

Community HERO Treatment Survey: Stigma and Barriers to and Facilitators of Treatment Adherence Across a Global Population of People With HIV

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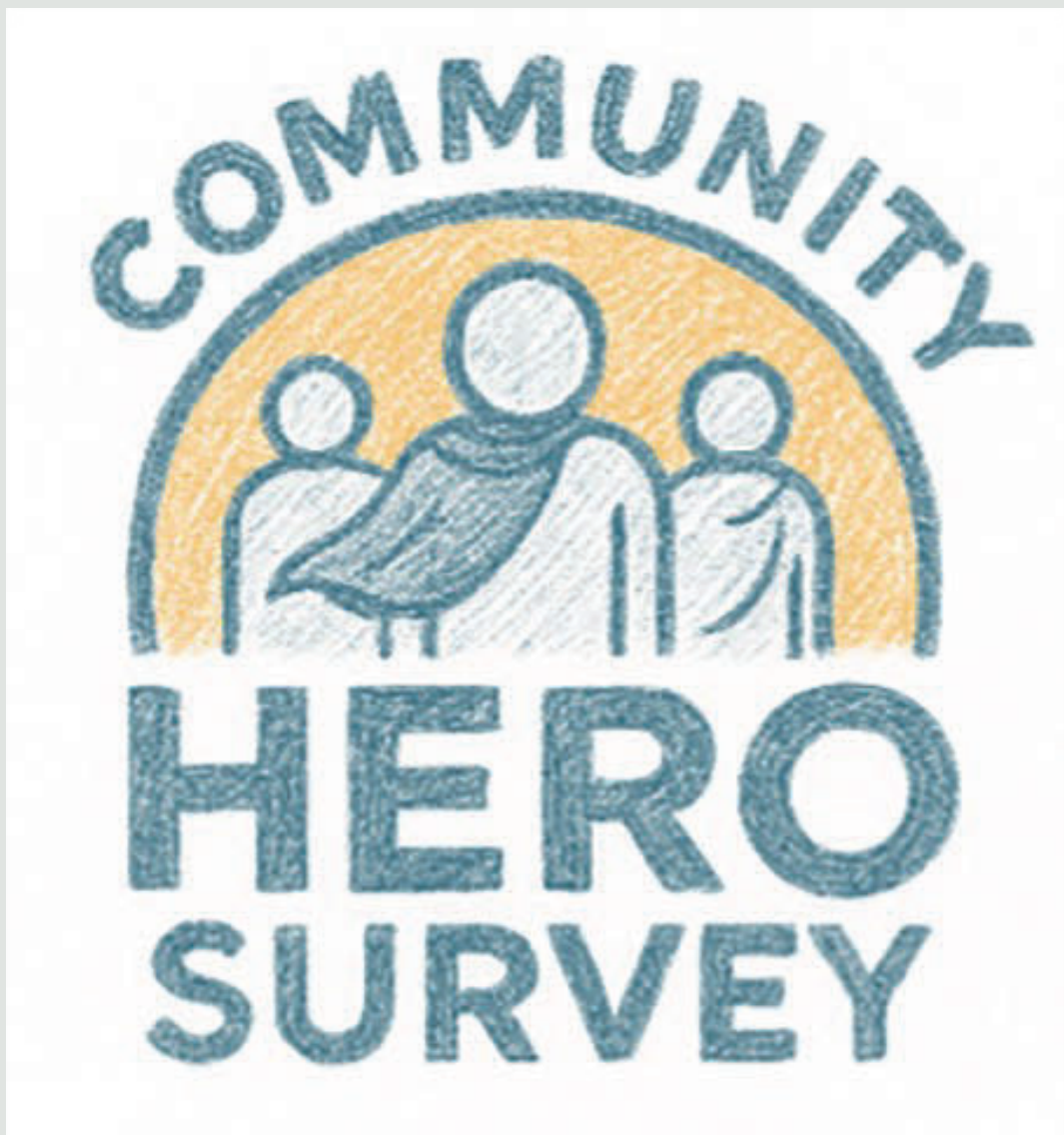


Conclusions

- Overall, 14% of participants currently receiving antiretroviral therapy in this multicountry survey reported difficulty with treatment adherence
- A higher proportion of participants with adherence difficulties reported stigma-related challenges compared with those without adherence difficulties
 - Overall, 14% of participants reported feeling judgement from their health care providers, and this challenge was reported by a higher proportion of participants with adherence difficulties (26%) than those without adherence difficulties (12%)
- The most commonly cited barrier to adherence was the cost of treatment, and the most commonly cited facilitator of adherence was support or medication counselling from health care providers
- This study identifies key factors that influence treatment adherence in people with HIV and highlights a continued need for consideration of antiretroviral therapy type and other personalised strategies to support adherence, particularly for those with social, psychological, or financial barriers

Plain Language Summary

- Modern HIV medicines are effective and convenient, and they help people with HIV live long, healthy lives
- Some people with HIV may find it hard to take their medicine regularly, which can cause HIV symptoms to return
- In this study, 2532 people with HIV from 11 countries completed a survey. It asked about what made it harder or easier to take their medicine regularly
- Overall, 14% of people with HIV said that they had trouble taking their HIV medicine regularly
- People who had trouble taking their HIV medicine said they faced stigma related to their HIV status
- The high cost of medication made it harder to take medicine regularly. People said it was easier to stay on treatment when they received support or advice from doctors



Additional analyses of the survey focus on rapid antiretroviral therapy initiation (WEPED313) and ageing (WEPED317).

Introduction

- With advances in the efficacy and convenience of antiretroviral therapy (ART), people with HIV (PWH) can achieve a life expectancy similar to that of those without HIV through maintenance of viral suppression¹⁻³
 - Reduction of viral load to undetectable levels prevents sexual transmission of HIV, underscored by “undetectable = untransmittable” (U = U) messaging⁴
- Adherence to treatment is a key factor in achieving and sustaining viral suppression and may be influenced by behavioural, structural, and psychosocial factors⁵⁻⁷
 - Characteristics of ART, such as whether it is taken orally as a single-tablet regimen (STR) or multi-tablet regimen (MTR), or as an injectable regimen, can influence adherence outcomes⁸⁻¹⁰
- It is important to better understand HIV stigma and factors influencing treatment adherence among PWH to improve long-term health outcomes³
- This study surveyed PWH from 11 countries to assess stigma-related challenges and identify adherence barriers and facilitators

Objective

- To evaluate experiences with stigma and the barriers to and facilitators of treatment adherence among PWH

Results

Participant Demographic and Clinical Characteristics

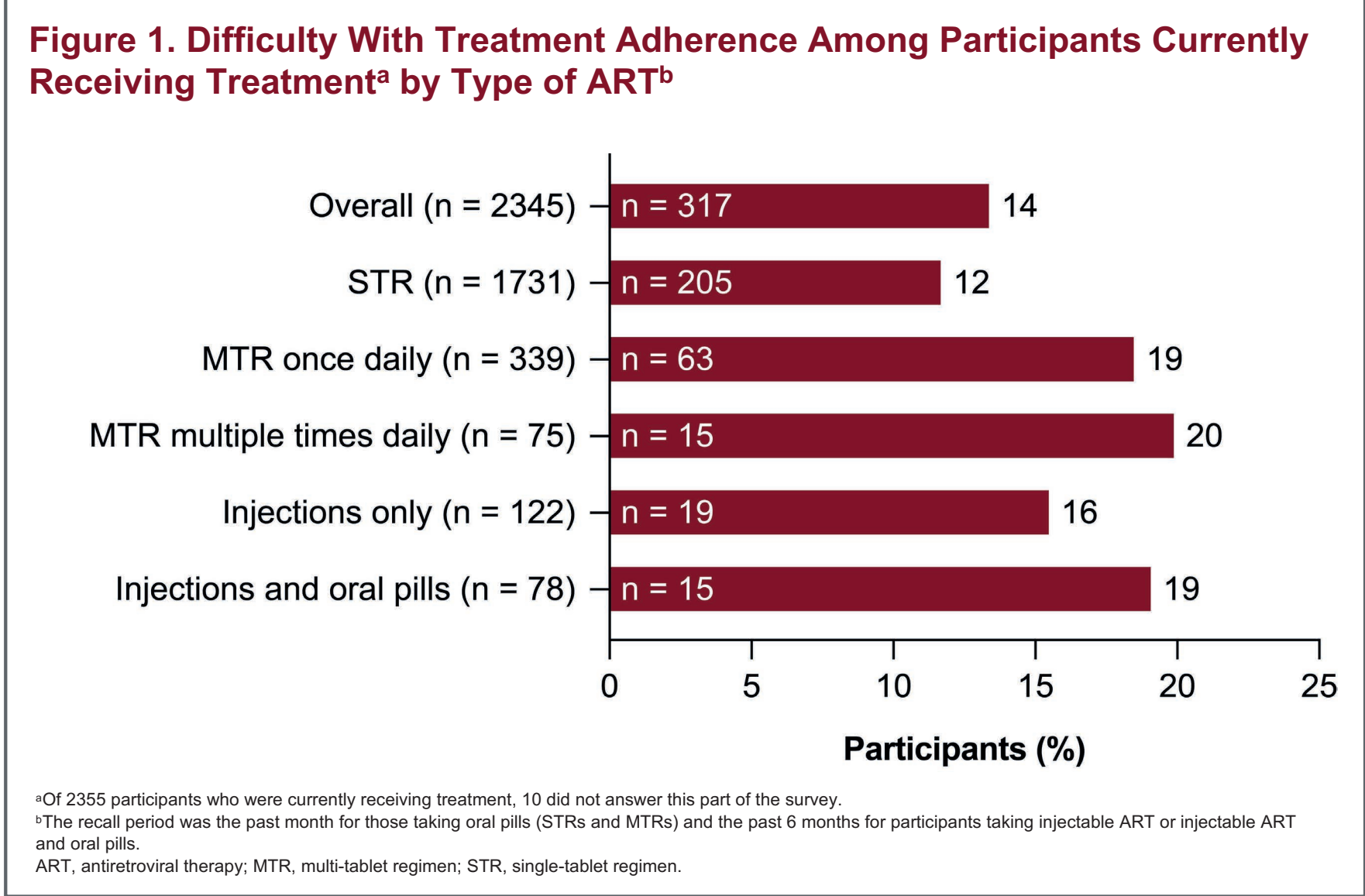
- A total of 2532 PWH have participated in the survey to date; demographic and clinical characteristics are summarised in **Table 1**
 - Most (2355/2532 [93%]) participants were currently receiving treatment, with the majority receiving an STR (1731/2345 [74%])

Table 1. Participant Demographic and Clinical Characteristics	
Characteristic	Participants (N = 2532)
Age, y, mean (SD)	42.1 (12.0)
Sex assigned at birth, n (%)	
Male	1938 (77)
Female	588 (23)
Prefer not to answer	6 (<1)
Country/region, n (%)	
United States	402 (16)
Japan	250 (10)
Mexico	250 (10)
United Kingdom	213 (8)
Taiwan	208 (8)
South Africa	205 (8)
Italy	203 (8)
Spain	201 (8)
Canada	200 (8)
France	200 (8)
Germany	200 (8)
Subpopulation, n (%) ^a	
MSM	1416 (56)
Older adults (≥50 y of age)	706 (28)
People who use drugs	616 (24)
Cisgender women	561 (22)
Migrants	268 (11)
Un-/underinsured	244 (10)
Black, Latinx, and other BIPOC MSM communities ^b	179 (7)
Transgender and nonbinary individuals	131 (5)
Young adults (18-24 y of age)	128 (5)
ART status, n (%)	
On ART, no history of treatment interruption	1789 (71)
On ART, with prior treatment interruption(s)	566 (22)
Previously on ART, not currently receiving treatment	79 (3)
No prior ART	98 (4)
Time since HIV diagnosis, y, median (IQR)	9.0 (4.0-18.0)
Time since HIV diagnosis, n (%)	
<5 y ago	711 (28)
≥5 y ago	1821 (72)
<10 y ago	1351 (53)
≥10 y ago	1181 (47)
Type of ART, n (%) ^{a,c}	n = 2345
Single-tablet regimen	1731 (74)
Multi-tablet regimen once daily	339 (14)
Multi-tablet regimen multiple times per day	75 (3)
Injectations only	122 (5)
Injectations and oral pills	78 (3)

^aCategories are not mutually exclusive; thus, percentages may not sum to 100%.
^bThis subpopulation was only applicable to participants in Canada and the United States.
^cOf 2532 participants who were currently receiving treatment, 10 did not answer this part of the survey.
ART, antiretroviral therapy; BIPOC, Black, Indigenous, and people of colour; MSM, men who have sex with men.

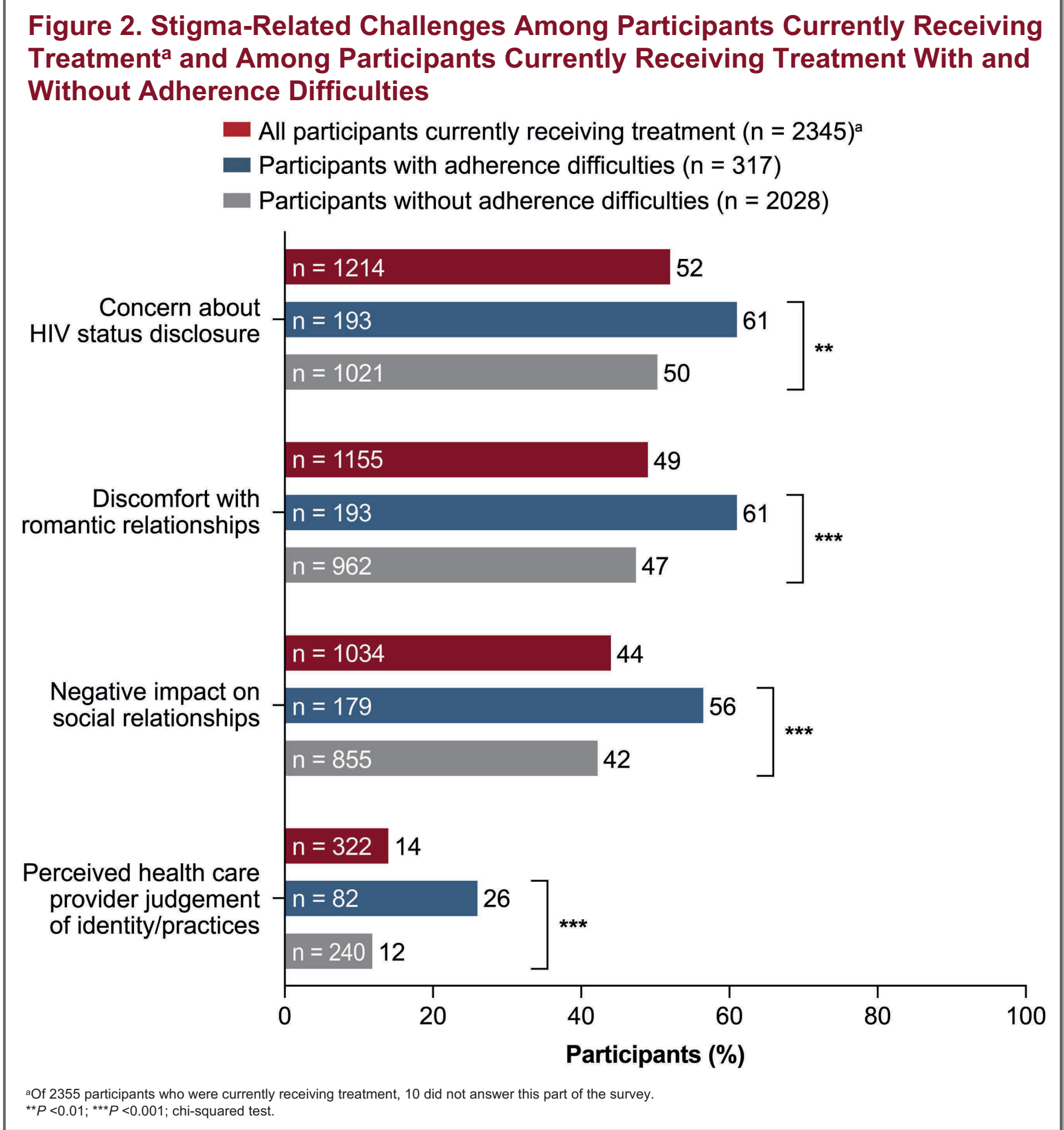
Difficulty With Treatment Adherence

- Among participants currently receiving ART, 317/2345 (14%) reported difficulty with treatment adherence (**Figure 1**)
 - The proportion of participants reporting difficulty with treatment adherence varied by type of ART, ranging from 12% for those taking STRs to 20% for those taking MTRs multiple times per day



Stigma-Related Challenges

- Participants currently receiving treatment reported stigma-related challenges, including concern about HIV status disclosure (52%), discomfort with romantic relationships (49%), negative impact on social relationships (44%), and perceived health care provider judgement of identity/practices (14%; **Figure 2**)
 - Among those currently receiving treatment, these stigma-related challenges were reported by significantly higher proportions of participants reporting adherence difficulties compared with those without adherence difficulties



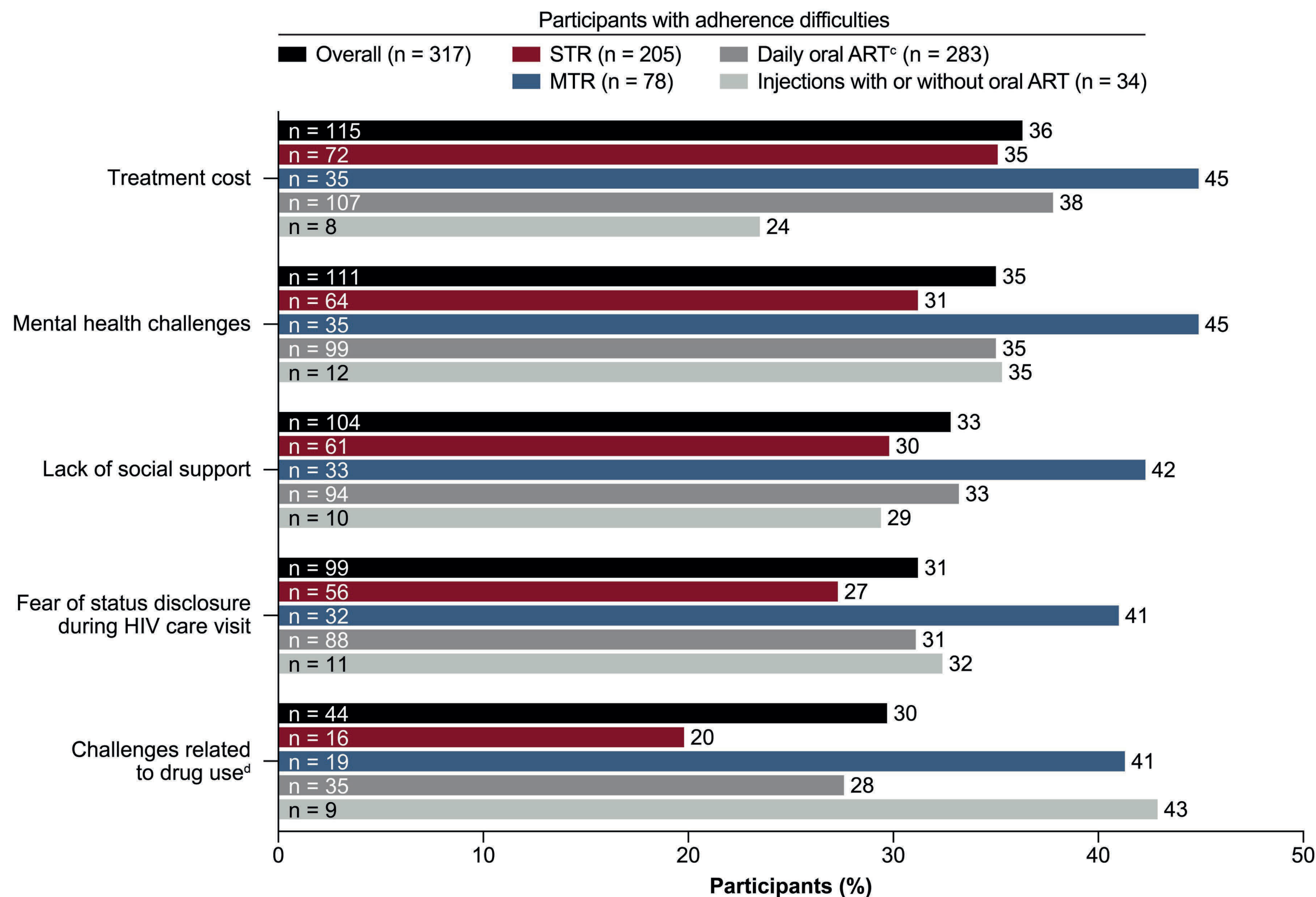
Barriers to and Facilitators of Treatment Adherence

- Among participants reporting difficulty with treatment adherence, the most commonly cited barriers to adherence were treatment cost (36%), mental health challenges (35%), and lack of social support (33%; **Figure 3**)
 - Compared with participants receiving STRs, numerically higher proportions of participants receiving MTRs cited these factors as barriers to adherence
- Among participants reporting difficulty with treatment adherence, the most commonly cited facilitators of adherence were support or medication counselling from health care providers (56%); supportive services (53%); and support from family, friends, or community (51%; **Figure 4**)

Methods

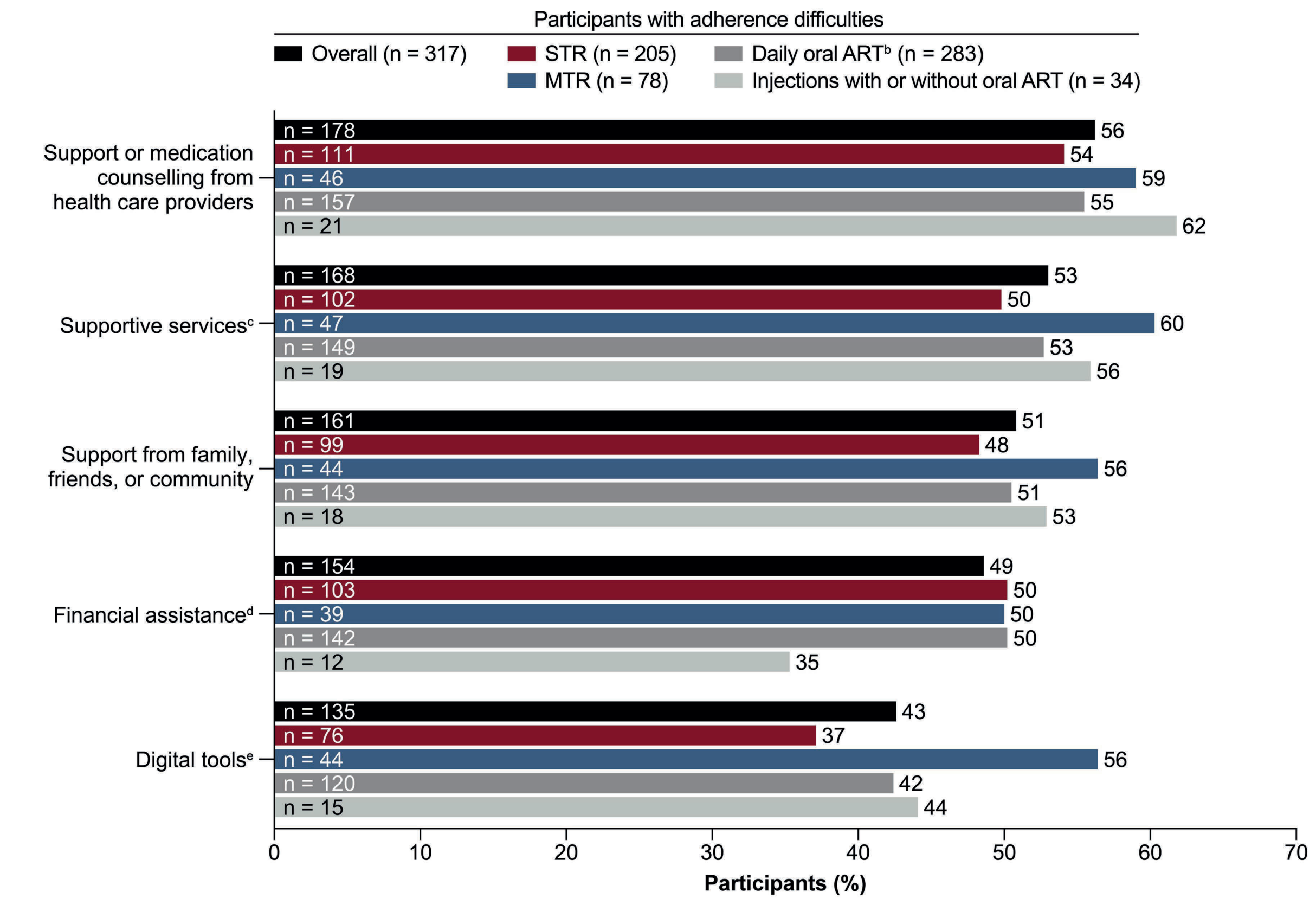
- This ongoing, multinational, observational, cross-sectional study consisted of a quantitative, 45-minute online survey; results presented in this poster reflect data collected from May 2024 to May 2025
 - Participant recruitment was conducted via a multimodal approach, including HIV communities and databases; referrals from HIV advocacy groups, physicians, and other PWH; and social media targeting
 - The survey was codedeveloped by investigators and community advocates representing the survey countries/regions (Canada, France, Germany, Italy, Japan, Mexico, South Africa, Spain, Taiwan, the United Kingdom, and the United States) and was translated into local languages
- Eligible participants were ≥18 years of age, had a self-reported diagnosis of HIV, resided in 1 of the survey countries/regions, and could complete the survey in 1 of the local languages
- Survey questions for this analysis assessed stigma-related challenges and the barriers to and facilitators of treatment adherence
 - Results were stratified by type of ART (STR, MTR, or injectable regimen) and by those with and without adherence difficulties
- The data were summarised using descriptive statistics, with continuous/discrete variables presented as counts, means (SDs), and medians (IQRs), and categorical variables presented as frequencies and percentages
- Statistical comparisons were performed using the chi-squared test

Figure 3. Barriers to Treatment Adherence Among Participants Currently Receiving Treatment With Adherence Difficulties, Overall and by Type of ART^{a,b}



^aType of ART categories are not mutually exclusive.
^bThe most common barriers reported by ≥30% of the overall population of participants reporting difficulty with treatment adherence are shown.
Daily oral ART includes all participants taking an STR or MTR.
Among people who use drugs, n = 148 for participants with adherence difficulties, n = 82 for STR, n = 46 for MTR, n = 127 for daily oral ART, and n = 21 for injections with or without oral ART.
ART, antiretroviral therapy; MTR, multi-tablet regimen; STR, single-tablet regimen.

Figure 4. Facilitators of Treatment Adherence Among Participants Currently Receiving Treatment With Adherence Difficulties, Overall and by Type of ART^a



^aType of ART categories are not mutually exclusive.
Daily oral ART includes all participants taking an STR or MTR.
Supportive services could include, but are not limited to, support groups, psychological services, social or legal assistance, education programmes for HIV, food and nutrition support, and/or peer support.
Financial assistance included assistance from the government, community associations, and/or patient support programmes from pharmaceutical companies.
Digital tools could include, but are not limited to, telehealth appointments, medication reminder apps, doctor appointment booking apps, and/or online patient portals.
ART, antiretroviral therapy; MTR, multi-tablet regimen; STR, single-tablet regimen.

Limitations

- As this was a cross-sectional study, no causal claims could be made
- Because this was a voluntary online survey, some groups of PWH may have been underrepresented, such as older adults, individuals with limited internet access, and those with more complex health needs. In addition, responses were based on participants' own recollections and experiences, which may have introduced recall bias
- The proportion of participants who reported adherence difficulties (14%) likely underestimates the true global burden of adherence challenges due to convenience sampling, the potential for selection bias, and reliance on self-reported measures
- The association between stigma-related challenges and adherence difficulties was exploratory, without any multivariable analyses to account for potential confounders; thus, conclusions should be interpreted with caution

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