

**GLOBAL AIDS RESPONSE REPORTING
NARRATIVE REPORT - UNITED KINGDOM (January 2010-
December 2011)**

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1. STATUS AT A GLANCE

1.1 The Department of Health (DH) and the Health Protection Agency (HPA) have completed the 2012 reporting requirement for the Global AIDS Response Report on behalf of all four UK health departments. In completing the report, the DH was very grateful to the Terrence Higgins Trust and National AIDS Trust for co-ordinating and completing Part B of the National Commitments and Policy Instrument (NCPI) and European Supplement on behalf of civil society. They did this in consultation with other civil society organisations and people living with HIV. The HPA led on completion of the detailed Core Indicators.

2. OVERVIEW OF HIV IN THE UNITED KINGDOM

2.1 The Health Protection Agency, on behalf of Health Protection Scotland, the National Public Health Service for Wales and the Department of Health, Social Services and Public Safety Northern Ireland, publish an annual *Report on HIV in the UK*¹. In their latest annual report, published in November 2011, the HPA reported that:

- At the end of 2010 an estimated **91,500 people** (of all ages) were living with diagnosed or undiagnosed HIV in the UK.
- Approximately one quarter (**24% 22,200**) of those living with HIV were unaware of their infection.
- In 2010 **just over half** of HIV-diagnosed people were infected via heterosexual sex (of whom **65%** were black African and **21%** were white), **44%** were men who have sex with men (MSM) (of whom **87%** were white). **2%** were infected via injecting drug use and a further **2%** from mother-to-child transmission.
- People living with diagnosed HIV in the UK can expect a near-normal life expectancy, particularly if diagnosed promptly and nationally the quality of HIV clinical care is high.
- **6,660** new diagnoses were reported in 2010 and men who have sex with men (MSM) remain the group at highest risk of acquiring HIV in the UK. In 2010 an estimated **40,100** MSM were living with HIV in the UK, of whom **26%** were undiagnosed.

3. NATIONAL RESPONSES

3.1 UK Governments have prioritised action to respond to HIV and AIDS since the first reports of AIDS in the mid-1980s and overall HIV prevalence remains low. Actions have included screening of the blood supply, early introduction of needle-exchange schemes for injecting drug users, public education campaigns, targeted health promotion programmes for gay men and African communities, confidential and voluntary self-referral HIV testing services and dedicated funding for NGOs.

3.2 HIV remains a priority for Parliamentarians and Government. In 2011 there was a House of Lords HIV Select Committee Inquiry and the Committee's report and

¹ http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317131685847

recommendations *No vaccine, no cure: HIV and AIDS in the United Kingdom*² took account of evidence from a wide range of experts including people living with HIV, and civil society representatives. The Government published its formal response to the House of Lords Report in October 2011³

3.3 In **England**, the Government continues to treat HIV and AIDS as an important public health issue and work in this area remains a public health priority. The Government sets out its strategy for reform of public health in England including HIV in the White Paper *Healthy Lives, Healthy People* published in 2010⁴. Reducing late diagnosis of HIV is one of three sexual health indicators included in the Public Health Outcomes Framework. The Department of Health is also developing a new Sexual Health Policy Framework, for publication in 2012, which will include priorities for HIV and succeed the former Sexual Health and HIV Strategy 2001-2011.

3.4 The **Scottish** Government published its *HIV Action Plan in Scotland – December 2009 to March 2014* in November 2009⁵. The plan contains 14 key action points. Action 2 related to the development and implementation of standards for HIV prevention, diagnosis, treatment and care and these were published by Healthcare Improvement Scotland in July 2011⁶. In August 2011 Scottish Government published *The Sexual Health and Blood Borne Virus Framework 2011-15*. This is an integrated strategy setting out the Scottish Government's agenda in relation to sexual health, HIV, hepatitis C and hepatitis B for the next four years⁷. Five overarching outcomes relate to all four pillars of the Framework.

3.5 In 2010 the **Welsh** Government published a Sexual Health Action Plan in November 2010⁸. This was accompanied in August 2009, by a service specification and care pathways for HIV⁹. In addition, in May 2010 the National Assembly for Wales Equality Committee held an inquiry into *Discrimination against People Living with HIV by Healthcare Professionals and Providers*¹⁰.

3.6 In **Northern Ireland**, the Department of Health, Social Services and Public Safety (DHSSPS) published the Sexual Health Promotion Strategy and Action Plan

² <http://www.publications.parliament.uk/pa/ld201012/ldselect/ldaids/188/18802.htm>

³ <http://www.parliament.uk/documents/lords-committees/hivaids/HAUKGOVRESPONSE.pdf>

⁴ Available at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127424.pdf

⁵ <http://www.scotland.gov.uk/Publications/2009/11/24105426/0>

⁶ http://www.healthcareimprovementscotland.org/programmes/long_term_conditions/hiv_treatment_and_care/draft_hiv_standards.aspx

⁷ <http://www.scotland.gov.uk/Publications/2011/08/24085708/0>

⁸ <http://wales.gov.uk/topics/health/improvement/index/sexualhealth/?lang=en>

⁹ <http://wales.gov.uk/topics/health/publications/health/guidance/hivaids/?lang=en>

¹⁰ <http://www.assemblywales.org/bus-home/bus-third-assembly/bus-committees/bus-committees-other-committees/bus-committees-third-eoc-home/bus-committees-third-eoc-inquiry/eoc3-dhsinq.htm>

2008-2013. The Strategy aims to improve, protect and promote the sexual health and well-being of the population of Northern Ireland. A key objective of the Strategy is to reduce the incidence of sexually transmitted infections, including HIV. The regional multi-agency Sexual Health Improvement Network chaired by the Public Health Agency, is taking forward the Strategy's action plan. Actions include raising awareness of HIV; provision of community based and outreach preventative programmes, particularly for those most at risk; and improved accessibility to GUM/sexual health services. A subgroup of the Network has been established particularly for HIV/STI prevention in high-risk groups.

- establishing the *Sexual Health Forum*, a Stakeholder Advisory Group, which was established to provide advice to the Department of Health on matters relating to sexual health and HIV
- The Department of Health have published a new *Public Health Outcomes Framework* for the period 2013-2016. The *Framework* sets out the desired outcomes for public health and how these will be measured. It includes indicators for HIV: 'employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness - includes those living with HIV' and 'people presenting with HIV at a late stage of infection'. The indicators will help focus understanding of progress made in these areas both nationally and locally

4. BEST PRACTICE

4.1 The National Health Service (NHS) provides excellent **HIV treatment and care services** for people with diagnosed HIV. For the first time ever, in their 2011 Annual Report (see above) the Health Protection Agency reported on key quality of care indicators. These indicated that:

- **98%** of adult HIV patients who had a CD4 count within three month of their diagnosis
- **87%** of persons with a CD4 count of <350cells/mm were receiving antiretroviral therapy according to treatment guidelines
- **85%** had an undetectable viral load (VL<50 copies/ml) within one year of starting antiretroviral therapy
- **81%** had a CD4 count of 350cells/mm or greater after at least one year in HIV care.

4.2 In 2009/10 the Department of Health funded eight **HIV testing** pilot projects aimed at increasing the offer and uptake of voluntary HIV testing in a range of healthcare and community settings where HIV testing is not routinely offered. The pilots each ran for between 3-12 months and included the collection of qualitative data on staff and patients attitudes to HIV testing from outside of GUM and antenatal services where HIV testing is routine. The Department of Health also funded the Health Protection Agency (HPA) to undertake an analysis and report of the findings which were reported in their report *A Time To Test*.¹¹ In March 2011 the National Institute of Health and Clinical Excellence (NICE) published public health guidelines on increasing HIV testing for MSM and African communities in England, the groups

most at risk of HIV.¹² In England, the Department of Health has published a series of indicators in the *Public Health Outcomes Framework*. This is an example of best practice as it will encourage and enable greater understanding of the status of HIV both locally and nationally.

4.3 The Department of Health and other UK Health Departments work closely with HIV **civil society organisations**. UK Health Departments recognise the value of strong dialogue between the government and civil society and engages regularly with major organisations. The Department of Health has also established the *Sexual Health Forum*, which brings together representatives from civil society working across the field of all sexual health services. The *Forum* offers a chance to share expertise and learn from examples of best practice in the field.

4.4 The UK has an excellent system of **HIV monitoring and surveillance**. This has been crucial in informing national and local HIV responses and helping to identify areas for further improvement. The Health Protection Agency (HPA) plays a valuable role in co-ordinating data collection and analysis in the UK. The HPA is a non-departmental public body.

4.5 UK Health Departments continue to provide funding for **national HIV health prevention interventions** for the most at risk groups – men who have sex with men (MSM) and African communities. In England these programmes are managed by NGOs respectively the Terrence Higgins Trust and the African Health Policy Network. The Department of Health has funded these programmes for over a decade. The current contracts are being with a combined budget of £2.5 million a year. Combining will create a stronger national prevention programme, offer better value for money but the specification also respects the need for tailoring of messages and interventions so they are relevant to both MSM and African communities. This funding is in addition to the HIV prevention work carried out by the NHS at local level across the UK.

5. MAJOR CHALLENGES AND REMEDIAL ACTIONS

5.1 Whilst significant progress has been made in recent years in improving the uptake of and access to HIV testing, there continues to be a high proportion of people who are diagnosed late or who remain undiagnosed. In 2010 an estimated 3,300 adults were diagnosed at a late stage of infection, equivalent to just over half of all persons diagnosed in that year. In the UK, late HIV diagnosis is the single most significant cause of HIV-related mortality and morbidity. Moreover undiagnosed infection is a public health issue with people unable to benefit from effective treatment as well as risking unknowingly passing HIV on to others. Consequently, reducing the number of late diagnoses and undiagnosed cases continues to be one of the biggest challenges in the UK.

5.2 Whilst the universal routine offer of HIV testing recommended to all sexual health clinic and antenatal care attendees over the last decade has been successful in significantly reducing the proportion of people diagnosed late (from 59% in 2001 to 50% in 2010), the UK recognises that more still needs to be done.

5.3 Aside from the routine opt-out offer of antenatal HIV testing (31% of all tests carried out in 2010), most people test for HIV in a GUM clinic (47% of all tests carried out in 2010). However, we know from independent audit evidence that the vast

¹² <http://www.nice.org.uk/nicemedia/live/13417/53591/53591.pdf>
<http://www.nice.org.uk/guidance/index.jsp?action=folder&o=50929>

majority of patients who present late have had previous contact with healthcare professionals who, if they had been aware of the latest information on HIV, including common presenting conditions, could have made the HIV diagnosis much earlier.

5.4 Inclusion of a public health outcome indicator for English local authorities (from 2013) on **reducing late HIV diagnosis** will help drive local action to increase testing opportunities especially in area of higher HIV prevalence. The Department of Health is also funding the Medical Foundation for AIDS and Sexual Health (MedFASH) to develop an HIV resource for primary care staff, particularly General Practitioners, to support them in offering HIV testing. This resource is also designed to help facilitate testing in more settings and thus ensure a greater number of early diagnoses.

5.5 A further ongoing challenge facing the UK is the continued transmission of HIV among MSM. Data shows that 24% of MSM diagnosed with HIV were likely to have acquired their infection recently (compared to 14% overall). In 2010 the number of MSM diagnosed with HIV reached an all time high. Whilst there has been some success in reducing the number of late diagnosis, particularly among MSM, continuing transmission of HIV continues to be a serious public health concern.

6. MONITORING AND EVALUATION

6.1 The Health Protection Agency (HPA) publishes an Annual Report on HIV in the United Kingdom. A copy of the 2011 Report is attached as part of the UK's Global Report. HIV surveillance in the UK is informed by voluntary reports from clinicians, microbiologists, virologists, immunologists, public health practitioners and others who contribute to the monitoring and surveillance of HIV in the UK. The HPA publishes updated HIV and AIDS surveillance tables every six months on their website and this includes commentary on data sources used.¹³

6.2 The Expert Advisory Group on AIDS reports to the UK's Chief Medical Officers and provides an ongoing source of expert scientific advice on HIV and AIDS including publishing an annual report¹⁴.

¹³ HPA – New Diagnoses National Overview (www.hpa.org.uk)

¹⁴ The latest annual report can be found here:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_129418?ssSourceSiteId=ab