London HIV Ambassadors Programme
3-year evaluation

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"As a collective we have shown that people living with HIV are incredible, and that our stories are filled with a richness that is undeniable in its integrity, depth and ability to influence."

London HIV Ambassador



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Executive Summary

The London HIV Ambassadors Programme was a three-year lived experience-led initiative funded by Fast-Track Cities London and delivered by Terrence Higgins Trust. It was developed to reduce HIV stigma by recruiting, training and supporting people living with HIV to share their experiences with professional, public sector and community audiences across London.

Running from April 2023 to March 2026, the programme responded to the continued presence of HIV-related stigma in health, care and community settings. Despite major advances in HIV treatment and prevention, misconceptions about transmission, fear of casual contact, assumptions about who is affected by HIV and stigma around disclosure continue to shape the experiences of people living with HIV. The programme sought to address these issues by combining accurate HIV information with direct engagement with people with lived experience. It took significant learning from over twenty years of experience delivering similar work across the UK through the Positive Voices programme.

Across the funding period, the programme recruited and onboarded 25 Ambassadors and delivered 117 recorded talks, reaching 6,175 people through 163 hours of delivery. Its influence extended beyond direct engagement through media appearances, podcasts, blogs, public events, professional conferences, campaigns and social media. Ambassadors shared their stories through a range of regional and national media outlets, including BBC Politics London, BBC News, BBC South East, ITV Meridian News, The Mirror, Gay Star News and Radio Next, helping to bring lived experience perspectives on HIV to wider audiences. Across Terrence Higgins Trust and Fast-Track Cities London platforms, 66 posts featuring Ambassadors reached 157,782 people, with a further estimated 3,500 people reached through blogs, podcasts and other public-facing activities. Reach data for media appearances was not available, so the total number of people reached by the programme is likely to be significantly higher than can be evidenced through the available monitoring data.

Evaluation evidence indicates strong immediate outcomes for participants. Health and care audiences reported increased confidence in talking with patients and colleagues about HIV, improved understanding of transmission and treatment, and reduced endorsement of unnecessary additional precautions. Police audiences reported substantial improvements in HIV knowledge, reduced misconceptions about casual or occupational transmission and greater confidence in interacting with people living with HIV.

The most consistent finding was the value of lived experience. Ambassadors' stories helped make HIV personal, human and relevant. Participants described the sessions as

powerful, memorable and practice-changing, with many reflecting on language, empathy, confidentiality and the importance of non-stigmatising care.

The programme also had a meaningful impact on Ambassadors themselves. Feedback suggests it supported confidence, self-acceptance, skills development, community connection and advocacy. Ambassadors valued being paid for their expertise, supported practically, and brought together as a community of people using lived experience to create social change.

The programme faced challenges common to scaling lived experience work, including booking systems, communication expectations, fair access to opportunities, speaker support, sustainability and co-ordination with related stigma-reduction activity. These challenges generated practical learning and informed the integration of London HIV Ambassadors with Positive Voices, creating a stronger platform for future delivery.

Headline output[1]	Figure
Ambassadors recruited and onboarded	25
Recorded talks delivered	117
Direct audience reached through talks	6,175
Recorded delivery hours (talks)	163
In-person sessions	76
Online sessions	40
Hybrid sessions	2
Recorded speaker slots	209
Average speakers per talk	1.77
Social media posts featuring Ambassadors	66
Social media reach	157,782
Blog posts reach	3000
Podcasts reach	500
Total reach	**167, 523**

[1] Figures do not include reach for media appearances or social media reach where posts where shared by other users as these cannot be quantified. They also do not include talks delivered by Ambassadors for other programmes, such as Positive Voices. Total reach will therefore likely be much higher than quoted.

Evaluation audience	Audience size / denominator	Pre-session surveys	Post-session surveys
Health and care	4,953	447 (9%)	237 (5%)
Police	1,252	335 (27%)	145 (12%)
Total survey denominator	6,205	782 (13%)	382 (6%)

We would like to thank everyone involved in making the programme a success, including the Ambassadors, Fast-Track Cities London, staff and contractors at Terrence Higgins Trust, and the organisations and colleagues who booked talks and invited us to their events.

This programme has been, and continues to be, a collective effort, and we could not have done it without all of them.

Headline conclusion

Taken together, the evidence suggests the programme delivered against all three areas of its Theory of Change: Ambassadors reported increased confidence, connection and advocacy skills; audiences reported improved knowledge, confidence and reduced misconceptions; and the programme contributed to wider system influence through partnerships, media, campaigns and integration with related HIV stigma-reduction work.

1. Introduction & Background

HIV-related stigma remains a significant barrier to effective prevention, testing, treatment and care. Stigma can operate through misinformation about transmission, fear of casual contact, judgement about sex, assumptions about identity or behaviour, breaches of confidentiality, and avoidant or unnecessary practices in professional settings.

In health and care settings, stigma can affect the experience of people living with HIV by shaping how professionals communicate, how confidentiality is handled and whether standard infection prevention and control procedures are applied appropriately. In wider professional and community settings, misconceptions about HIV can affect how people living with HIV are treated, whether they feel safe to share their status with others, and whether conversations about testing, prevention and treatment take place without judgement.

London has made significant progress in relation to HIV prevention, diagnosis and treatment, but achieving zero HIV stigma requires more than clinical progress. It requires accurate knowledge, confidence, empathy and direct challenge to the assumptions that continue to surround HIV. Training that addresses facts alone may not fully shift attitudes where stigma is rooted in fear, misunderstanding or unconscious bias.

The London HIV Ambassadors Programme was developed in response to this need. It ran from April 2023 to March 2026 and placed people living with HIV at the centre of stigma-reduction work, using lived experience to complement evidence-based HIV education. By hearing directly from Ambassadors, participants were invited to understand the human impact of stigma, reflect on their own practice and identify practical changes they could make in their roles.

The programme was funded for three years by Fast-Track Cities London and delivered by Terrence Higgins Trust. It formed part of broader city-wide work to tackle HIV stigma, increase public and professional understanding, and embed lived experience within service design, professional education and public engagement.

This report evaluates the programme across the three-year funding period. It considers programme design, delivery, reach, participant outcomes, impact on Ambassadors, wider system influence, key learning, sustainability and recommendations for future delivery.

2. Programme Overview

2.1 Strategic aims

The HIV Ambassadors Programme was a lived experience-led initiative designed to increase knowledge, reduce stigma, and improve confidence among health and care professionals in relation to HIV. Its mission was to tackle societal stigma and support London's ambition of reaching zero HIV stigma in London by 2030. Though:

- Recruiting and training people living with HIV to act as ambassadors, sharing their personal experience to help highlight and eliminate HIV stigma
- Educating the wider health and social care sector about HIV and stigma
- Supporting the HIV Confident Charter and its rollout, promoting it to organisations
- Tackling internalised stigma for people living with HIV and societal stigma and discrimination
- Seeking opportunities for people living with HIV to work within & outside the HIV sector

2.2 Year 1: Programme development, recruitment and pilot delivery

Year 1 focused on establishing the foundations of the programme. This included developing the role description and recruitment process, recruiting the first Ambassador cohort, creating the training and support pathway, developing presentation materials and piloting the delivery model.

Recruitment sought to build a diverse cohort of people living with HIV who could share a range of experiences and perspectives. Ambassadors were supported through structured storytelling training, safeguarding and data protection requirements, shadowing and one-to-one preparation before delivering talks.

The delivery model combined personal stories with factual HIV education and facilitated discussion. Early sessions tested the balance between storytelling and information, the practicalities of co-delivery, the use of pre- and post-session surveys and the support needs of Ambassadors before and after talks.

By the end of Year 1, the programme had moved from set-up into active delivery. It had established a viable, co-produced model that could be adapted across audiences and

formats, with early feedback indicating that participants valued both the factual learning and the opportunity to hear directly from people living with HIV.

2.3 Year 2: Scaling delivery and strengthening impact

Year 2 focused on expanding reach and strengthening impact evidence. Delivery increased across NHS, education, local authority, voluntary sector, professional and wider public sector audiences. Sessions were delivered in person and online, enabling the programme to respond flexibly to audience needs and organisational capacity.

Partnerships deepened with NHS and professional audiences, including GP education, student training, professional networks and frontline services. The Ambassador cohort continued to develop through ongoing support, peer connection and additional opportunities including media, campaigns, podcasts and public engagement.

A key focus in Year 2 was evaluation quality. Survey tools were reviewed and shortened to improve completion, while analysis methods were refined to make better use of quantitative and qualitative feedback. Evidence increasingly demonstrated improvements in knowledge, confidence and attitudes, particularly where sessions linked lived experience to practical questions about care, testing, confidentiality and non-stigmatising practice.

The programme also strengthened its role in wider HIV stigma-reduction work, contributing Ambassador voices to public campaigns, digital content, system conversations and related initiatives.

2.4 Year 3: Embedding delivery, system influence and sustainability planning

Year 3 focused on embedding the model, increasing system influence and planning for sustainability beyond the end of Fast-Track Cities London funding. Delivery continued across NHS Trusts, professional networks, local authorities, community organisations and public sector audiences, with stronger engagement from senior and system-level stakeholders.

The programme diversified its delivery further, reaching broader sectors including criminal justice, homeless outreach, staff networks, membership bodies and higher education. Evaluation processes were further improved, and the revised surveys generated stronger post-session data.

Ambassadors continued to shape programme development through surveys, one-to-one feedback, speaker meetings and co-production workshops. In April 2026, Ambassadors and Positive Voices speakers came together for a full-day workshop to reflect on the previous three years, identify learning, discuss working relationships and begin shaping a shared vision for the integrated speaker programme.

Year 3 also highlighted ongoing challenges. These included variable demand from NHS organisations, capacity pressures in potential partner organisations, overlap with separately commissioned stigma-reduction activity targeting similar audiences, and the practical complexity of moving from a separately funded programme into a sustainable integrated model. These challenges informed the recommendations and future delivery model set out later in this report.

3. Theory of Change

The programme's Theory of Change is rooted in the belief that centring lived experience of HIV, particularly experiences of stigma, drives meaningful shifts in knowledge, attitudes, and behaviours among both people living with HIV and the wider system. By placing lived experience at the heart of delivery, the programme seeks not only to inform, but to humanise HIV, challenge stigma, and influence practice at multiple levels.

3.1 Core pathways of change

The programme sought to create change at three levels: individual change for Ambassadors, practice change among audiences and services, and system-level influence across London's HIV stigma-reduction work.

Its Theory of Change is rooted in the belief that centring lived experience of HIV, particularly experiences of stigma, drives meaningful shifts in knowledge, attitudes and behaviour. The programme was designed not only to inform participants, but to humanise HIV, challenge stigma and influence practice across multiple settings.

Domain	Pathway of change	Expected outcomes
1. Ambassadors and people living with HIV	Ambassadors receive training, payment, support, peer connection and opportunities to share their stories safely and purposefully.	Increased confidence, reduced internalised stigma, stronger skills, greater connection, advocacy opportunities and a stronger sense of ownership over lived experience.
2. Audiences, services and communities	Participants hear personal stories alongside accurate HIV information, myth-busting and practical discussion relevant to their role.	Improved knowledge, reduced fear, reduced misconceptions, greater confidence discussing HIV, more reflective practice and reduced stigma-driven behaviours.
3. Wider system influence	Ambassadors contribute to partnerships, professional networks, campaigns, media, conferences and aligned stigma-reduction initiatives.	Greater visibility of people living with HIV, stronger cross-sector collaboration, increased integration of lived experience and more scalable approaches to stigma reduction.

3.2 How change happens

The programme's impact was expected to come from the combination of lived experience, education and direct engagement. Personal storytelling increases emotional engagement and credibility, helping audiences move beyond abstract or outdated ideas about HIV. Accurate information corrects misconceptions about transmission, treatment, Can't Pass It On/U=U, PrEP, PEP and living well with HIV today. Direct interaction with Ambassadors enables questions, discussion and reflection in a way that standard e-learning or written information cannot always achieve.

These mechanisms were expected to lead to increased HIV knowledge, reduced stigma and fear, greater confidence in conversations about HIV, and more appropriate professional responses. Over time, such changes can contribute to better experiences of care and support for people living with HIV, increased openness around testing and prevention, and stronger collaboration across HIV stigma-reduction work.

3.3 Assumptions and external factors

The programme was based on several assumptions: that health, care and public sector professionals will adapt practice when they receive accurate information and hear lived experience; that people living with HIV can be supported to share their stories safely and powerfully; and that organisations are willing and able to make time for stigma-reduction activity. Delivery was also shaped by external factors including NHS capacity, workforce pressures, funding conditions, public awareness, the prioritisation of equality and inclusion, and the presence of other HIV stigma-reduction initiatives operating in London.

4. Methodology

This evaluation draws on multiple sources of evidence: programme delivery records, pre- and post-session participant surveys, qualitative feedback, speaker survey responses, co-production workshops and ongoing informal feedback from Ambassadors. These sources were brought together to understand delivery, reach, immediate outcomes, impact on speakers, learning and sustainability.

The evaluation is not a controlled impact study and does not claim to prove long-term individual behaviour change. Instead, it provides a credible account of immediate learning, attitudinal shifts, reported confidence, intended practice change and the programme's contribution to wider stigma-reduction work.

4.1 Pre- and post-session participant surveys

Pre- and post-session surveys were used to assess participants' baseline knowledge, attitudes and confidence and to understand what changed immediately after training. Surveys were reviewed separately for health and care audiences and police audiences because the two groups had different roles, contexts and training needs.

Audience	Audience size / denominator	Pre-session survey	Post-session survey
Health and care	4,953	447 (9%)	237 (5%)
Police	1,252	335 (27%)	145 (12%)
Total survey denominator	6,205	782 (13%)	382 (6%)

Health and care surveys were revised during the programme after early response rates were found to be low, especially for post-session feedback. The revised surveys were shorter and more accessible, while retaining comparable questions wherever possible. A mapping exercise was used to distinguish between directly comparable questions, partly comparable questions and version-specific questions.

Police surveys were tailored to the policing context and explored knowledge, confidence and attitudes relevant to operational practice, occupational exposure concerns, custody settings and respectful interactions with people living with HIV.

4.2 Speaker feedback and co-production

Ambassador experience was assessed through a speaker survey, individual feedback, regular one-to-one conversations, speaker meetings and co-production workshops. A speaker survey launched in 2025 received responses from nine London HIV Ambassadors, representing a 36% response rate for that group. The survey explored role clarity, support, communication, programme development, favourite aspects of participation and areas for improvement.

Co-production workshops provided another important source of learning. Across the programme, Ambassadors contributed to programme design, training content, delivery learning, operational improvements, and future planning. The April 2026 workshop was particularly important because it supported the transition into an integrated speaker programme with Positive Voices.

Evaluation boundaries

Findings should be interpreted as evidence of immediate and reported outcomes rather than definitive evidence of sustained long-term practice change. Survey completion was voluntary, response rates varied by audience, pre- and post-session surveys were not matched to individuals, and many findings rely on self-reported confidence, attitudes and intended behaviour. However, the consistency of findings across delivery data, survey responses, qualitative feedback, speaker input and co-production strengthens confidence in the overall interpretation.

5. Outputs

5.1 Ambassador Recruitment, onboarding and support

The recruitment process was designed to ensure applicants understood the role, were appropriately assessed and were supported before delivering talks. Prospective Ambassadors submitted an online application, attended an interview and completed a shadowing opportunity with existing speakers. This enabled applicants to understand the nature of the work and consider whether they felt comfortable with the responsibilities involved.

Following selection, Ambassadors completed recruitment checks and joined the programme as sessional workers. Recruiting Ambassadors as paid sessional workers was an important part of the model because it recognised lived experience as expertise and reduced barriers for people who could not afford to volunteer their time or absorb the costs associated with participation.

All Ambassadors attended bespoke "Storytelling with Passion and Purpose" training, delivered by a professional speaking coach. The course built confidence, supported speakers to decide what they felt comfortable sharing, helped them tailor stories to different audiences and developed their public speaking skills. Training was delivered in small groups, supported by peer feedback, one-to-one coaching and a supportive showcase before Ambassadors began delivering formal talks.

Ongoing support included a speaker WhatsApp community, weekly update emails, regular peer support, one-to-one line management meetings, check-ins before and after talks, ad hoc story development support, access to additional training and access to wellbeing support. Additional training during the programme included facilitation, media training, sexual harassment, sexual health, consent and HIV awareness.

5.2 Ambassador Demographics

The programme recruited and onboarded 25 Ambassadors and worked to ensure the cohort reflected the diversity of people living with HIV in London. The cohort included people of different genders, ethnicities, ages, sexualities and lived experiences, including groups that are often less visible within HIV education and public engagement work.

Demographic area	Programme profile
Gender	13 men, 11 women and 1 non-binary Ambassador.
Ethnicity	Asian, Black African, Black British Caribbean, Black Caribbean, Latinx, Mixed, White British, White Irish, White Eastern European and White Other Ambassadors were represented.
Age	The cohort included younger people, people aged 35-49 and people aged 50 and over.
Sexuality	The cohort included GBMSM, heterosexual and bisexual Ambassadors.
Additional representation	The programme included voices less frequently represented in HIV education, including a South Asian woman, a heterosexual man, a Latinx woman, someone under 25 and someone with experience of the criminal justice system.

5.3 Ambassador contribution and co-production

Co-production was built into the programme throughout its lifecycle. In Year 1, workshops helped shape programme design, training content and delivery assumptions. In Year 2, speaker feedback and co-production informed improvements to operational processes and a refresh of slide decks, making them clearer, more practical and more focused on actions participants could take to tackle HIV stigma.

In April 2026, Ambassadors and Positive Voices speakers came together for a full-day co-production workshop. The session reflected on achievements, discussed the personal and programme-level impact of the work, identified learning from delivery, explored speaker support, considered how speakers and staff work together, and began shaping a shared vision for the integrated programme.

This co-production activity helped ensure that people living with HIV were active partners in shaping programme direction, rather than only contributors to delivery.

5.4 Training and talks delivered

Across the three years, Ambassadors delivered 117 recorded talks, reaching 6,175 people over 163 delivery hours. Sessions were delivered in person, online and hybrid, enabling the programme to respond to different organisational contexts and audience needs.

Headline metric	Value
Talks delivered	117
Audience size	6,175
Recorded delivery hours	163
In-person sessions	76
Online sessions	40
Hybrid sessions	2
Recorded speaker slots	209
Average speakers per talk	1.77

The programme's strongest recorded delivery footprint by number of talks was in NHS healthcare settings and education/student training. The largest single audience group was the Metropolitan Police, where the programme delivered 23 talks to 1,252 officers and staff.

Sector	Talks	Audience	Comment
Health and care / NHS	35	1,280	Largest sector by number of talks; includes GP Champions, NHS trusts, hospitals, ICBs, primary care and clinical audiences.
Education / students	23	1,372	Strong student reach, including pharmacy, medical, occupational therapy, paramedic and allied health audiences.
Police / criminal justice	23	1,252	Mainly Metropolitan Police Safer Transport Teams.
Local authority	16	796	Includes councils, local authority staff sessions and borough-based GP/community activity.
Voluntary / charity / housing	7	245	Includes St Mungo's, Look Ahead, LGBTQ+ organisations, deaf communities and related audiences.
Professional body / membership	5	300	Includes perioperative, primary care, biomedical science, psychology and dental audiences.
Wider public / private sector	5	200	Includes Metro Bank, TfL, Home Office and Downing Street.
Other / mixed	2	630	Includes UK-wide, London-wide and external system audiences.

Delivery geography	Talks	Audience
North Central London	49	2,573
South West London	20	1,095
North East London	11	351
South East London	11	440
North West London	9	406
Outside London / outside ICB geography	7	820
Other / UK-wide or London-wide	10	490

Delivery data shows a broad geographic footprint across London, with particularly strong reach in North Central London and South West London. The "Other / UK-wide or London-wide" category reflects sessions delivered to broader professional or system audiences that did not map neatly to a single London Integrated Care Board geography.

5.5 Organisational partnerships and repeat engagement

The programme developed a repeat-delivery model with several partners, including the Metropolitan Police, St George's, University College London and Hospitals, GP Champions, University of East London, Nexus Health, St Mungo's and voluntary sector partners. Repeat engagement indicates that organisations saw continued relevance in the sessions and valued Ambassador input for staff, student or network audiences.

Partner / audience group	Talks	Audience
Metropolitan Police	23	1,252
University College London / associated schools and teams	7	651
St George's University Hospital	12	540
GP Champions and primary care events	12	360
University of East London	3	100
Home Office LGBTQ+ Network	2	100

Partner / audience group	Talks	Audience
St Mungo's	2	75
Nexus Health	3	70
Maidstone Hospital	2	70
University College London Hospital	2	65
VA Harrow	2	40

5.6 Media, digital activity and public engagement

Ambassadors contributed to media, digital and public engagement activity throughout the programme. This activity helped extend the reach of the programme beyond formal training sessions and brought lived experience into wider public conversations about HIV, stigma, testing, treatment, PrEP, Can't Pass It On/U=U, Pride, ageing, dating, disclosure, immigration, Black communities and heterosexual communities.

Highlights included appearances across broadcast, print and digital media, including BBC Politics London, BBC News, BBC South East, ITV Meridian News, The Mirror, Gay Star News and Radio Next. Ambassadors also featured in podcasts and nine spoke on FTCL's Getting to Zero podcast. Ambassadors contributed to a range of written features for professional and public audiences, including a World AIDS Day article for the Association for Perioperative Practice, a Black History Month blog for Terrence Higgins Trust, a Zero HIV Stigma Day feature for Fast-Track Cities London, and a World AIDS Day blog for Do It London.

These activities supported the programme's wider purpose by increasing the visibility of people living with HIV and challenging narrow or outdated public perceptions.

Digital metric	THT	FTCL	Total
Posts featuring Ambassadors	25	41	66
Instagram reach	48,387	16,263	64,650
Facebook reach	77,993	515	78,508
Threads reach	788	27	815
X reach	5,154	1,553	6,707
LinkedIn reach	3,960	2,102	6,062

Digital metric	THT	FTCL	Total
TikTok reach	1,040	0	1,040
Blog posts (estimated)			3000
Podcasts (estimated)			500
Total digital reach			**161,348**

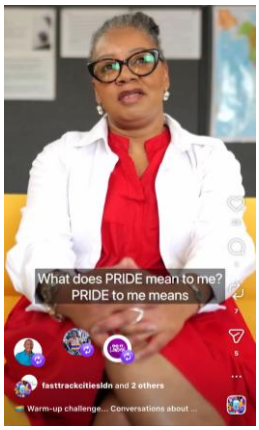




























5.7 Events and system influence

Ambassadors supported Fast-Track Cities London and partner organisations through events and system-facing activities. The programme was launched at City Hall on World AIDS Day 2023, creating an opportunity for Ambassadors, programme leaders, GLA members and the Mayor of London to reflect on progress and highlight the importance of tackling stigma.

Ambassadors supported UK Black Pride outreach in 2024 and 2025, using lived experience to destigmatise HIV and encourage regular testing.

In 2024 several Ambassadors attending a reception at Downing Street to commemorate Word AIDS Day and some spoke directly with Prime Minister







Sir Keir Starmer about the impact of HIV stigma. The event also gave Ambassadors the opportunity to speak directly with health ministers, and MPs; as well as officials in the Department of Health and UKHSA.

In 2026 Terrence Higgins Trust presented a poster at the joint BHIVA/BASHH conference highlighting the impact of our HIV stigma work in the health and care sector, delivered by trained speakers living with HIV through Positive Voices and the Ambassador programme, and supported by digital learning resources. Data showed that, since 2021, outcomes from 8,813 health and care staff and students who attended 165 live training sessions, demonstrated substantial improvements in HIV knowledge and confidence. Self-reported confidence in having discussions with patients or colleagues living with HIV increased from a mean score of 51.5 to 78.6 out of 100, with participants consistently identifying the contribution of lived experience speakers as the most impactful element of the training. System influence was also visible through the programme's contribution to GP Champions, primary care engagement and point-of-care HIV testing training.

While HIV Confident was not established as a direct delivery partner of the London HIV Ambassadors programme, there was considerable contribution from Ambassadors and

THT staff towards the development, promotion and implementation of HIV Confident activities.

This demonstrates the wider influence and value of the programme beyond its own core outputs, with Ambassadors helping to strengthen related stigma-reduction initiatives across London.

6. Pre-session expectations

6.1 Health and care audiences

Health and care participants were invited to identify any topics they hoped would be covered. A total of 152 participants provided a free-text response across the original and revised surveys. Many respondents indicated that they had no specific requests, while others highlighted consistent areas of interest.

Participants wanted to understand how to support people living with HIV in person-centred, empathetic and non-judgemental ways. They asked about stigma, misconceptions, prejudice, allyship, HIV transmission, prevention, testing, diagnosis, treatment and recent developments in HIV care. Communication and disclosure were also important themes, including how to talk sensitively about HIV and support people who are newly diagnosed or choosing whether to disclose.

Overall, responses suggest that health and care participants were seeking both practical knowledge and deeper insight into lived experience. This supports the programme's model of combining factual education with Ambassador stories.

6.2 Police audiences

Police participants came to the training with varied levels of confidence and a clear appetite for role-relevant learning. When asked whether they wanted to know more about HIV, just over half of pre-session respondents answered yes, while a further group were unsure.

Free-text responses often raised practical questions relevant to policing contexts. These included HIV symptoms, the difference between HIV and AIDS, whether someone can have HIV without visible signs, transmission risks from blood or needles, and how officers should respond appropriately in operational situations.

Several responses suggested that some participants' prior understanding had been shaped by workplace messages about avoiding blood, bodily fluids and needles, rather than by a broader understanding of HIV today. This pointed to a need for training that combined accurate information with practical reassurance about occupational exposure, stigma and respectful interaction.

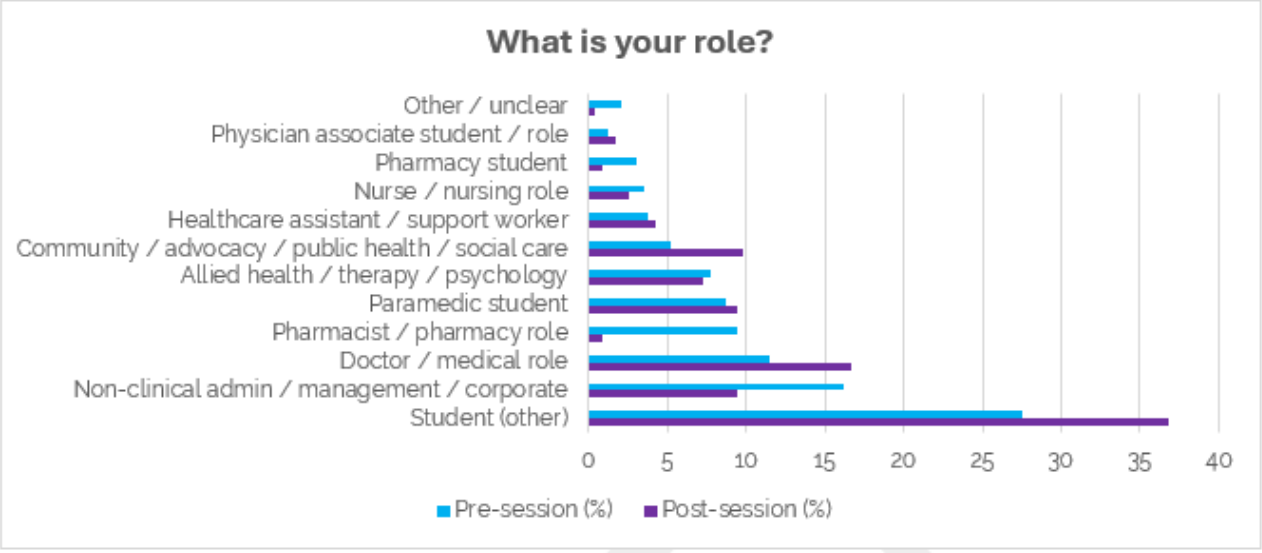
7. Outcomes & Impact

This section is the main evidence section and returns to the programme's three domains of change: outcomes for audiences and services, outcomes for Ambassadors, and wider system influence. Findings are phrased cautiously where they are based on survey responses, self-report or immediate post-session feedback.

7.1 Health and care audiences

Audience profile

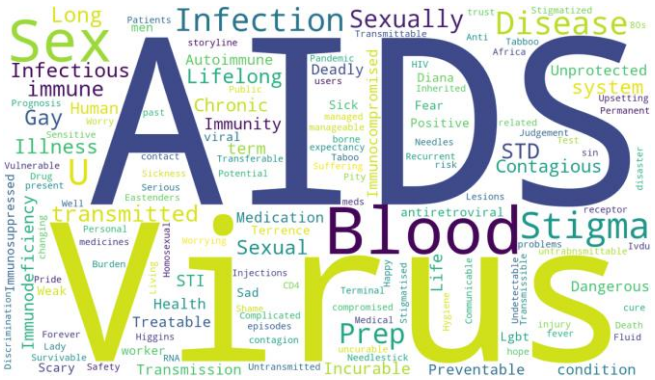
Health and care sessions reached a broad mix of students, doctors, allied health professionals, nurses, healthcare assistants, pharmacists, non-clinical staff, community workers and advocacy roles. Students were the largest respondent group across both pre- and post-session surveys, suggesting that the programme engaged many people at an early stage of their professional development, alongside established staff.



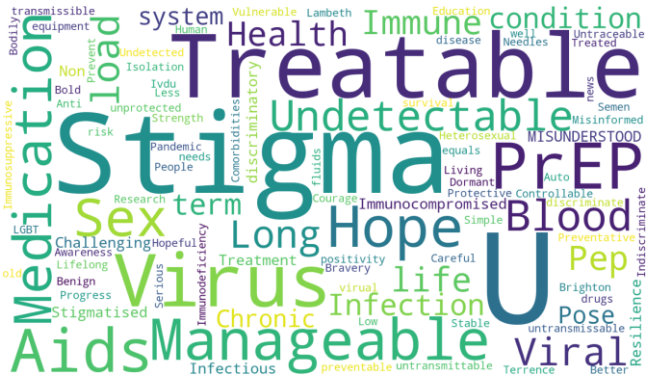
Knowledge, confidence and language

Health and care participants reported strong improvements in HIV knowledge and confidence following sessions. Three-word association responses shifted from terms associated with fear, illness and transmission, such as blood, sex, virus, disease, deadly and scary, towards more current and hopeful language, including Can't Pass It On/U=U, treatable, manageable, PrEP, empathy, support and hope. This suggests a movement from fear-based perceptions towards a more informed and person-centred understanding of HIV.

Pre-session:



Post-session:



Participants' confidence in having a discussion with a patient or colleague who tells them they are living with HIV increased from a mean score of 50.1 pre-session to 79.0 post-session, with the median increasing from 50 to 80. In the older survey questions, confidence in general HIV knowledge and awareness increased from a mean score of 48.6 to 80.2.

Confidence in offering an HIV test also improved in available responses, from a mean score of 43 pre-session to 66 post-session, with the proportion scoring their confidence at 75 or above increasing from 24% to 47%. This finding should be interpreted cautiously because the question was missing from the old post-session survey.

Attitudes, stigma and confidentiality

The data suggests that sessions helped challenge stigma-related assumptions and improve understanding of the rights and experiences of people living with HIV. Agreement with the statement "I feel at risk of acquiring HIV when looking after people living with HIV" fell from a mean score of 30.5 pre-session to 15.3 post-session, indicating reduced concern about occupational transmission risk.

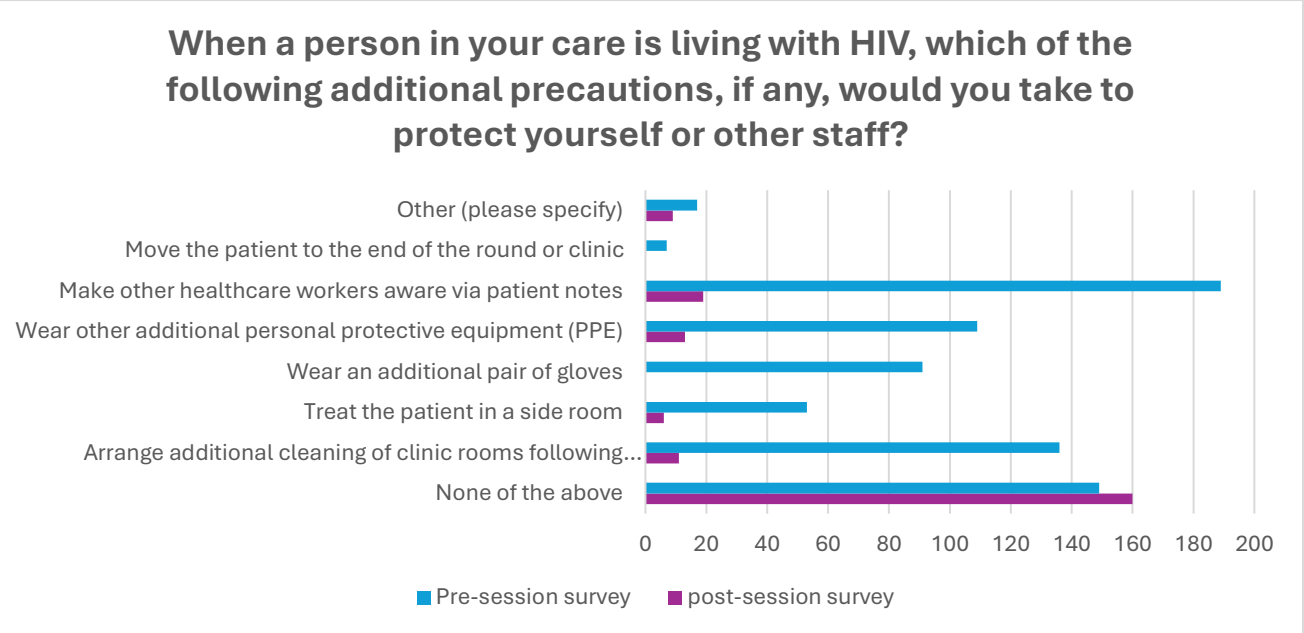
Participants also showed stronger support for confidentiality and patient autonomy. Agreement that people living with HIV should have the right to withhold their HIV diagnosis from medical professionals if they choose increased from 36.1 to 69.7. At the same time, participants continued to recognise that people living with HIV are not always treated fairly in health and care settings, suggesting the training reinforced awareness of ongoing stigma.

Intended practice and behaviour change

One of the strongest health and care findings related to unnecessary additional precautions. When adjusted for the different numbers of pre- and post-session respondents, the proportion selecting "None of the above" increased from 37.7% to 81.2%,

indicating much greater recognition that standard infection prevention and control measures are sufficient when caring for someone living with HIV.

There were corresponding reductions in unnecessary or potentially stigmatising practices. The proportion who would make other healthcare workers aware via patient notes fell from 47.8% to 9.6%; those who would arrange additional cleaning of clinic rooms fell from 34.4% to 5.6%; those who would wear additional PPE fell from 27.6% to 6.6%; and those who would wear an additional pair of gloves fell from 23.0% to 0%.



Post-session responses also indicated strong intended application of learning. Participants strongly agreed that the session helped them gain a deeper understanding of HIV stigma and practices they might change, with a mean score of 90.2, and that it gave them ideas for better serving people living with HIV in their care, with a mean score of 89.4.

Role of lived experience

Qualitative feedback from health and care participants was overwhelmingly positive. Participants described the sessions as informative, powerful, insightful and impactful, with Ambassadors' personal stories repeatedly identified as the most memorable and transformative element. Feedback suggests that lived experience helped participants connect factual learning with empathy, reflection and intended changes in care.

"Amazing, reshaped my understanding of HIV and is making me question previous practice I've seen. This will positively affect my treatment of patients! Thank you." (**Student Paramedic, St George's)**

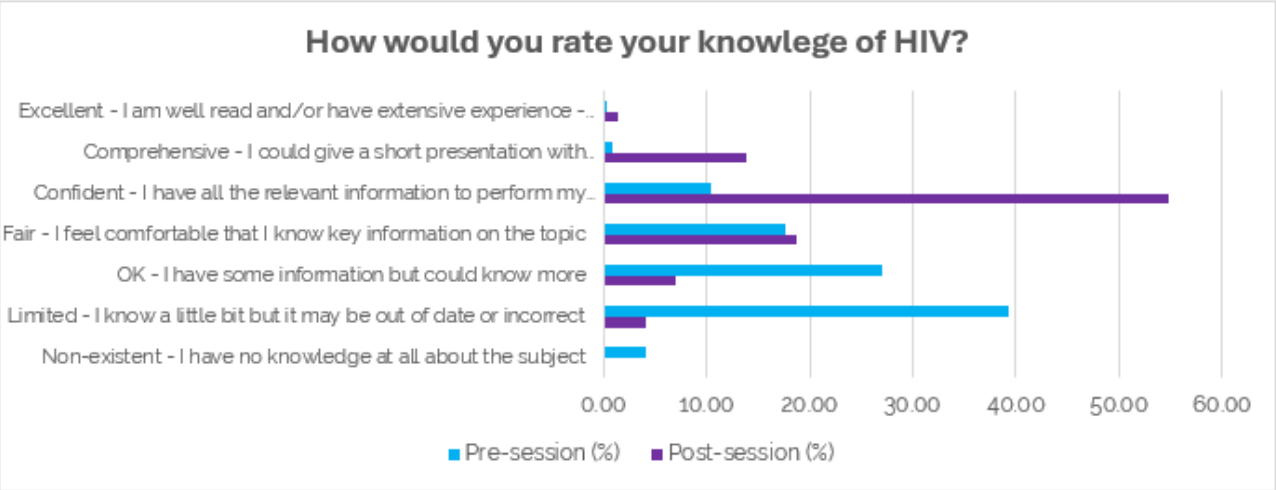
"Very inspirational talk. Will definitely ensure and be attentive of language used around patients and educate nurses and healthcare assistants about it." (**Doctor, Barnet Hospital)**

"All of the talks were extremely powerful and very informative. Thank you to everyone who shared their experiences. This will stay with me forever." (**Occupational Therapist, East Kent University Hospital)**

7.2 Police audiences

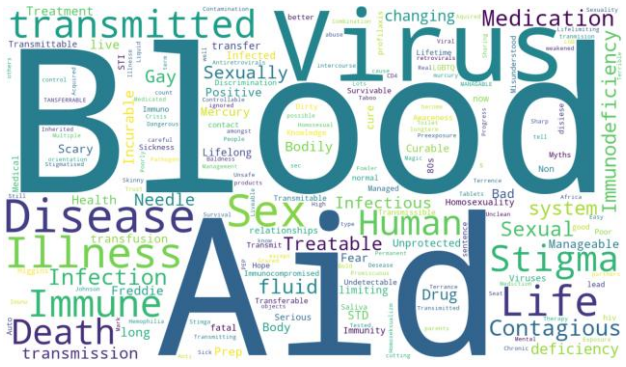
Knowledge and confidence

Police participants also reported substantial improvements in HIV knowledge following sessions. Before training, only 11.7% of respondents rated their knowledge as confident, comprehensive or excellent. After training, this increased to 70.1%. Conversely, the proportion rating their knowledge as non-existent, limited or only "OK" fell from 70.6% pre-session to 11.1% post-session.

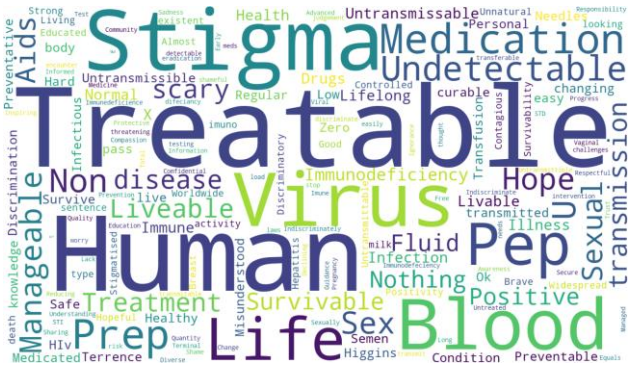


Three-word association responses shifted noticeably. Pre-session responses were dominated by terms such as blood, AIDS, disease, sex, illness, death, contagious and stigma. Post-session responses were more likely to include treatable, PrEP, PEP, undetectable, hope, manageable, liveable and Can't Pass It On/U=U. This suggests a move away from outdated or fear-based associations towards a more accurate understanding of HIV today.

Pre-session:



Post-session:



Understanding transmission and treatment

The police sessions were particularly effective in reducing misconceptions about casual or occupational transmission. Before the session, 55.5% of respondents selected biting, 41.5% selected spitting, 29.3% selected sharing a toothbrush or razor, and 15.5% selected kissing as possible routes of HIV transmission. Post-session, these fell sharply to 8.3%, 4.1%, 3.4% and 2.1% respectively. No post-session respondents selected coughing or sneezing, sharing glasses or cutlery, or toilet seats.

Understanding of Can't Pass It On/U=U improved significantly. Agreement that someone with HIV who is on effective treatment can have sex without a condom and not pass on HIV increased from 30.4% pre-session to 87.4% post-session. In addition, 91.6% of post-session respondents correctly answered that people on effective HIV treatment cannot pass on the virus at all.

Attitudes and operational relevance

The data indicates positive changes in attitudes relevant to policing and custody settings. Agreement that it is acceptable for someone living with HIV to serve as a police officer increased from 69.2% to 90.2%. The proportion who said they would treat someone differently if they knew they were living with HIV fell from 15.1% to 8.4%, while those who would feel concerned arresting or detaining someone living with HIV fell from 29.8% to 14.0%.

Post-session impact questions were also very positive. 97.7% of respondents felt more confident dealing with people living with HIV, 96.2% understood more about how people living with HIV experience discrimination, and 96.9% felt others in their role would benefit from the session.

A small amount of constructive feedback suggested that future police sessions may benefit from even clearer links to operational scenarios, custody processes and professional responsibilities. This learning is consistent with the programme's broader

approach: lived experience remains central, but delivery is strongest when tailored to the audience's real-world context.

Role of lived experience

Qualitative feedback from police participants was largely positive, with many describing the training as informative, relevant and impactful. Participants particularly valued hearing directly from people living with HIV, which helped challenge assumptions and make the impact of stigma more tangible.

"I found your session really helpful. I definitely came away feeling a lot more knowledgeable and feel I would be less likely to worry if I did come into contact with someone who had HIV."

"One of the best, most informative training inputs I've received in the Police Service."

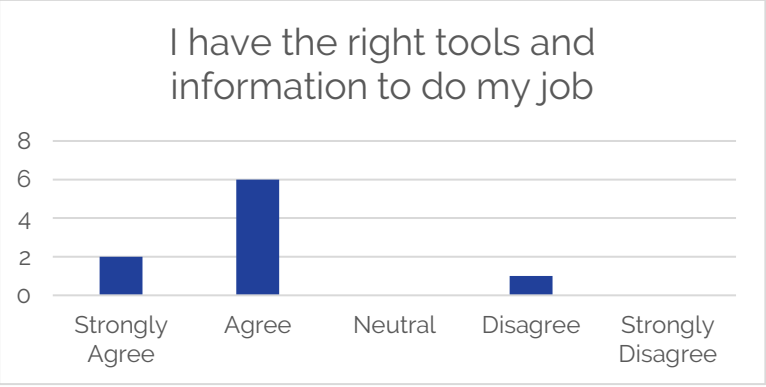
Future reinforcement

A small minority of post-session police respondents remained uncertain about whether treatment can cure HIV. Future sessions should continue to emphasise that HIV is highly treatable and manageable, and that people on effective treatment cannot pass it on, while also making clear that HIV is not currently curable.

7.3 Impact on Ambassadors

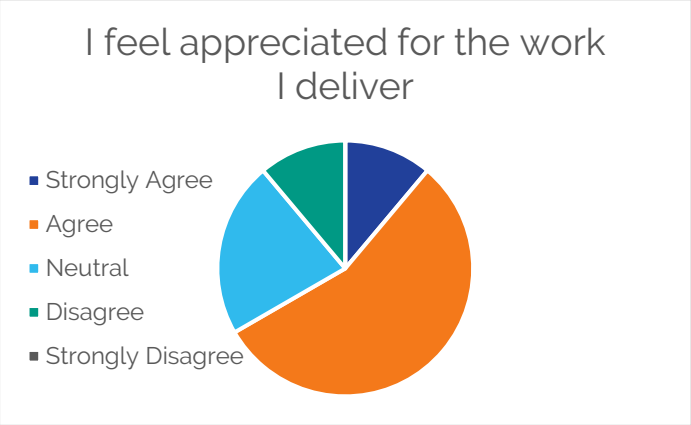
Speaker survey

Feedback from nine London HIV Ambassador respondents to the 2025 speaker survey provides a valuable insight into the experiences of Ambassadors and the impact of the programme on participants. While several Ambassadors also held roles within Positive Voices or other speaker programmes, their responses show the importance of the programme for confidence, identity, connection and advocacy.



Overall, findings were positive. Seven of the nine respondents agreed or strongly agreed that they had the right tools and information to carry out their role, while all nine agreed or strongly agreed that they were clear about what was expected of them as speakers. Six

respondents agreed or strongly agreed that they felt proud to represent Terrence Higgins Trust and its values. Relationships with line managers were generally positive, although responses also highlighted areas where communication and support could be improved.



A clear theme throughout the survey was the programme's impact on personal confidence and self-acceptance. Several respondents described increased confidence, empowerment, greater openness about their HIV status, or a more positive relationship with living with HIV. Some described the experience as transformative, helping them find their voice, overcome internalised stigma and develop a stronger sense of belonging.

"I loved sharing my knowledge and experience with others. If that can make a difference how others perceive people living with HIV, that's already a success."

"Completely changed my outlook on my status, I feel proud that I can share my story and hopefully help others, something that didn't seem possible before."

When asked about their favourite aspects of the programme, Ambassadors highlighted audience engagement and question-and-answer sessions, meeting and learning from other speakers, speaking at major events, filming opportunities and representing Terrence Higgins Trust in public settings. Across responses, the strongest theme was the opportunity to use lived experience to educate others and challenge HIV-related stigma.

"Meeting the other incredible speakers, just when you think you'll never hear a more inspirational story, you meet someone else."

"Accountability to revise my own thoughts and make a difference or try to enrich the audience views and perspectives of HIV."

Ambassadors also identified the importance of being paid, supported and brought together as a community. This suggests that the programme's impact on speakers was not simply the result of giving talks, but of the wider model: structured storytelling training, one-to-one support, peer connection, practical access support, opportunities for public engagement and meaningful co-production.

The speaker survey also identified areas for improvement. Five respondents raised concerns relating to the talk booking and allocation process, including difficulties using spreadsheets, uncertainty about whether expressions of interest had been received, limited feedback when talks were allocated elsewhere and frustration with short-notice

bookings or cancellations. Three respondents said they would like more opportunities to deliver talks.

Communication emerged as another significant theme, with suggestions including more timely responses to emails, clearer feedback regarding talk allocations, improved booking systems and better follow-through on commitments. These findings informed later work to improve operational processes, communication expectations and speaker support.

2026 co-production workshop

The April 2026 co-production workshop provided a deeper opportunity to understand the personal, community and programme-level impact of the Ambassadors Programme. Speakers described increased confidence, self-acceptance and empowerment, alongside improved HIV knowledge and a stronger sense of community.

Speakers emphasised that sharing their stories had helped them reclaim ownership of their experiences, reduce isolation and build meaningful relationships with other people living with HIV. They also highlighted the importance of being paid for their expertise, having access to regular one-to-one support and being brought together as a community.

The workshop also explored how speakers and staff work together. Participants identified principles that should underpin future working relationships, including compassion, cultural awareness, active listening, openness to different viewpoints and assuming positive intent. These principles have informed the development of communication agreements for the integrated programme.

Looking ahead, participants identified shared priorities for the integrated speaker programme: reducing HIV stigma, increasing awareness and education, encouraging conversations about HIV and sexual health, representing the diversity of people living with HIV, supporting wider HIV prevention goals and using lived experience to create meaningful social change.

"As a collective we have shown that people living with HIV are incredible, and that our stories are filled with a richness that is undeniable in its integrity, depth and ability to influence."

7.4 Overall evaluation synthesis

Across both health and care and policing audiences, the programme appears to have achieved three linked forms of immediate impact. First, it improved knowledge. Participants left with a stronger understanding of HIV transmission, treatment, Can'tPass It On/U=U, PrEP, PEP and the realities of living with HIV today.

Second, it influenced attitudes. Participants were less likely to associate HIV with fear, death or casual transmission, and more likely to recognise stigma, discrimination, confidentiality and person-centred care as central issues.

Third, it supported intended behaviour change. In health and care settings, this was reflected in reduced endorsement of unnecessary precautions and stronger confidence in conversations about HIV and testing. In policing settings, this was reflected in reduced concern about arresting or detaining someone living with HIV and high levels of reported confidence in future interactions.

For Ambassadors, the evidence points to a different but equally important set of outcomes. Participation increased confidence, self-acceptance, pride, skills and connection with other people living with HIV. Several Ambassadors described the experience as transformative, helping them find their voice, reframe their relationship with their HIV status and use their lived experience to educate others.

Overall, the evaluation suggests that the programme created reciprocal impact: audiences gained knowledge, confidence and empathy, while Ambassadors gained confidence, visibility, community and advocacy opportunities. This reciprocal effect is central to the programme's value. The programme did not simply use lived experience as a training method; it invested in people living with HIV as educators, leaders and partners in stigma reduction.

Delivered against the Theory of Change

Taken together, the evidence suggests the programme delivered against all three areas of its change model: Ambassadors reported increased confidence, connection and advocacy skills; audiences reported improved knowledge, confidence and reduced misconceptions; and the programme contributed to wider system influence through partnerships, media, campaigns and integration with related HIV stigma-reduction work.

8. What Worked Well

The power of lived experience

The strongest and most consistent finding was the impact of hearing directly from people living with HIV. Lived experience helped humanise HIV, reduce fear and challenge "othering". It made the learning more memorable because participants could connect factual information with real lives, real consequences and real opportunities to improve practice.

Recruiting a diverse group of Ambassadors

The programme's diverse Ambassador cohort strengthened the credibility and relevance of delivery. It enabled audiences to hear a wider range of experiences, challenged narrow assumptions about who is affected by HIV and demonstrated the intersection between HIV stigma and wider inequalities including racism, sexism, homophobia, transphobia, ageism, migration status and criminal justice involvement.

Valuing lived experience through paid participation

Recruiting Ambassadors as paid sessional workers recognised that lived experience is expertise. It also helped reduce barriers to participation for people who could not afford to volunteer, absorb travel costs or take unpaid time away from work or caring responsibilities.

A flexible and adaptable model

The programme adapted to a wide range of audiences and formats, including in-person sessions, online delivery, hybrid sessions, panels, interviews, fireside chats, podcasts, conferences and campaign activity. This flexibility helped the programme remain relevant across professional, public and community settings.

Strong partnerships and repeat engagement

Repeat engagement with several partners suggests that organisations valued the training and saw ongoing relevance for staff, students or networks. Partnerships with NHS, education, police, local authority, voluntary sector and professional audiences helped the programme build credibility and reach.

Co-production and responsiveness

Ambassadors shaped programme design, training content, operational improvements and future planning. This strengthened the programme because it was not simply delivered by people with lived experience, but actively shaped by them.

Building a wider speaker community through integration

Integration with Positive Voices created a larger and more connected speaker community with shared resources, meetings, support structures and future opportunities. This was particularly important for sustainability beyond the end of the funded programme.

Overall interpretation

The programme worked well because it combined lived experience, evidence-based HIV information, skilled facilitation, practical support for speakers and a flexible delivery model. Its greatest strength was its ability to make HIV personal, human and relevant, helping participants move beyond factual knowledge towards empathy, reflection and intended changes in practice.

9. Challenges & Lessons Learned

As the programme developed and scaled, several challenges emerged. These were largely associated with the complexity of lived experience-led delivery: maintaining strong communication, supporting speakers well, ensuring fair access to opportunities, responding to diverse needs, evidencing impact and planning for sustainability. Importantly, these challenges generated practical learning and have already informed changes to future delivery.

Booking processes and allocation of talks

The spreadsheet-based system for sharing opportunities was difficult for some speakers to manage. Speakers did not always know whether expressions of interest had been received or why talks were allocated elsewhere. Short-notice changes or cancellations could make planning difficult and sometimes contributed to speakers feeling undervalued.

Action / learning for future delivery

Delivery has focused on a clearer booking systems, centralised communication, transparent allocation processes and cancellation terms that reduce avoidable disruption.

Communication and responsiveness

Communication did not always meet speakers' expectations, particularly around talk bookings, media opportunities and programme updates. Some speakers described unanswered emails, delays in responses or uncertainty about how decisions were made.

Action / learning for future delivery

The integrated programme is continuing to strengthen communication routines, response expectations, inbox management and shared agreements about how speakers and staff communicate.

Speaker support, development and feedback

Ambassadors share deeply personal experiences of HIV, stigma, identity and discrimination. This can be rewarding, but it involves emotional labour and requires support before, during and after delivery. Speakers identified needs around story development, briefing, debriefing, shadowing, feedback, invoicing and expenses.

Action / learning for future delivery

Delivery has focused on ensuring speakers are aware of existing guidance, briefings and support available. Work is ongoing on guidance for reflective practice.

Equity, visibility and access to opportunities

As the speaker pool grew, some speakers felt that opportunities, particularly media or public-facing work, were not always distributed transparently. Others felt competition for talks increased as more speakers joined. Practical barriers included geography, working hours, travel, health and caring responsibilities.

Action / learning for future delivery

Delivery has focused on ensuring transparent criteria, support for newer or less active speakers and continued investment in development opportunities such as media training.

Managing growth and speaker utilisation

The programme recruited a strong and diverse cohort, but speaker utilisation varied across the cohort. A small number of highly active Ambassadors delivered a large proportion of speaker slots, creating potential resilience risks and limiting opportunities for others to build confidence.

Action / learning for future delivery

Delivery has focused on supporting less active speakers, and balancing demand, suitability, availability and wellbeing.

Working relationships and communication culture

Co-production highlighted that passionate, values-driven work can sometimes lead to disagreement or difficult communication. Speakers and staff recognised that diversity of opinion is a strength, but communication can become tense when people feel unheard or unsupported.

Action / learning for future delivery

Delivery has focused on developing communication agreements based on compassion, cultural awareness, active listening, openness, timely communication and assuming positive intent.

Co-production and clarity about the future

Speakers wanted clearer information about how their input is used and how the integrated programme would develop after the end of Fast-Track Cities London funding.

Action / learning for future delivery

Future co-production is focused on explaining decision-making clearly, feedback on what has changed as a result of speaker input and continue involving speakers in setting priorities and ways of working.

Strategic co-ordination with related stigma-reduction activity

Overlap with separately commissioned stigma-reduction activity targeting similar audiences may have contributed to reduced demand, duplication or confusion among potential organisational partners.

Action / learning for future delivery

Future commissioning would benefit from clearer alignment between related programmes, agreed referral routes, shared messaging and complementary delivery models. Where lived experience contributes to wider initiatives, that contribution should be recognised and linked to direct engagement opportunities.

10. Sustainability & Legacy

Although Fast-Track Cities London funding has ended, the programme has created a strong foundation for continued lived experience-led HIV stigma reduction. Terrence Higgins Trust has committed to sustaining the work by integrating London HIV Ambassadors with Positive Voices, creating a unified speaker programme with shared resources, booking processes, support structures and future planning.

The programme leaves a practical legacy of trained and experienced speakers, refined training materials, strengthened evaluation tools, established partnerships and a stronger evidence base for the impact of lived experience in HIV education. Its work with NHS, education, police, local authority, voluntary sector and professional audiences has built relationships that can support future delivery.

The programme also leaves a cultural legacy. It has strengthened the visibility of people living with HIV, demonstrated the value of paying and supporting lived experience speakers, and shown how personal stories can influence professional learning, public engagement and system-level conversations.

Integration with Positive Voices creates a larger and more connected speaker community. This provides greater opportunities for peer support, shared learning, reflective practice and speaker development, while helping preserve the core strengths of both programmes. Co-production has already begun to shape a shared vision for the integrated programme, with further work planned to develop priorities, ways of working and future objectives.

Future delivery will continue to maintain the elements that made the Ambassadors Programme effective: lived experience at the centre, practical support for speakers, high-quality facilitation, strategic targeting, strong partnerships and meaningful co-production.

11. Recommendations

These recommendations are based on learning from the Ambassadors Programme, combined with over twenty years of experience delivering Positive Voices, and are intended to support organisations and commissioners developing and delivering similar initiatives.

For Terrence Higgins Trust

1. Sustain and strengthen lived experience-led delivery

Continue to place lived experience at the centre of HIV stigma reduction work. Retain the combination of personal stories, evidence-based HIV information and skilled facilitation, while continuing to pay speakers and cover access costs so involvement remains equitable and inclusive.

2. Build on the integrated speaker programme

Use the merger of London HIV Ambassadors and Positive Voices to create a stronger, more sustainable speaker programme. Continue developing the single speaker pool, shared booking processes, consistent training materials and joint support structures.

3. Improve systems for speaker support, communication and opportunity allocation

Build on actions identified through speaker feedback by improving booking systems, strengthening communication expectations, providing regular reflection and peer support, and ensuring fair access to talks, media work and development opportunities.

4. Target future delivery strategically

Prioritise sectors where HIV stigma, misinformation or inequalities remain significant, including health and social care, schools and education, criminal justice, maternity services, mental health services, care homes, faith communities and Black communities.

5. Strengthen evaluation and long-term evidence of impact

Use a streamlined evaluation approach from the outset, with shorter surveys, consistent core questions and improved completion mechanisms. Where possible, explore follow-up with participants or organisations to understand whether reported learning leads to sustained changes in practice, policy or organisational culture.

For commissioners

1. ### Prioritise lived experience-led approaches

   Ensure people living with HIV are central to programme design, delivery, evaluation and system influence, not only included as speakers.

2. ### Fund the full infrastructure needed for lived experience work

   Resource recruitment, training, payment, access costs, safeguarding, speaker support, booking systems, evaluation and reflective practice, not just delivery hours.

3. ### Plan for sustainability from the outset

   Require clear plans for how trained speakers, partnerships, resources, referral routes and learning will be maintained beyond the initial funding period.

4. ### Take an England-wide or UK-wide view

   Consider how London programmes fit within wider stigma-reduction work. Review how learning can be disseminated and capacity built across the country so that we can avoid deepening differences and inequalities between different areas.

5. ### Strengthen strategic co-ordination with related initiatives

   Ensure programmes working towards similar stigma-reduction goals are co-ordinated are co-ordinated. Related offers should have clear referral routes, shared messaging and complementary approaches. Additionally, they should not duplicate existing programmes, which may be delivered by other providers.

6. ### Commission for strategic reach and impact

   Prioritise audiences where HIV stigma, misinformation or inequalities are most likely to affect people living with HIV, rather than focusing only on volume of sessions or reach.

7. ### Embed lived experience beyond training sessions

   Create opportunities for people living with HIV to influence campaigns, professional education, policy, service improvement and public messaging.

8. ### Require meaningful co-production and feedback mechanisms

   Build in regular opportunities for contributors to shape priorities and ways of working, with clear feedback on how their input has influenced decisions.

9. ### Strengthen evaluation from the beginning

Agree proportionate evaluation frameworks early, with consistent core questions and, where possible, follow-up to understand longer-term changes in practice or organisational culture.

10. Recognise impact on speakers as well as audiences

    Include outcomes for lived experience contributors, such as confidence, skills, connection, self-acceptance and advocacy, within programme success measures.

11. Commission for diversity and equity

    Resource inclusive recruitment, access support and development opportunities so speaker cohorts reflect the diversity of people living with HIV and opportunities are allocated transparently.

12. Conclusion

The London HIV Ambassadors Programme successfully established a lived experience-led model for tackling HIV stigma across London. Over three years, Ambassadors delivered training, talks and public engagement across a wide range of professional and community settings, reaching thousands of people and contributing to wider system change.

The evaluation shows clear evidence of immediate audience impact. Participants reported improved HIV knowledge, greater confidence, reduced misconceptions about transmission and stronger understanding of the experiences of people living with HIV. Across both health and care and police audiences, the most consistent finding was the value of hearing directly from Ambassadors: their stories made HIV personal, human and relevant, and supported empathy, reflection and intended changes in practice.

The programme also had a meaningful impact on Ambassadors themselves. It supported confidence, self-acceptance, skills development, advocacy and connection with others living with HIV. By recruiting a diverse cohort, paying speakers for their expertise and providing practical support, the programme reduced barriers to involvement and ensured a wider range of voices could be heard.

At a system level, the programme contributed to partnerships, public engagement, digital campaigns, media, professional education and integration with related stigma-reduction activity. It demonstrated that lived experience can influence not only individual learning, but also wider conversations about how services and systems respond to HIV stigma.

While the programme faced challenges around communication, booking systems, sustainability, strategic coordination and speaker support, these generated important learning and practical changes. The integration with Positive Voices provides a strong platform for legacy and future development. With continued commitment to co-production, speaker support, targeted delivery, strategic partnerships and evaluation, the programme's learning and impact can continue to contribute to London's ambition of ending HIV stigma.