



Rt. Hon Matt Hancock MP
Secretary of State
Department of Health and Social Care
39 Victoria Street
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Dear Secretary of State,

The United Kingdom's response to the HIV epidemic over the last four decades has been a success story in both our scientific and cross-party endeavours. We support the Government's target to end new domestic cases of HIV within the decade and it is vital that the huge progress seen, in particular among gay and bisexual men, is replicated across other groups impacted by the virus.

Channel 4's drama *It's A Sin* has shone a light on the tragic experiences faced by many people during the height of the epidemic and has inspired a new wave of public awareness about the realities of HIV in 2021. This has been long overdue and can hopefully help to turn the dial on the abhorrent level of misinformation about HIV and the stigma still faced by people living with HIV.

To reach the 2030 target, it's vital the Government embeds the rich information and analysis from the national HIV Commission to inform the Department's HIV Action Plan. We welcome your commitment to publishing the plan this year. The Action Plan needs to be bold and ambitious.

Therefore, we support the calls from Terrence Higgins Trust, National AIDS Trust and Elton John AIDS Foundation that the HIV Action Plan must include the following:

1. **Funding for opt-out HIV testing across the NHS** – When an individual presents at A&E, registers at a GP practice, and the NHS otherwise takes a blood sample, a test for HIV should be routinely undertaken, unless the person chooses to opt-out. This is already standard practice within maternity units and has resulted in a near elimination of vertical transmission of HIV in the UK.
2. **Free at-home HIV testing should be available nationwide all year round** – At present this is only the case during National HIV Testing Week and otherwise dependent on local authority provision.
3. **Pre-exposure prophylaxis (PrEP) availability beyond sexual health clinics** – This drug is a game-changer in the fight against HIV but data from the NHS England PrEP Impact Trial showed only 4% of participants were not gay and bisexual men; that is despite heterosexual people accounting for nearly half of new HIV diagnoses. PrEP provision should be negotiated into the Core GP contract, available in pharmacies (via a Patient Group Direction). We need to raise awareness and increase access in all



communities, but especially Black African communities, women, trans people and migrants, where awareness is currently lowest.

4. **A step change in targeted health promotion programmes** – Additional resources for HIV prevention and HIV testing campaigns.
5. **Action to reduce late HIV diagnosis** – In 2019, 42% of all new HIV diagnoses were made at a late stage. This rises to over 50% among Black African heterosexuals. Late diagnosis leads to worse health outcomes for individuals, potential additional onward transmissions, and avoidable costs to the NHS. These cases must all be investigated as serious incidents within the NHS to improve practice and support earlier diagnosis.
6. **A new anti-HIV stigma campaign** – The *Don't Die of Ignorance* campaign undoubtedly saved lives. However, it has also tainted public awareness and understanding of HIV in modern times. HIV is no longer a death sentence and now advances in medicine mean that 97% of those with HIV on treatment are virally suppressed or 'undetectable', which means they can't pass the virus on. Ongoing stigma impacts people living with HIV, including in employment, their access to services and relationships. It remains a stubborn barrier to testing for HIV. As well as a new anti-stigma programme, it's also vital new Relationships & Education lessons in England provide young people with accurate and up-to-date information about HIV.
7. **Mental health support available for those living with HIV** – People living with HIV are twice as likely to experience poor mental health than the wider population, including depression and anxiety. Despite this, access to mental health support remains inconsistent and generic services do not suffice. All HIV clinics need access to a psychological or mental health professional within their multidisciplinary teams.

While the Commission's recommendations focused on England, to make them happen, and maximise effectiveness, we hope that the Department for Health and Social Care will also coordinate constructively with the devolved governments and health services in Scotland, Wales and Northern Ireland in this common endeavour.

We would be very grateful if you can comment on these calls and if you could provide an update on progress regarding the development of the HIV Action Plan, including any timescales.

Yours sincerely,

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Wes Streeting MP
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