

# United Kingdom of Great Britain and Northern Ireland Report NCPI

## NCPI Header

### COUNTRY

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**

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### Describe the process used for NCPI data gathering and validation:

The Department of Health co-ordinated the Government response with input from Health Departments in Wales, Scotland and Northern Ireland. The NGO the Terrence Higgins Trust co-ordinated the input from civil society organisations.

### Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

There were no disputes. The NGO the Terrence Higgins Trust co-ordinated and provided the response to the civil society component of the NPCI.

### Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

Apart from targeted national HIV prevention programmes it is not possible to separately identify spend on local HIV prevention activities which are delivered as part of core health services. Some questions do not allow for partial completion eg where there is need for commentary or explanation of a yes/no answer.

#### NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Department of Health	Kay Orton, Policy Lead for HIV	Yes	No	No	No	No	No

#### NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Terrence Higgins Trust	Guy Slade, Parliamentary Officer	No	No	No	No	No
National AIDS Trust	Senior Policy Adviser	No	No	No	No	No
UK Community Advisory Board	Representative	No	No	No	No	No
Positive Catholics	Representative	No	No	No	No	No
National Children's Bureau	Representative	No	No	No	No	No

## A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):**

Yes

**IF YES, what was the period covered:**

2001-2014

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.**

**IF NO or NOT APPLICABLE, briefly explain why.:**

Increased uptake of HIV testing, focus on prevention and modernisation of sexual health and HIV services. Strategic responses to HIV are addressed through wider sexual health or BBV responses given the links to wider sexual health and

BBVs. The English Sexual Health and HIV Strategy ended in 2011 and a successor Sexual Health Policy Framework is planned for publication summer 2012. In 2009 Scotland published its "HIV Action Plan in Scotland - December 2009 - March 2014" which identifies 14 actions. In 2010 the Welsh Government published a Sexual Health Action Plan. In addition the National Assembly for Wales Equality Committee held an inquiry in to Discrimination against People Living with HIV by Healthcare Professionals and Providers. IN Northern Ireland the the Department of Health, Social Services and Public Safety published the Sexual Health Promotion Strategy and Action Plan 2008-13 which includes HIV.

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

Department of Health in England, health department of the Scottish Government, Welsh Government and Northern Ireland Assembly Government

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

**Included in Strategy**    **Earmarked Budget**

Yes	Yes
Yes	-
Yes	-
-	-
-	-
-	-
-	-

**Other [write in]:**

-  
**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:**

Central funding is available for national HIV prevention programmes.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs:**

Yes

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

-

**Other specific vulnerable subpopulations:**

Yes

**Prisons:**

No

**Schools:**

No

**Workplace:**

No

**Addressing stigma and discrimination:**

Yes

**Gender empowerment and/or gender equality:**

Yes

**HIV and poverty:**

Yes

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

**IF NO, explain how key populations were identified?:**

In-line with the UK's epidemiology as reported by the Health Protection Agency.

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:**

Men who have sex with men Some migrant communities People who inject drugs People living with HIV

**1.5. Does the multisectoral strategy include an operational plan?:** No

1.6. Does the multisectoral strategy or operational plan include

**a) Formal programme goals?:**

N/A

**b) Clear targets or milestones?:**

N/A

**c) Detailed costs for each programmatic area?:**

No

**d) An indication of funding sources to support programme implementation?:**

N/A

**e) A monitoring and evaluation framework?:**

-

1.7

**1.7. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?:**

Moderate involvement

**IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case:**

Civil society were actively involved in the 2001 Strategy. The DH in England is currently developing a new sexual health strategic framework which will include input from the Sexual Health Forum which includes civil society representatives.

**1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:**

N/A

1.9

**1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:**

N/A

**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:**

N/A

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:**

N/A

**4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:**

No

**5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:**

Yes

**5.1. Have the national strategy and national HIV budget been revised accordingly?:**

No

**5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:**

Estimates of Current and Future Needs

**5.3. Is HIV programme coverage being monitored?:**

Yes

5.3

**(a) IF YES, is coverage monitored by sex (male, female)?:**

Yes

**(b) IF YES, is coverage monitored by population groups?:**

Yes

**IF YES, for which population groups?:**

MSM, Heterosexuals, IDUs. Note - it is not clear what "programme coverage" means.

**Briefly explain how this information is used:**

National monitoring and surveillance information reported to the Health Protection Agencies.

**(c) Is coverage monitored by geographical area:**

Yes

**IF YES, at which geographical levels (provincial, district, other)?:**

UK countries and local health authorities.

**Briefly explain how this information is used:**

As above.

**5.4. Has the country developed a plan to strengthen health systems?:**

No

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

Review of previous Sexual Health and HIV Strategy and commitment to a replacement sexual health policy framework. New frameworks which include HIV in Wales, Scotland and Northern Ireland.

**What challenges remain in this area:**

Reducing undiagnosed and late diagnosis of HIV.

## **A - II. POLITICAL SUPPORT AND LEADERSHIP**

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

**A. Government ministers:**

Yes

**B. Other high officials at sub-national level:**

Yes

1.1

**(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):**

Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

Prime Minister and Deputy Prime Minister did podcasts for World AIDS Day Ministers and senior official giving written and oral evidence to the House of Lords HIV Inquiry. Ministerial and official meetings and visits to HIV civil society organisations

**2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:**

No

**IF NO, briefly explain why not and how HIV programmes are being managed:**

HIV programmes are managed by the National Health Service. Health Departments fund and manage HIV prevention programmes for groups at most risk (MSM and African communities).

2.1. IF YES, does the national multisectoral HIV coordination body

**Have terms of reference?:**

-

**Have active government leadership and participation?:**

-

**Have an official chair person?:**

-

**Have a defined membership?:**

-

**Include civil society representatives?:**

-

**Include people living with HIV?:**

-

**Include the private sector?:**

-

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:**

-

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

-

What challenges remain in this area:

-

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

-

5.

**Capacity-building:**

-

**Coordination with other implementing partners:**

-

**Information on priority needs:**

-

**Procurement and distribution of medications or other supplies:**

-

**Technical guidance:**

-

**Other [write in below]:**

The Department of Health's national HIV programmes are wholly delivered by civil society HIV organisations.

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

No

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

Yes

**IF YES, name and describe how the policies / laws were amended:**

People with HIV are protected from discrimination under the Equality Act.

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:**

-

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

7

**Since 2009, what have been key achievements in this area:**

Regular engagement with Departmental officials and Health Ministers. Priority for HIV as noted in the Government's response to the House of Lords Inquiry on HIV and AIDS in the UK. Inclusion of a public health outcome indicator on HIV in the new Public Health Outcome Framework (from 2013). In Wales, the National Assembly for Wales Equality Committee held an inquiry into Discrimination against People Living with HIV by Healthcare professionals and providers, to which the Welsh Government formally responded. In Scotland, in 2011 published The Sexual Health and Blood Borne Virus Framework 2011-15 which included HIV.

**What challenges remain in this area:**

-

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

Yes

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

No  
**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:**

Equality Act outlaws discrimination, including in employment and the provision of goods and services. This includes discrimination on the basis of disability, which covers HIV. Public sector bodies are also obliged to proactively promote equality.

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**

Equality and Human Rights Commission oversees the implementation of all equalities and human rights legislation.

**Briefly comment on the degree to which they are currently implemented:**

Difficult to assess since there have been very few cases involving HIV-related discrimination.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

No

IF YES, for which subpopulations?

**People living with HIV:**

-

**Men who have sex with men:**

-

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

**People who inject drugs :**

-

**Prison inmates:**

Yes

**Sex workers:**

-

**Transgendered people:**

-

**Women and girls:**

-

**Young women/young men:**

-

**Other specific vulnerable subpopulations [write in below]:**

-

**Briefly describe the content of these laws, regulations or policies:**

-

**Briefly comment on how they pose barriers:**

-

## A - IV. PREVENTION

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:**

Yes

IF YES, what key messages are explicitly promoted?

**Abstain from injecting drugs:**

Yes

**Avoid commercial sex:**

No

**Avoid inter-generational sex:**

No  
**Be faithful:**  
 No  
**Be sexually abstinent:**  
 No  
**Delay sexual debut:**  
 Yes  
**Engage in safe(r) sex:**  
 Yes  
**Fight against violence against women:**  
 -  
**Greater acceptance and involvement of people living with HIV:**  
 Yes  
**Greater involvement of men in reproductive health programmes:**  
 -  
**Know your HIV status:**  
 Yes  
**Males to get circumcised under medical supervision:**  
 No  
**Prevent mother-to-child transmission of HIV:**  
 Yes  
**Promote greater equality between men and women:**  
 Yes  
**Reduce the number of sexual partners:**  
 Yes  
**Use clean needles and syringes:**  
 Yes  
**Use condoms consistently:**  
 Yes  
**Other [write in below]:**  
 -

**1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:**

No  
**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:**

-  
 2.1. Is HIV education part of the curriculum in \_\_\_\_\_  
**Primary schools?:**  
 -  
**Secondary schools?:**  
 Yes  
**Teacher training?:**  
 -

**2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:**

Yes  
**2.3. Does the country have an HIV education strategy for out-of-school young people?:**

No  
**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:**

Yes  
**Briefly describe the content of this policy or strategy:**

UK Health Departments fund HIV prevention interventions which target MSM and African communities, the groups most at risk of HIV in the UK. The NHS locally will also support HIV prevention programmes taking account of local prevalence.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	No	No	-
Yes	Yes	Yes	No	No	-
Yes	Yes	Yes	No	Yes	-
Yes	No	No	No	No	-
No	No	No	No	No	All groups

No	Yes	No	No	No	-
No	Yes	No	No	No	-
No	No	No	No	No	-

**3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

Focus on increasing uptake of HIV testing. In England reducing late diagnosed HIV is one of the sexual health indicators in the new Public Health Outcomes Framework which will be introduced from April 2013.

**What challenges remain in this area:**

Reducing late diagnosed HIV

**4. Has the country identified specific needs for HIV prevention programmes?:**

Yes

**IF YES, how were these specific needs determined?:**

Taking account of the evidence and in discussin with civil society and other HIV stakeholders.

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Agree

**Harm reduction for people who inject drugs:**

Strongly Agree

**HIV prevention for out-of-school young people:**

Disagree

**HIV prevention in the workplace:**

Disagree

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Disagree

**Prevention of mother-to-child transmission of HIV:**

Strongly Agree

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Agree

**Risk reduction for intimate partners of key populations:**

Agree

**Risk reduction for men who have sex with men:**

Agree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Disagree

**Universal precautions in health care settings:**

Strongly Agree

**Other[write in]:**

-

**5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:**

7

## A - V. TREATMENT, CARE AND SUPPORT

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:**

Yes

**If YES, Briefly identify the elements and what has been prioritized:**

Access to treatment and care services on diagnosis and regular monitoring. Clinical guidelines support consisten high quality treatment outcomes.



**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

They are already "at scale". Priority remains early testing and diagnosis to reduce late diagnosed HIV.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

Agree

**HIV care and support in the workplace (including alternative working arrangements):**

Disagree

**HIV testing and counselling for people with TB:**

Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Disagree

**Nutritional care:**

Agree

**Paediatric AIDS treatment:**

Strongly Agree

**Post-delivery ART provision to women:**

Strongly Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Agree

**Psychosocial support for people living with HIV and their families:**

Neutral

**Sexually transmitted infection management:**

-

**TB infection control in HIV treatment and care facilities:**

Agree

**TB preventive therapy for people living with HIV:**

Agree

**TB screening for people living with HIV:**

Strongly Agree

**Treatment of common HIV-related infections:**

Strongly Agree

**Other [write in]:**

-

**2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:**

-

**Please clarify which social and economic support is provided:**

Welfare benefit support is not specific to HIV.

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:**

No

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:**

-

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:**

9

**Since 2009, what have been key achievements in this area:**

The Health Protection Agency now report on four HIV treatment outcomes which indicate HIV clinical care is high. Quality outcomes indicators are CD4 count within a month of diagnosis and virological suppression within a year of starting treatment.

**What challenges remain in this area:**

-

**6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**

-

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to**

meet the HIV-related needs of orphans and other vulnerable children in 2011?:

Since 2009, what have been key achievements in this area:

What challenges remain in this area:

## A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

Yes  
**Briefly describe any challenges in development or implementation:**  
All four UK countries undertake M&E through their Health Protection Agencies. The HPA in England co-ordinate and lead on publishing an annual UK HIV Report. The latest 2010 Report was published in November 2011 and is available at [www.hpa.org.uk](http://www.hpa.org.uk) National HIV prevention programmes for MSM and African communities are separately monitored.

1.1 IF YES, years covered:

see above

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, all partners

**Briefly describe what the issues are:**

2. Does the national Monitoring and Evaluation plan include?

**A data collection strategy:**

Yes

**Behavioural surveys:**

Yes

**Evaluation / research studies:**

Yes

**HIV Drug resistance surveillance:**

Yes

**HIV surveillance:**

-

**Routine programme monitoring:**

Yes

**A data analysis strategy:**

Yes

**A data dissemination and use strategy:**

Yes

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):**

Yes

**Guidelines on tools for data collection:**

Yes

3. Is there a budget for implementation of the M&E plan?:

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

4. Is there a functional national M&E Unit?:

Yes

**Briefly describe any obstacles:**

4.1. Where is the national M&E Unit based?

**In the Ministry of Health?:**

No

**In the National HIV Commission (or equivalent)?:**

No

**Elsewhere [write in]?:**

Health Protection Agency which is independent of the Department of Health.

Permanent Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

- - - -

Temporary Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

- - - -

**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:**

Yes

**Briefly describe the data-sharing mechanisms:**

Data is reported on-line and an annual HIV Report which includes an analysis and comment.

**What are the major challenges in this area:**

-

**5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:**

Yes

**6. Is there a central national database with HIV- related data?:**

Yes

**IF YES, briefly describe the national database and who manages it:**

As above, managed by the Health Protection Agency.

**6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:**

Yes, but only some of the above

**IF YES, but only some of the above, which aspects does it include?:**

Prevalence and new diagnosis is reported.

**6.2. Is there a functional Health Information System?**

**At national level:**

Yes

**At subnational level:**

Yes

**IF YES, at what level(s)?:**

All UK countries. In England anonymised information is available at regional level.

**7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:**

Yes

**8. How are M&E data used?**

**For programme improvement?:**

Yes

**In developing / revising the national HIV response?:**

Yes

**For resource allocation?:**

No

**Other [write in]:**

-

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:**

M&E inform national HIV prevention responses and the targeting of groups most at risk of HIV. They have also been very influential in identifying the need to reduce late diagnosis (based on reporting of CD4 count when HIV is diagnosed)

**9. In the last year, was training in M&E conducted**

**At national level?:**

-

**At subnational level?:**

-

**At service delivery level including civil society?:**

-

**9.1. Were other M&E capacity-building activities conducted` other than training?:**

-

**10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:**

9

**Since 2009, what have been key achievements in this area:**

The House of Lords HIV Inquiry Report (2011) acknowledged the high quality of the UK's HIV surveillance programmes.

**What challenges remain in this area:**

-

## B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

**Comments and examples:**

Civil society organisations continue to have strong relations with national Government. The Sexual Health Forum has civil society representation advising Government on a new sexual health policy framework due in 2012. However, this forum is smaller than the Government Independent Advisory Group on Sexual Health and HIV and thus has fewer civil society organisations involved. Civil society also made a significant contribution to the House of Lords Committee on HIV and AIDS in the UL report, published in September 2011, giving written and oral evidence.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

-

**Comments and examples:**

There is currently no strategic plan on HIV, nor is one planned. The last National Strategy for Sexual Health and HIV expired in 2011. A new "Sexual Health Policy Framework" is being produced to replace it but does not comply with the definition in the UN Declaration.

3.

a. The national HIV strategy?:

-

b. The national HIV budget?:

-

c. The national HIV reports?:

-

**Comments and examples:**

Civil society organisations deliver the national HIV prevention programmes. Most HIV-related spending is determined locally, where civil society organisations are also commissioned to provide some services.

4.

a. Developing the national M&E plan?:

-

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?

:

-

c. Participate in using data for decision-making?:

4

**Comments and examples:**

There is no specific monitoring and evaluation plan or committee. However the Health Protection Agency's HIV data is widely used by civil society, particularly in policy work and prevention.

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

4

**Comments and examples:**

Civil society organisations cover a range of affected populations, including people with HIV and people of differing ethnicities, sexualities and beliefs.

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

a. Adequate financial support to implement its HIV activities?:

2

b. Adequate technical support to implement its HIV activities?:

4

**Comments and examples:**

In 2010, the ringfence was removed from the AIDS Support, which provided funding to Local Authorities for specialist social care. Alongside cuts to the area-based grants, this has led to reductions in social care support for people with HIV. NHS reforms have created recent uncertainties with more rolling contracts (eg for an extra 6 months-1 year). This has made it difficult to benefit from the efficiencies of long-term contracts.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

**People living with HIV:**

25-50%

**Men who have sex with men:**

>75%

**People who inject drugs:**

51-75%

**Sex workers:**

51-75%

**Transgendered people:**

>75%

**Testing and Counselling:**

<25%

**Reduction of Stigma and Discrimination:**

>75%

**Clinical services (ART/OI)\*:**

<25%

**Home-based care:**

<25%

**Programmes for OVC\*\*:**

-

**8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:**

5

**Since 2009, what have been key achievements in this area:**

The Sexual Health Forum has been set up to support a new Sexual Health Policy Framework, but this does not represent an increase in civil society participation.

**What challenges remain in this area:**

The Department of Health has a reduced capacity, so civil society engagement is even more important to augment overall HIV policy capacity. Meanwhile there has been a loss of civil society representation on the Sexual Health Forum, compared with its predecessor, the Independent Advisory Group. A project to support local engagement in sexual health policy making, "ShoutLoud" was defunded by the Department of Health part-way through its contract, even though more decision-making is being handed down to local government and despite meeting its targets.

## **B - II. POLITICAL SUPPORT AND LEADERSHIP**

**1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:**

Yes

**IF YES, describe some examples of when and how this has happened:**

The Government has involved people with HIV and other sub-populations through open-consultation on its policies. It does not provide financial support for policy work/involvement by affected groups, but people with HIV are involved in the implementation of Government-funded services. The Government's Sexual Health Forum does not include any people with HIV, but there is representation on the wider Consultative Forum which has yet to meet.

## **B - III. HUMAN RIGHTS**

1.1.

**People living with HIV:**

Yes

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

No

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

Ethnic minorities.

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:**

The Equality Act outlaws discrimination, including in employment and the provision of goods and services. This includes discrimination on the basis of disability, which covers HIV. Public sector bodies are also obliged to proactively promote equality.

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:**

The Equality and Human Rights Commission oversees the implementation of all equalities and human rights related legislation. In addition, individuals have the right to take cases to either employment tribunals or the county courts if they feel they have been discriminated against.

**Briefly comment on the degree to which they are currently implemented:**

Although individuals can take cases to tribunal/court, there are very few cases involving HIV-related discrimination, suggesting there are barriers to people pursuing this option (for example concerns around cost and confidentiality). Protection has effectively been weakened by cuts to legal support, including means testing of legal aid. The Equality and Human Rights Commission also has fewer resources, meaning it is less likely to take on cases of discrimination. In practice, it has not taken forward any cases relating to HIV discrimination.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

Yes

2.1. IF YES, for which sub-populations?

**People living with HIV:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

Yes

**Prison inmates:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

No

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

**Briefly describe the content of these laws, regulations or policies:**

Disorderly Houses Act 1751 - prevents sex workers from sharing property and therefore further marginalises an already vulnerable group, making them reluctant to come forward for advice and support, including sexual health care. Sexual Offences Act 2003 - sex work is illegal, see above. There are currently Government proposals to criminalise payment for sex and advertisements for sex workers, which will further deleteriously affect work to improve the health of sex workers. Offences Against the Person Act 1861 (England and Wales) and Culpable and Reckless Conduct (Scotland): allows for criminal prosecution of sexual HIV transmission under GBH category and, in Scotland, prosecution of both transmission and exposure to HIV without transmission: PLWHIV may be reluctant to be tested, seek help/advice on maintaining safer sex; undermines health promotion messages about mutual responsibility for safer sex; creates a culture of blame/fear; confusion. Nationality, Immigration and Asylum Act 2002 and Asylum and Immigration (treatment of claimants etc) Act 2004: allows for detention, dispersal, withdrawal of support from failed asylum seekers, deportation and does not permit asylum seekers to work whilst their claim is being processed - dispersal and deportation in particular present obstacles for HIV prevention as well as interruption of care and therapy. Furthermore people are currently being deported to countries where treatment access is not yet rolled out and thus to their deaths, causing them to "go underground" within the UK and thus reducing access to treatment and care here also. HIV testing kits and services regulations 1992: prevents buying and selling of regulated home testing kits, despite unregulated kits being available on the internet. More generally: Prison policy documents refuse to apply a harm

reduction approach to injecting drug use and sexual relations in prison. Needle exchange is not permitted in prisons in the UK. There is variable practice for the provision of condoms and lubricants in prisons. Sexual acts in English prisons are contrary to prison regulation. The general context of immigration regulation which denies asylum seekers the right to work and provides income support at a rate below the minimum available to UK citizens, and which denies both the right to work and benefits to those without residency status, provides a very difficult and adverse environment in which to engage in effective HIV prevention and care with some African communities (for example, undocumented migrant women with babies are unable to access free formula milk)

**Briefly comment on how they pose barriers:**

There are disincentives for people who may have HIV to test and therefore receive treatment. For instance, criminal prosecutions against people with HIV for onward transmission increases HIV stigma. Certain healthcare professionals, such as dentists, may not test as they are unnecessarily banned from practising if they have HIV, although removing this barrier is currently under review. Refused asylum seekers are held in Immigration Removal Centres, where they can face barriers to treatment and care. Inconsistent sex and relationship education is another obstacle to prevention. Whilst HIV is part of the statutory science curriculum, discussion of how to negotiate sex and relationships, including safer sex, is optional for schools. The Government also plans to reduce benefits available to people with disabilities, through stricter conditions. This will reduce financial support for many people with HIV, with an adverse effect on access to care and support. Criminalisation of drug use presents an obstacle for ensuring injecting drug users are protected.

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:**

Yes

**Briefly describe the content of the policy, law or regulation and the populations included:**

The Home Office oversees a strategy to tackle violence against women and girls. This includes £28 million funding for specialist services, including local domestic violence advisers. Victims may receive support at Sexual Assault Referral Centres.

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:**

Yes

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

Making it Count (the collaborative framework for MSM HIV prevention) recognises the importance of promoting equality and ending discrimination, specifically for gay men and people with HIV, as part of prevention. Knowledge, Will and Power - (the framework for African prevention) similarly highlights discrimination and equality, particularly in relation to Africans, Recommended quality standards for sexual health training: "Training should respectively challenge attitudes and practice which may infringe or limit equality of opportunity, human rights and dignity". Effective Sexual Health Promotion: A Toolkit for Primary Care Trusts and others working in the field of promoting Good Sexual Health and HIV Prevention: advises staff to talk about sexual health promotion work in terms of human rights and self-esteem, in order to avoid negative media reaction. Whilst the promotion and protection of human rights are not explicitly mentioned in some key strategy documents, human rights principles are embodied in the anti-discrimination, anti-stigma and health inequalities agendas of the Government. However, an explicit commitment to the promotion and protection of human rights as part of the foundation of the Government's sexual health framework, or an HIV strategy, would recognise the structural inequalities and injustices which help spread HIV and harm the health of people with HIV.

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:**

No

**6. Does the country have a policy or strategy of free services for the following?**

<b>Provided free-of-charge to all people in the country</b>	<b>Provided free-of-charge to some people in the country</b>	<b>Provided, but only at a cost</b>
Yes	-	-
Yes	-	-
Yes	-	-

**If applicable, which populations have been identified as priority, and for which services?:**

HIV prevention services are mainly targeted at men who have sex with men and black Africans. There are currently two national prevention programmes for these groups.

**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:**

Yes

**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:**

Yes

**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:**

Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included:**

There are two specific strategies covering the HIV prevention needs of MSM and black Africans. These aim to improve HIV diagnosis and promote safer sex amongst the two communities, including those diagnosed with HIV, through a range of behaviour change interventions in a range of settings. They also aim to improve HIV treatment adherence.

8.1

**8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:**

Yes

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

The two strategies for MSM and black Africans outline different approaches for these two key populations with, for instance, engagement with both African and gay community settings to implement prevention work.

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:**

Yes

**IF YES, briefly describe the content of the policy or law:**

There is no specific law. However, the Equality Act 2010 outlawed the use of irrelevant pre-employment health questionnaires, including asking applicants about their HIV status.

**10. Does the country have the following human rights monitoring and enforcement mechanisms?**

**a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:**

Yes

**b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:**

No

**IF YES on any of the above questions, describe some examples:**

The Equality and Human Rights Commission is mandated to promote equality and takes up legal cases for disabled people, including people with HIV.

**11. In the last 2 years, have there been the following training and/or capacity-building activities**

**a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:**

Yes

**b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:**

No

**12. Are the following legal support services available in the country?**

**a. Legal aid systems for HIV casework:**

Yes

**b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:**

Yes

**13. Are there programmes in place to reduce HIV-related stigma and discrimination?:**

Yes

**IF YES, what types of programmes?**

**Programmes for health care workers:**

Yes

**Programmes for the media:**

Yes

**Programmes in the work place:**

Yes

**Other [write in]:**

Re 12 - these are sometimes available.

**14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

The Equality Act strengthened protection in the Disability Discrimination Act, which it replaced. It added protection from discrimination by association, and also outlawed unnecessary pre-employment health questions, including regarding HIV status. The lifetime ban on blood donations from MSM was also replaced by a one-year ban following sex, in-line with current understanding of sexual health risk.

**What challenges remain in this area:**

Rights are lacking for asylum seekers, particularly those in detention centres who can experience problems receiving HIV



care. Refused asylum seekers also continue to be deported to countries where they will not receive the HIV treatment they need to stay alive.

**15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:**

6

**Since 2009, what have been key achievements in this area:**

As civil society organisations we do hear of fewer cases of severe discrimination. The Government has undertaken a review of healthcare employment restrictions on people with HIV in line with the principles of equality legislation. There has also been progress towards ending charging for HIV treatment, which would strengthen compliance with the Human Rights Act.

**What challenges remain in this area:**

There is an ongoing shortage of capacity, both in the Equality and Human Rights Commission and in support available through legal aid, meaning that people with HIV often do not have the means to challenge discrimination. We do hear stories of unequal treatment persisting, particularly when people with HIV receive health services within generalist or non-specialist settings.

## B - IV. PREVENTION

**1. Has the country identified the specific needs for HIV prevention programmes?:**

Yes

**IF YES, how were these specific needs determined?:**

Health Protection Agency surveillance data, including data relating to geography, ethnic groups, and other at risk communities inform national and local prevention work. About a quarter of HIV transmission is not amongst the targeted communities, representing a largely unmet need.

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Agree

**Harm reduction for people who inject drugs:**

Agree

**HIV prevention for out-of-school young people:**

Disagree

**HIV prevention in the workplace:**

Disagree

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Disagree

**Prevention of mother-to-child transmission of HIV:**

Strongly Agree

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Strongly Agree

**Risk reduction for intimate partners of key populations:**

Agree

**Risk reduction for men who have sex with men:**

Agree

**Risk reduction for sex workers:**

Disagree

**School-based HIV education for young people:**

Disagree

**Universal precautions in health care settings:**

Agree

**Other [write in]:**

People in prisons and immigration detention centres (Disagree)

**2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:**

5

**Since 2009, what have been key achievements in this area:**

Testing rates have increased amongst the key populations, and other interventions have demonstrated success, such as a campaign to promote awareness of post exposure prophylaxis.

**What challenges remain in this area:**

It has been announced that the two national HIV prevention programmes will be combined into one programme. There is uncertainty over whether the new programme will be as well resourced. There has also been a reduction in locally funded prevention, including in London, which hosts nearly half of all people HIV in the UK. This partly due to local budgetary pressure and a false presumption that the national programmes are delivering the necessary services anyway. Meanwhile there are growing numbers of people with HIV, with continuing high rates of transmission amongst gay men, black Africans and black Caribbeans, and increasing rates amongst the wider heterosexual population. There is also no effective policy to ensure HIV prevention needs are adequately resourced and addressed at the local level.

## B - V. TREATMENT, CARE AND SUPPORT

**1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:**

Yes

**IF YES, Briefly identify the elements and what has been prioritized:**

The British HIV Association has produced comprehensive clinical guidelines with clear recommendations for antiretroviral treatment and other specialist care. They have also produced standards for psychological support.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

There are still no clear overall standards (eg NICE standards) to address treatment, care and support, including social care needs.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**  
Agree

**ART for TB patients:**  
Agree

**Cotrimoxazole prophylaxis in people living with HIV:**  
Agree

**Early infant diagnosis:**  
Agree

**HIV care and support in the workplace (including alternative working arrangements):**  
Agree

**HIV testing and counselling for people with TB:**  
N/A

**HIV treatment services in the workplace or treatment referral systems through the workplace:**  
Disagree

**Nutritional care:**  
Agree

**Paediatric AIDS treatment:**  
Strongly Agree

**Post-delivery ART provision to women:**  
Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**  
Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**  
Strongly Agree

**Psychosocial support for people living with HIV and their families:**  
Agree

**Sexually transmitted infection management:**  
Strongly Agree

**TB infection control in HIV treatment and care facilities:**  
Agree

**TB preventive therapy for people living with HIV:**  
Agree

**TB screening for people living with HIV:**  
Strongly Agree

**Treatment of common HIV-related infections:**  
Agree

**Other [write in]:**  
-

**1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

New draft British HIV Association guidelines have recently been published to build on knowledge of treatment efficacy, with particular emphasis on how HIV treatment can be used better to prevent onward transmission.

**What challenges remain in this area:**

The Government's ringfence for the AIDS Support Grant has been removed, leading to a substantial loss of funding for HIV social care and diminishing support for people with HIV. It is expected that this trend will continue as Local Authorities' budgets come under increasing pressure.

**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**

-

**3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":**

5

**Since 2009, what have been key achievements in this area:**

The Department of Health has funded the Children and Young People HIV Network for three years to work on improving transition for young people with HIV.

**What challenges remain in this area:**

Personal, Social, Health and Economic education, including sex and relationships education, remains variable in schools. Therefore understanding of HIV, including challenging HIV stigma, remains inconsistent, with a potential adverse effect on some children and young people with HIV. There is also discretion for local NHS trusts to determine whether HIV positive mothers may receive free instant formula milk.

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**Source URL:** <http://aidsreportingtool.unaids.org/76/united-kingdom-great-britain-and-northern-ireland-report-ncpi>