, Spinelli

