

**TOGETHER
WE CAN**

Terrence
HIGGINS
TRUST
♥

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**HIV
time's
up!**

**One
Parliament
left to end
new cases of
HIV by 2030**

**The HIV and Sexual Health Manifesto
for the General Election**

Foreword



When Terry Higgins died 40 years ago, the virus didn't even have a name, there wasn't a test for HIV, let alone any treatment. Now, people living with HIV on effective treatment can have a normal life expectancy and can't pass it on.

It could never have been envisaged by our founders, but now we are in a position to end new HIV cases, and do it by 2030. The next government must do all in its power to make that possibility a reality. Every parliamentarian elected on 4 July 2024 will have a role to play in making this happen.

While progress has been made – PrEP free on the NHS, opt-out testing across the highest prevalence parts of the country and the rolling back of stigmatising laws – every day we are missing chances to make that goal a reality.

Waiting times for PrEP average more than 12 weeks. You are more likely than not to be turned away from a sexual health clinic if you want an appointment and don't have symptoms. It's impossible to get a postal HIV and STI test in some parts of the country. 14,000 diagnosed people are not taking their medication. Health inequalities that have always been part of this epidemic run deeper than ever.

To end new HIV cases, we have to turn this around.

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This must start with the progress we report against the UNAIDS 90-90-90 targets. The second '90' is wrong and lulling us into a false sense of security. Getting this right is the way we start to end the 'lost to care' crisis in HIV treatment and make the progress set out in the enclosed six-point-plan agreed by the HIV sector.

This is the last parliamentary term if our leaders are serious about ending this epidemic. An HIV Action Plan to meet the 2030 goal must be commissioned within the first 100 days of a new government and published within a year.

Get it right and we could be the first country in the world to end new HIV cases. And it would be the first time in history that we have stopped the onward transmission of any virus without a vaccine or a cure. What a legacy that would be.

For Terry, for everyone we have lost and for everyone living well with HIV today, it is our duty to make it happen.

Richard Angell

Chief Executive
Terrence Higgins Trust

**HIV
time's
up!**

One Parliament left to end new cases of HIV by 2030

The HIV and Sexual Health Manifesto for the General Election

We can end the HIV epidemic in the UK and be the first country in the world to do so. We must seize this chance now.

Incredible advances in treatment and prevention mean the goal of ending new HIV cases by 2030 is in reach. People living with HIV on effective treatment can live a long, healthy life and can't pass HIV on. PrEP stops HIV-negative people from acquiring the virus. And huge leaps forward in HIV testing mean that we can – and must – find every person living with undiagnosed HIV and get them the care they need.

With bold, targeted, and urgent action these life-changing interventions will end transmissions and make living well a reality for all who live with HIV.

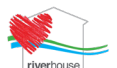
The 2019 - 2024 Parliament has seen considerable progress – the first UK Government HIV Action Plan was published, opt-out HIV testing introduced in 81 A&E departments, PrEP commissioned in sexual health services, and discrimination is being tackled across multiple settings including; the military, pilots, driving, blood donation and fertility rights.

But there is so much more to be done. The vital progress made so far is threatened by a new sexual health crisis. Rates of STIs are higher than ever, demand for services is ever increasing, and access is limited for many.

If our leaders are serious about ending the HIV epidemic they must act fast in the next parliament or we will miss the chance to end new cases by 2030 and have no chance of being the first country to do it.

This manifesto is a clear call from the HIV and sexual health sector. As charities, doctors' groups and public health professionals we are united and committed to work with government, the NHS, and all partners to take forward these top priorities on HIV and sexual health.

HIV time's up!



Our asks for the next government

MPs elected in the upcoming general election have the chance to make history by ending new HIV cases, supporting everyone with HIV to live well, turning around the nation's sexual health and delivering long-awaited justice for those living with and amid the legacy of the contaminated blood scandal. We hope that they take it and stand ready to support them every step of the way. We are calling for all political parties to commit to end new cases of HIV by 2030 through the renewal of the national HIV Action Plan.

The next government must:



1 **Expand opt-out HIV testing so that everyone registering with a GP gets tested**

'Opt-out' HIV testing in A&Es and maternity services has been a remarkable success. The principle is simple - whenever someone has their blood taken in A&E, they are tested for HIV, hepatitis B and C unless they ask not to be. This is particularly effective at diagnosing people less likely to access sexual health services and are more at risk of being diagnosed late; women, people of Black African ethnicity and older people.

Nearly 1,000 people with undiagnosed HIV or diagnosed HIV but lost to care have been found through A&Es in London, Blackpool, Brighton and Manchester in just 18 months - and 47 more hospitals will now benefit from a year of funding for their A&Es. This brings England in line with NICE testing guidelines for A&Es.

To find the estimated 4,500 people living with undiagnosed HIV in England, HIV testing must become routine across the health service. NICE recommends that in areas with a high prevalence of HIV, everyone who registers with a GP practice, or who is undergoing blood tests at their GP, is tested on an opt-out basis. Anyone registering with a GP should automatically have an opt-out HIV test.



2 **Introduce a national, year-round one-stop-shop online PrEP, HIV and STI postal testing service**

There is a postcode lottery in HIV and STI testing, with postal testing not available in 30% of rural England. And four years on from the routine commissioning of PrEP in sexual health services, more people should be benefitting. Research before the 2022 mpox outbreak found the most common waiting time to get PrEP was 12 weeks (35% waited this long). There are also inequalities in who is offered PrEP - women are significantly less likely to have their need identified in a sexual health clinic. This inequality is particularly stark for women of Black African ethnicity.

Making PrEP, HIV and STI testing available online can tackle waiting lists and free up face-to-face clinical time for complex patients, maintaining vital in person services.

HIV
time's
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3 Create a national programme to find and re-engage people living with HIV who are not in care and support everyone to live well with HIV

Up to 14,000 people living with HIV in England have not been to their HIV clinic for at least a year. Hospitals in urban areas are reporting that people previously diagnosed with HIV but not accessing care are now the leading driver of hospital admissions related to HIV. This is completely avoidable.

This is the result of many factors, including experiencing complex medical and mental health needs, poverty, discrimination and fear of stigma. The Positive Voices survey shows that in 2023, people living with HIV experienced poorer levels of wellbeing and higher unmet needs than five years ago, with marked inequalities by race, age and gender.

Pilot work by the Elton John AIDS Foundation has successfully returned people to care through case-finding, focused follow up and wrap-around support for people, which now must be rolled out across the country through a national programme. Action must also be taken to make peer support and social services accessible to all, addressing the drivers of inequalities and supporting people with HIV to live and age well with dignity.



4 Provide year-on-year, above-inflation increase in funding for the local authority public health grant, as part of a multi-year settlement

The public health grant has been cut by 28% in real terms since 2015/16, while demand for sexual health services has increased. This pressure was exacerbated by mpox. These cuts are compromising access to services, with more than half now unable to offer face-to-face appointments for people presenting without symptoms, even though many STIs can be asymptomatic.

A year-on-year, above-inflation increase in the public health grant as part of a multi-year settlement is needed for more efficient longer-term, strategic planning by commissioners.



5 Develop a national sexual health strategy

We urgently need a national strategy that sets a clear direction for improving sexual health in England. With STI rates at the highest seen in generations and the LGA warning services are at 'breaking point', the next five years are crucial.

This strategy must include long-term plans for the sexual health workforce to address the low number of GUM/HIV training posts, limited training funding and the retirement 'cliff-edge' for all members of the multidisciplinary team. A clear approach to the development and implementation of new vaccines for mpox, herpes simplex and gonorrhoea is needed, with equity of access at its centre. The strategy must also recognise the important role the voluntary sector plays in prevention and support services.



6 Ensure justice for those impacted by the contaminated blood scandal and the full implementation of the infected blood inquiry's recommendations

The new government must honor the commitments made in the House of Commons on 21 May 2024, including expediting all interim compensation payments. Within 100 days, the government should set out a full response to Sir Brian Langstaff's report, a plan for implementation and the speedy payments of a full and final compensation package.

HIV and sexual health today

Progress

Significant steps have been made in the last five years. Landmark investments in opt-out HIV testing in A&Es, successful HIV Testing Week campaigns and work by HIV and public health leaders means the number of HIV tests that take place annually will have nearly tripled by the end of this year.

PrEP is available for free from the NHS, and outdated and discriminatory rules on blood donation, access to fertility treatment, requirements to declare to the DVLA, military service and commercial piloting have been overturned.

But to get to the goal of no new cases by 2030, acceleration and innovation are needed: to get people on to PrEP, to diagnose HIV earlier, and to get everyone the care they need.

Health inequalities

There are people and communities being left behind in the fight against HIV. There has been a significant and welcome decline in new cases for white gay and bisexual men, but the latest data show deeply concerning health inequalities in race and gender. HIV is not declining for any other group, including Black African heterosexual people who are disproportionately affected by HIV. Rates are rising for women. Action to tackle these serious health inequalities must be prioritised.

Wider structural factors, including poverty, racism, homophobia and transphobia, also play a part. They stop people from accessing the care they need, hold them back from testing and affect the social determinants that impact every aspect of a person's health.

Stigma and discrimination

HIV stigma and discrimination are still far too common. This has a direct impact on the quality of life of people living with HIV with 45% saying they feel ashamed of their HIV status and 48% reporting living with anxiety or depression. People living with HIV should be able to live their lives without facing prejudice or being turned away from services. HIV stigma stops people from testing for HIV and from accessing the care they need when diagnosed, and in some cases leads to premature, preventable deaths. We must accept nothing less than zero HIV stigma and discrimination.

Soaring STI rates

Sexual health services are the backbone of our work to end new HIV cases and ensure everyone has good sexual health. They are currently under enormous strain, coping with growing demand but diminishing resources.

Syphilis and gonorrhoea rates have long exceeded post-WW2 highs and still rising. Inequalities are getting starker, with young people, people living in the most deprived areas, people of Black Caribbean ethnicity and gay and bisexual men most affected.

Without funding as well as a national strategy for the future of sexual health and HIV services, this growing crisis will not be tackled.

The infected blood scandal

The infected blood scandal has been widely recognised as the "worst treatment disaster in the history of the NHS". The final report of the inquiry confirmed what victims have known for many years, that this tragedy – that led to 30,000 people infected with Hepatitis C and / or HIV – was no accident. With victims dying at a rate of one every four days, their case could not be more urgent.

Those impacted have always been clear about the importance of ensuring that a scandal like this can never happen again. They would never want others to endure what they have had to over the last 40 years. Full implementation of the recommendations of the inquiry is essential.