



# First steps to ending new HIV cases

## HIV and sexual health in the first 100 days of government

Welcome to government and your new post. Your actions could make the UK the first country in the world to end new HIV cases, all by 2030.

We are currently not on track to reach this goal by the 2030 target. The new Health Secretary will need to act to turn this around.

On World AIDS Day 2023, Keir Starmer committed that, if elected, Labour would commission a new HIV Action Plan in the first 100 days of government. At the Labour Party Conference 2023, the shadow public health minister announced the action plan would be published within 12 months.

These seven steps are quick wins for those first 100 days that would also lay the foundations for publishing a bold, credible new HIV Action Plan within a year:

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- 1. Publish an honest assessment of progress against UNAIDS 90-90-90 targets**
  - 2. Write to all Directors of Public Health about access to formula milk for mothers living with HIV**
  - 3. Extend *HIV Prevention England* until a new HIV Action Plan can set appropriate priorities**
  - 4. Request the design of a national PrEP pharmacy service**
  - 5. Accept JCVI advice on mpox and gonorrhoea vaccines**
  - 6. Announce a review of the National Chlamydia Screening Programme**
  - 7. Commission a new HIV Action Plan**

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- 1. Publish an honest assessment of progress against UNAIDS 90-90-90 targets**

Up to 14,393 people living with HIV in England are essentially lost to the health service, having not been to their HIV clinic for more than 15 months.<sup>1</sup> They are at risk of passing on the virus, developing serious illness and dying. Many already are. Hospitals in London are reporting that there are now more people being hospitalised because they were not accessing HIV treatment than because they didn't know they were living with HIV.

Opt-out HIV testing in A&Es has highlighted the scale of this problem, which was previously underestimated. More than 1 in 3 of those found with HIV in A&Es have been previously diagnosed but were not accessing care.

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<sup>1</sup> UKHSA, HIV Action Plan Monitoring and Evaluation Framework, December 2023.

The UNAIDS measure of progress towards ending new HIV cases is through a '90-90-90' care cascade. Those numbers are supposed to represent the percentage of people who know their HIV status, the percentage on treatment and the percentage with an undetectable viral load. England reports having achieved 95-99-98 against these goals.<sup>2</sup>

**However, the way the second '90' is currently reported does not properly capture the scale of the number of people not accessing care. If a person has not been to their clinic in more than 15 months they are counted in the cascade, more than 24 months and they are not.**

In Scotland, the Deputy Chief Medical Officer has calculated a more accurate version of the measure that includes people lost to care. That put Scotland at 93-70-94 in 2021 (as opposed to 93-97-94).<sup>3</sup> Epidemiologists at UKHSA presented a poster on the same problem at AIDS 2022 in Montreal but similar reporting has not happened in England yet.

As a first step to tackling the number of people not accessing HIV care, we must acknowledge the scale of this problem. The new government should publish a more accurate version of England's progress against the UNAIDS goal that includes people not accessing HIV care. This would give a truer picture of progress towards ending new HIV cases than in previous years when the government has reported being 'on track'.<sup>4</sup> This could inform the creation of a national programme to return people to HIV care in the new HIV Action Plan.

## **2. Write to all Directors of Public Health about access to formula milk for mothers living with HIV**

Vertical transmission of HIV (from mother to baby) can occur during pregnancy, childbirth and through breastfeeding. In the UK, vertical transmission has been nearly eliminated thanks to opt-out HIV testing in antenatal services. When a mother is on effective treatment, the risk of HIV transmission during pregnancy and childbirth is close to zero.

**On breastfeeding, the British HIV Association's clinical guidance recommends that mothers living with HIV use formula milk to feed their babies to eliminate any risk of HIV transmission.<sup>5</sup> However, the cost of buying formula milk is prohibitive for many.**

There is no clear responsibility or commissioning route for the provision of free formula milk for mothers living with HIV. There is some provision in parts of England through charities like the Food Chain or local authority public health teams, but this is in limited areas and ultimately ad hoc.

No mother living with HIV should be in a position of having to consider financial costs when making choices about the safest way to feed their baby. There are relatively low numbers of births to mothers living with HIV a year and the cost of formula milk is minimal compared to the lifetime treatment costs of HIV (an average of £220,000 across a lifetime).

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<sup>2</sup> UKHSA, HIV Action Plan Monitoring and Evaluation Framework, December 2023.

<sup>3</sup> Professor Nicola Steadman, Presentation at BASHH Conference 2023, Countdown to Zero. HIV Transmission Elimination Plans for Scotland, June 2023.

<sup>4</sup> Neil O'Brien, HIV Action Plan: Annual update to Parliament, June 2023.

<sup>5</sup> BHIVA, Position statement on HIV and mixed infant feeding, December 2022.

This is ultimately a public health issue. Free formula milk and the equipment needed to use it, should be part of routinely commissioned HIV care for mothers, provided through the NHS. In the meantime, the postcode lottery on formula milk provision must end now.

As a first step, the new Health Secretary should write to all Directors of Public Health to make it clear that while commissioning at a national level is considered, local authorities must guarantee the provision of formula milk for all mothers living with HIV in the area.

### **3. Extend HIV Prevention England until a new HIV Action Plan can set appropriate priorities**

**HIV Prevention England is the highly successful programme behind National HIV Testing Week. It is run by Terrence Higgins Trust** following a competitive tender. The current contract was commissioned for only three years, unlike on previous occasions where the contract has been for three years but included a clause with the option to extend. The contract has already been extended for 12 months; the timing of the election means a recommission is not possible.

Last year this was agreed on the last day before Christmas, impacting National HIV Testing Week in February of this year. A 24-month extension would allow for certainty in the programme and for new priorities to be set when a new HIV Action Plan is agreed. A prompt, two-year, inflation-linked extension should be agreed by ministers.

### **4. Request the design of a national PrEP pharmacy service**

The HIV prevention pill PrEP is still only available through specialist sexual health services in England. The HIV Commission recommended that PrEP should be available through other services, including in pharmacies. The first HIV Action Plan committed to publish a plan for making this happen, but the 'PrEP Roadmap' that followed has not delivered it.<sup>6</sup>

There are serious inequalities in who is benefiting from PrEP. For those trying to get PrEP, the average wait time is 12 weeks.<sup>7</sup> Gay, bisexual and other men who have sex with men (GBMSM) in rural communities and younger GBMSM find it harder to access PrEP. People of Black African ethnicity, who are disproportionately affected by HIV, access PrEP in very small numbers.

Making PrEP available through pharmacies – dispensing or prescribing – would make it accessible for those who don't or can't access sexual health services and free up clinical time to deal with more complex patients.

**The problem is that the cost of PrEP through the Drug Tariff means it is not cost-effective to deliver it through pharmacies. Under the tariff, pharmacies are eligible for a £355.73 reimbursement for dispensing a 30-day course of PrEP, while NHSE pays £7 for the centrally procured stock of PrEP that is only available through sexual health services.**

Making amendments to this would require changes to the funding mechanism through which pharmacies derive income from acquiring and dispensing medicines, which is set out in the National Health Service Act 2006. We think there could be ways around this,

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<sup>6</sup> DHSC, Roadmap for meeting the PrEP needs of those at significant risk of HIV, February 2024.

<sup>7</sup> Terrence Higgins Trust, National AIDS Trust, Sophia Forum, One Voice Network, PrEPster, Not PrEPared: Barriers to accessing HIV prevention drugs in England, November 2022.

through a National Enhanced Service for PrEP that mirrors the COVID-19 vaccine programme or the Pharmacy Contraception Programme.

As a first step, asking civil servants to design and cost a PrEP pharmacy service, including any legislative changes that could be necessary, would allow for an informed decision on PrEP access in the new HIV Action Plan.

## **5. Accept JCVI advice on mpox and gonorrhoea vaccines**

Rates of gonorrhoea in England are at a record high, while sexual health services have still not recovered from the impact of the mpox outbreak of 2022.<sup>8</sup> New mpox cases are still recorded each month in the UK – sixteen in April 2024 – and scientists at UKHSA remain concerned that there could be future outbreaks.<sup>9</sup>

**In November 2023, the JCVI advised the government to introduce routine mpox and gonorrhoea vaccine programmes.<sup>10</sup> The JCVI recommended that sexual health services should undertake opportunistic vaccination of those at increased risk.**

This could prevent another mpox outbreak and turn the tide on soaring gonorrhoea rates. The introduction of a MenB vaccination programme to prevent gonorrhoea would also be a world first.

Civil servants are waiting for the ministerial instruction necessary to take this forward. If the new Health Secretary formally accepted the advice of JCVI on these vaccines, civil servants could then work on the operational details of how a programme could be delivered. Giving this instruction would show a clear sign of intent on vaccines and sexual health.

## **6. Announce a review of the National Chlamydia Screening Programme**

The National Chlamydia Screening Programme (NCSP) was launched in 2003 to provide opportunistic chlamydia screening to young people.

**In 2021, the government changed the programme to only test young women. This changes the focus from preventing chlamydia infections to only reducing the harms of untreated chlamydia.** This change reinforces the stigma that chlamydia is a woman-only issue and sends a message to young men that sexual health is not their responsibility.

Since the changes, chlamydia diagnoses have continued to rise in both young women and young men. Young people living in deprived areas are most affected.<sup>11</sup> The government has not provided any evidence that changes to the programme have achieved the desired effect of reducing the harms of untreated chlamydia in young women.

The new Health Secretary could commission a review of the National Chlamydia Screening Programme and when doing so, clearly state that the burden of chlamydia testing should not be on young women alone. This would be a first step in moving back to focusing on genuine prevention in sexual health.

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<sup>8</sup> UKHSA, STI Annual Data Tables, June 2024.

<sup>9</sup> UKHSA, Mpox outbreak: epidemiological overview, May 2024.

<sup>10</sup> UKHSA and DHSC, JCVI advises on gonorrhoea and mpox vaccinations, November 2023.

<sup>11</sup> UKHSA, Annual STI Data Tables, June 2024.

## 7. Commission a new HIV Action Plan

The HIV Action Plan expires in 2025.<sup>12</sup> Its flagship policy – to invest in opt-out HIV testing in A&Es in areas with the very highest prevalence of HIV – has been a triumph. More than 1,300 people with HIV have been found in two years and the government has funded a year's expansion of the programme to 47 more hospitals, taking the total to 81.<sup>13</sup>

Progress against many of the other commitments made in the HIV Action Plan has been slow or non-existent. At the current trajectory, **England will not meet the HIV Commission's interim target of reducing new transmissions by 80% by 2025, let alone zero by 2030.**

If we are to get to zero, a future HIV Action Plan must be more ambitious, and it must be delivered. At Terrence Higgins Trust, we are working across the HIV sector to develop a consensus statement ahead of World AIDS Day 2024 that can lay the foundations for that new plan. It will need to focus as much on engagement and re-engagement in HIV care as it does on prevention.

Labour has committed to commissioning a new HIV Action Plan in the first 100 days of government and publishing it within a year. The HIV Prevention England Conference on 6 September 2024 (funded by DHSC and delivered by Terrence Higgins Trust) would be an ideal moment for the new Health Secretary to announce this.

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**Taking these steps in the first 100 days of government would put the new Health Secretary in a strong position to publish a new HIV Action Plan within a year and show a direction of travel on sexual health. Get this right and it would be the first time in history that we have stopped the onward transmission of a virus without a vaccine or a cure.**

**At Terrence Higgins Trust we are ready to work with the government to make this historic goal a reality.**

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<sup>12</sup> DHSC, Getting to Zero: The HIV Action Plan for England 2022 – 2025, December 2021.

<sup>13</sup> NHSE, HIV opt-out HIV testing dashboard, May 2024.