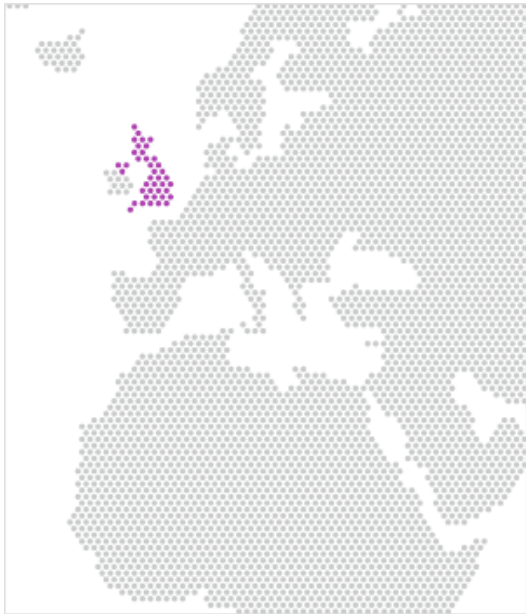


# HIV and AIDS in the United Kingdom (UK)



## UK (2017)

**101,600** people living with HIV

**0.17%** adult HIV prevalence\*

**4,363** new HIV infections

**428** AIDS-related deaths

**98%** adults on ART\*

**n/a** children on ART

**\*All adults/children living with HIV**

Source: Public Health England (2018)

## KEY POINTS

- The United Kingdom (UK) has a relatively small HIV epidemic with an estimated 101,600 people living with HIV.
- The epidemic is largely concentrated among certain key populations, including men who have sex with men and black African populations.
- The UK has made significant progress in antiretroviral treatment coverage in recent decades: overall 87% of people living with HIV in the UK are virally suppressed.
- Late diagnosis remains a key challenge: in 2016, 43% of diagnoses happened at a late stage of infection.
- Awareness and knowledge around HIV continues to drop in the UK: only 45% of the population know HIV is and isn't transmitted.

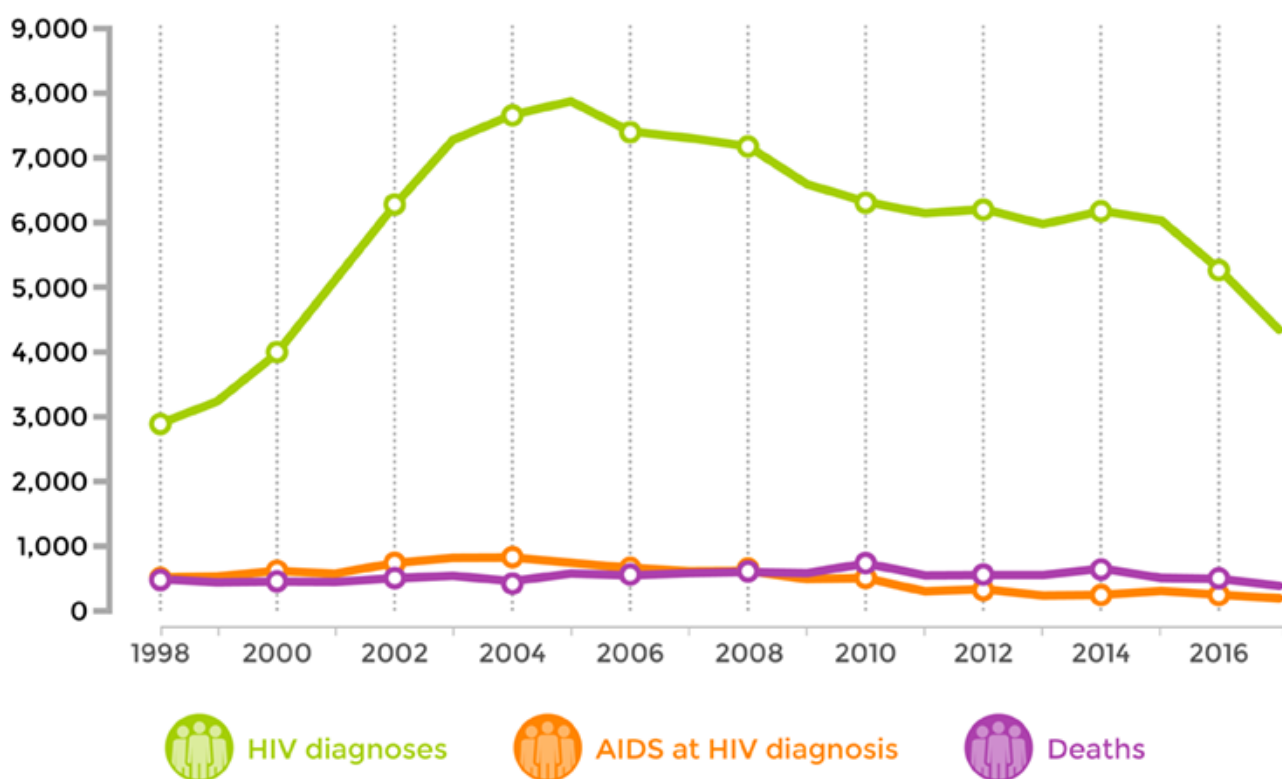
Explore this page to find out more about the [groups most affected by HIV](#), [testing and counselling](#), [prevention programmes](#), [antiretroviral treatment access](#), [civil society's role](#), [barriers to the response](#), [funding](#), and the [future of HIV in the UK](#).

The United Kingdom (UK) has a relatively small, concentrated HIV epidemic, with an estimated 101,600 people living with HIV in 2017.<sup>1</sup> This translates into an HIV prevalence of 1.7 per 1,000 people of all ages or 2.2 per 1,000 of people aged 15-74 years.<sup>2</sup>

In the same year, 4,363 people were newly diagnosed with HIV, a number that is steadily declining each year, falling by 17% between 2016 and 2017 alone.<sup>3</sup> This is largely due to the decrease in new diagnoses among gay and bisexual men, the group most affected by HIV in the UK, which fell by almost a third (31%) between 2015 and 2017.<sup>4</sup>

Despite this, half of all new HIV diagnoses (53%) in 2017 in the UK occurred among gay, bisexual men and other men who have sex with men, while 18% and 24% of diagnoses occurred among heterosexual men and women respectively.<sup>5</sup> In 2017, black African men and women comprised 38% of heterosexual adults with a new HIV diagnosis, although these groups account for a relatively small proportion of the overall UK population.<sup>6</sup>

### New HIV diagnoses, AIDS at HIV diagnosis\* and deaths: UK, 1998 to 2017



\*AIDS defining illness within three months of an HIV diagnosis

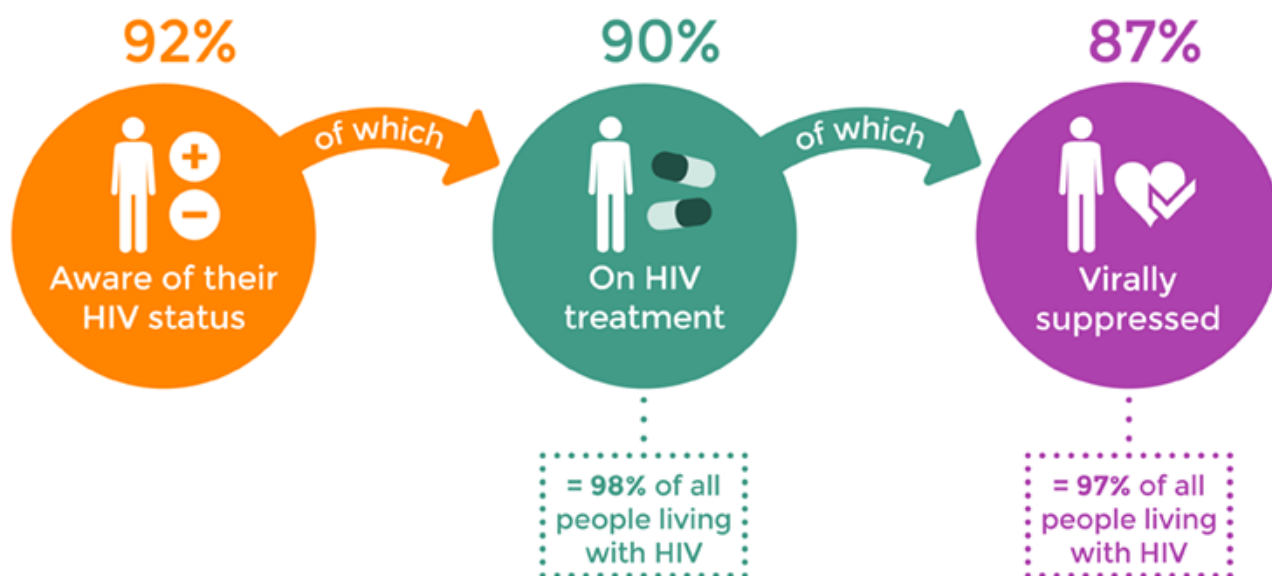
Source: Public Health England (2018)

**Avert** [www.avert.org](http://www.avert.org)

In 2017, 92% of people living with HIV in the UK were diagnosed, of whom 98% were receiving antiretroviral treatment (ART). Among those on treatment, 97% were virally suppressed. Overall, this equates to 90% of all people living with HIV in the UK on treatment and 87% being virally suppressed.<sup>7</sup>

In 2016, the mortality rate among people with HIV who are diagnosed promptly and on treatment became comparable to the rest of the population.<sup>8</sup>

Late diagnosis remains one of the key challenges facing the UK, despite being on the decline. In 2017, 43% of diagnoses were made at a late stage of HIV infection.<sup>9</sup> In the same year 428 people died from AIDS-related illnesses. It is estimated that 248 of these deaths may have been preventable through earlier diagnosis.<sup>10</sup> That said, the number of people being diagnosed with AIDS-defining symptoms and illnesses is declining, and fell by 25% in just one year, from 372 in 2015 to 278 in 2016.<sup>11</sup>



Source: Public Health England 2018

**Avert** [www.avert.org](http://www.avert.org)

## Populations most affected by HIV in the UK

### Men who have sex with men (MSM)

Since the 1980s, gay and bisexual men, and other men who have sex with men (sometimes referred to as MSM) have remained the group most at risk of HIV in the UK. In 2017, an estimated 48,900 men who have sex with men were living with HIV in the UK. This means roughly 83 out of every 1,000 men who have sex with men (aged 15 to 74) are living with HIV. In London, it is an even greater number with 134 out of every 1,000 living with HIV.<sup>12</sup>

It is estimated that in 2017 around 4,200 men who have sex with men were living with undiagnosed HIV.<sup>13</sup>

The number of men who have sex with men who have tested for HIV continues to rise, with around 116,000 tested in sexual health services in 2017, 9% more than in 2016 alone. In 2017, an HIV test was offered to 92% of eligible men who have sex with men attending sexual health services, resulting in testing coverage of 89%.<sup>14</sup>

The UK government advises men who have sex with men who are having sex without condoms to test for HIV at least once a year, and every three months if they are having sex with new or casual partners. In 2017, 42% of men who have sex with men testing for HIV at a specialist sexual health service had at least one HIV test during the previous year, including 18% who had two or more tests in the previous year. Over three quarters of HIV diagnoses (77%) made in specialist sexual health services were among men who did not test regularly.<sup>15</sup>

In 2016, new HIV diagnoses among men who have sex with men fell for the first time since the epidemic began over 30 years ago (a 21% decline, from 3,570 in 2015 to 2,810 in 2016). The trend continued between 2016 and 2017, with new diagnoses falling by another 20%.<sup>16</sup>

The decline in new infections has been particularly impressive in London, the area where the greatest proportion of new infections occur among this group. HIV diagnoses fell by almost a third (31%) between 2015 and 2017, from 3,390 in 2015 to 2,330 in 2017.<sup>17</sup> This drop has been linked to the work of five London clinics, including 56 Dean Street in London, the largest HIV clinic in Europe, where new diagnoses fell by 42% between 2015 and 2016 alone.<sup>18</sup> Evidence suggests this decline is due to the availability of PrEP, increased testing and earlier provision of treatment.<sup>19 20</sup>

Almost three-quarters of the men who have sex with men who were newly diagnosed in 2017 were aged between 25 and 49 years. This has remained the same for the past 10 years.<sup>21</sup> In 2017, 14% of gay and bisexual men receiving care for HIV were from black, Asian and other minority ethnic groups.<sup>22</sup>

An emerging public health concern relating to UK-based men who have sex with men is the role 'chemsex' (using drugs to prolong sexual activity, often with multiple and casual partners) may play in HIV transmission. A study published in 2018 suggests around 30% of sexually active HIV-positive men who have sex with men in the UK engage in chemsex, and that this activity was associated with having unprotected sex, as well as having a sexually transmitted infection (STI) and hepatitis C.<sup>23</sup>

## Heterosexual black African men and women

In the UK, those of black African ethnicity carry a disproportionate burden of HIV. Among adult heterosexual men and women, HIV prevalence is low, at around 1 person in 1,000. By comparison, around 25 out of 1,000 black African heterosexual men and 47 out of 1,000 black African heterosexual women are estimated to be living with HIV.<sup>24</sup> This includes those born in the UK who identify as being of black African descent, as well as those born in Africa.<sup>25</sup>

In 2017, an estimated 18,400 heterosexual men and 20,900 heterosexual women were living with HIV in the UK. Of these, 8,600 were black African men and 18,500 were black African women.<sup>26</sup>

Overall, 38% of new diagnoses among heterosexual adults were among black African men and women, this is despite them making up around 2% of the UK population.<sup>27</sup> However, this is a proportional decrease from previous years; in 2008, this population made up 63% of new diagnoses.<sup>28</sup>

While diagnoses among black African heterosexuals has been decreasing in recent years, those among white heterosexuals have remained relatively stable but low at around 750 per year over the past decade.<sup>29</sup> Overall the rate of new diagnoses among all heterosexuals has more than halved over the past 10 years, from 4,000 in 2008 to 1,810 in 2017.<sup>30</sup>

In 2017, just over half (58%) of all new diagnoses among heterosexual men and women were thought to be a result of transmission within the UK.<sup>31</sup>

It is estimated that around 3,200 (7% of) HIV-positive heterosexual men and women were living with undiagnosed HIV in the UK in 2017.<sup>32</sup>

## People who inject drugs (PWID)

In 2016, it was estimated that 1 person in every 100 who injects drugs was living with HIV. Of this group, most had been diagnosed and were accessing HIV care.<sup>33</sup> However, people who inject drugs (sometimes referred to as PWID) are often diagnosed late, with 47% diagnosed at late stage of

infection in 2017.<sup>[34</sup>

Although needle and syringe sharing among people who inject drugs has fallen across the UK, it is still a significant route of HIV transmission. In a 2016 survey, one in six people reported using shared needles and syringes in the past month.<sup>35</sup>

There were 140 new HIV diagnoses associated with injecting drug use in the UK during 2017, equivalent to 3% of all new diagnoses.<sup>36</sup> This is slightly lower than the annual average of 168 new HIV diagnoses between 2006 and 2015.<sup>37</sup> Of those people who inject drugs who were newly diagnosed with HIV in 2017, 77% were men and the vast majority of those (77%) were aged between 25 and 49.<sup>38</sup>

In 2017, just over half of people who inject drugs reported that they had tested for HIV in the previous two years. However, only one third who had accessed a clinical service in the previous year had been tested for HIV, meaning opportunities are being missed to get more members of this group testing for HIV.<sup>39</sup>

Men who have sex with men are forming an increasing proportion of people who inject drugs, up from 4.4% in 2006 to 7.9% in 2016.<sup>40</sup> This rise has been linked to the increasing popularity of 'chemsex' where methamphetamine and mephedrone are sometimes injected to prolong sexual activity (as discussed in the previous section on men who have sex with men). This is a particular concern because of the high levels of equipment sharing and low condom use.<sup>41 42</sup>

## Transgender people

There is a concerning lack of data on HIV prevalence and new diagnoses among transgender people in the UK. However, in 2017 Public Health England (PHE) changed its data policy: transgender people are now monitored as a separate population group to men who have sex with men.<sup>43</sup>

As of June 2019, full findings on HIV and transgender people in the UK have yet to be reported. However, in April 2019, PHE reported that 123 trans people accessed HIV care in 2017, 88% of whom were transwomen. This data suggests that trans people have similar levels of late diagnosis, treatment retention and viral suppression as other people living with HIV, but are four times more likely to have mental health issues than other people living with HIV (with 16% being in active psychiatric care as compared with 4%).<sup>44</sup>

## Other key populations

In 2018, 'opt out' HIV testing was rolled out across all English prisons, whereby HIV tests are offered as standard, which people can decline if they choose to. In 2017/2018, 71% of new and transferred prisoners were offered an HIV test, of whom 33% accepted. This identified 469 people with HIV. This equates to an HIV prevalence of 1.1%, similar to the HIV prevalence among the general population in the UK.<sup>45</sup>

In 2016, 84% of around 5,000 sex workers were tested for HIV at specialist sexual health services. Of those tested, 11 were found to be living with HIV, equivalent to 0.3% prevalence.<sup>46</sup>

In 2017, 42 children were newly diagnosed with HIV in the UK – down from 131 in 2005. All of these children were born in other countries.<sup>47</sup>

## HIV testing and counselling (HTC) in the UK

In 2017, 1.1 million people were tested for HIV. Most (87%) of these people were tested in specialist sexual health services.<sup>48</sup> However, HIV testing rates in general services increased by 17% between 2014 and 2016 in high prevalence areas.<sup>49</sup>

In 2017, 10% of the people tested in specialist services in the UK were gay and bisexual men but just over half of all new HIV diagnoses made in these clinics were among this group, 77% of whom had not taken an HIV test in the previous two years.<sup>50</sup>

Men who have sex with men were most likely to have an HIV test (92%) compared with 78% of heterosexual men and 59% of heterosexual women.<sup>51</sup>

Many missed opportunities for HIV testing continue to occur in the UK. In 2018, nearly 350,000 people attending sexual health services in England were not offered an HIV test, despite being eligible. This included over 10,000 gay and bisexual men and over 10,000 black African heterosexual men and women.<sup>52</sup> Although 90% of specialist sexual health services met the HIV testing target for gay and bisexual men in 2017 (80% coverage), a lack of testing among at-risk heterosexual men and women means just 12% met this target overall.<sup>53</sup>

One survey detected an annual HIV testing rate of just 36.8% among black African populations in the UK.<sup>54</sup> Another study indicated that only one quarter of black African or black British individuals (a more general term which includes people of black Caribbean descent as well as others) attended the same sexual health clinic at least once in the previous five years. By contrast, there was a 97% uptake of HIV testing among women attending antenatal clinics.<sup>55</sup>

Around 60% of people not at high risk of HIV who attended specialist sexual health services were tested for HIV. This group accounted for 29% of all HIV diagnoses made in these services in 2016. The number of people from this group who decline an HIV test is increasing and stood at 27% in 2016.<sup>56</sup>

The UK carries out partner-notification as a testing strategy, whereby people who test positive for HIV are supported to disclose their status to sexual partners and encourage them to test. In 2017, 1,903 people attended sexual health services because they had been told that they had a sexual partner with HIV. Around 85% of these people were offered an HIV test and 84% were tested for HIV, of whom 4.3% tested positive.<sup>57</sup>

Civil society groups in the UK continue to push for a move from 'opt-in testing' to 'opt-out testing' (where people at higher risk of HIV are given an HIV test alongside routine checks unless they decline it). In addition, the National Institute for Health and Clinical Excellence (NICE) advocates for expanding testing outside clinical settings by engaging community organisations, developing local strategies to increase testing, and by providing rapid HIV tests.<sup>58 59</sup>

This advocacy has been successful to some extent, and HIV testing is now available in general practices (primary care), accident and emergency departments in hospitals, antenatal clinics and some community-based settings, such as gay clubs and bars.<sup>60</sup>

Self-testing kits for HIV are also available, and can either be bought online or in some pharmacies. However, campaigners say the cost of kits mean many people who are at higher risk of HIV cannot afford them. For instance, it is estimated that 45% of women living with HIV in the UK live below the poverty line, suggesting women at higher risk are also likely to be economically disadvantaged.<sup>61</sup>



To address this, in 2018 the Terrence Higgins Trust began a programme offering people from high-risk groups HIV self-testing kits for free.<sup>62</sup>

In 2016 (the latest data available) around 68,900 HIV tests were carried out or purchased in community and home-based settings in England. This includes around 48,000 self-testing kits.<sup>63</sup>

## Late diagnosis of HIV

In the UK, 43% of people diagnosed with HIV in 2017 were diagnosed at a late stage of HIV infection – this is defined as having a CD4 count under 350 within three months of diagnosis. However, progress is being made in this area, with the number of late HIV diagnoses falling by 45%, from 3,895 in 2008 to 1,879 in 2017.<sup>64</sup>

Rates of late diagnosis are highest in heterosexual men (59%) and heterosexual women (50%).<sup>65</sup> This is a particular issue in black African communities, among whom 69% of HIV-positive men and 52% of HIV-positive women were diagnosed at a late stage of infection in 2017.<sup>66</sup>

The lowest proportion was among HIV positive men who have sex with men, where 33% were diagnosed late. Overall, 47% of people who inject drugs were diagnosed late.<sup>67</sup> The proportion of diagnoses made at a late stage of infection increases with age. In 2016, 31% of people aged between 15 and 24 diagnosed with HIV in 2017 were diagnosed late, compared to 55% and 61% of those aged 50 to 64 and over 65, respectively.<sup>68</sup>

Although late diagnosis of HIV has declined in the last decade, (56% of all HIV diagnoses in 2005) it is still unacceptably high and further work to expand HIV risk awareness, testing and diagnosis is needed.<sup>69</sup>

## HIV prevention programmes in the UK

In 2017, around 4,300 people were newly diagnosed with HIV in the UK. This is a relatively low number, and fell by an impressive 17% between 2016 and 2017 alone.<sup>70</sup>

The UK is implementing a combination HIV prevention strategy to ensure new infections decline even further, with the ultimate aim of ending all HIV transmission in the country by 2030.<sup>71</sup>

[HIV prevention programming](#) in the UK is largely run by HIV Prevention England (HPE) which is coordinated by the Terrence Higgins Trust and focuses primarily on the needs of men who have sex with men and UK-based black African people.<sup>72</sup>

### The HIV Prevention Innovation Fund

In 2015, Public Health England began an HIV Prevention Innovation Fund to support community-led approaches to HIV prevention.

Between 2017 and 2018 the fund reached around 170,000 people most affected by HIV in the UK. Projects included PROMOTE, which targeted male sex workers in Bristol through online outreach and peer-support groups, and a radio and podcast series for prisoners to dispel myths about HIV.

Projects receiving funding between 2018 and 2019 include *The Grass is Always Grindr*, a weekly YouTube drama about a group of young gay men living in London, and *Catwalks for Power*, which aims to empower marginalised women living with HIV.<sup>73 74 75</sup>

## The Grass Is Always Grindr Season 1 - Episode 1

Video of The Grass Is Always Grindr Season 1 - Episode 1

### Condom availability and use

Condom use with casual partners has been relatively high among gay and bisexual men in the UK. However, evidence suggests condomless sex is increasing. For example, 60% of those participating in the London Gay Men's Sexual Health Survey in 2016 reported not using a condom with casual partners in the past three months, compared to 43% in 2000.<sup>76</sup>

In addition, almost half of sexually active young people (aged 16-24) report condomless sex with a new partner, and 10% of sexually active young people report never having used a condom. To address this, at the end of 2017, PHE launched a new condom campaign *Protect Against STIs*, aiming to reduce the rates of all STIs among 16 to 24-year-olds through condom usage.<sup>77</sup>

National and local efforts to promote condom use as a safer-sex strategy among gay and bisexual men and black African communities continue. The UK offers free condoms to people attending sexual health services, and a C-Card scheme whereby under-25s can get free condoms from participating outlets such as pharmacies when they present the card. According to an evaluation of the C-Card scheme, more than 36,000 London residents used the scheme in 2016, including young people of black and mixed ethnicity.<sup>78</sup>

### Pre-exposure prophylaxis (PrEP)

[Pre-exposure prophylaxis \(PrEP\)](#) is a daily course of antiretroviral drugs (ARVs) that can protect HIV-negative people from HIV.

PrEP use in England is thought to have quadrupled during 2016 due to online purchasing among gay and bisexual men, which resulted in around 3,000 gay and bisexual men taking PrEP by the end of that year. In October 2017, a three-year PrEP trial began across 200 sexual health clinics in England, meaning it was then nationally available. Previously, the NHS in England had said that it could not PrEP, however this decision was overturned in court.<sup>79</sup>

Originally, the trial was due to provide 13,000 people who are at high risk of acquiring HIV with PrEP.<sup>80</sup> By January 2019 more than 10,000 people had signed up. As a result, an official request has been made to increase the number of participants to 26,000 by 2020.<sup>81</sup>

There is concern that some at-risk groups are not gaining equal access to PrEP. A 2018 survey conducted by the Terence Higgins Trust among at-risk women found none had been offered PrEP. This is despite the fact that UK-based black African women are particularly vulnerable to HIV.<sup>82</sup>



## Harm reduction

### Needle and syringe programmes (NSPs)

The last measure of [needle and syringe programme](#) (NSPs) coverage in the UK was in 2006. At the time, 80% of NSPs were pharmacy-based while the remainder were specialist centres. In 2014, National Institute for Health and Care Excellence (NICE) released new guidance on the provision of NSPs calling for a better mix of services.[83](#)

The UK has reached the recommended World Health Organization target of 200 syringes distributed for every person who injects drugs per year. However, a survey carried out for Public Health England (PHE) in 2016 found less than half (46%) of people in England, Wales and Northern Ireland who had injected drugs in the past 28 days had adequate needles and syringes. This figure rose to 72% among people who had injected drugs in the past six months in Scotland.[84](#)

### Opioid substitution therapy (OST)

Opioid substitution therapy (OST) is widely available in the UK and tends to be dispensed by community-based pharmacists.[85](#)

However, in England and Wales OST is being threatened by a drive towards abstinence-based treatment. In 2017, the UK government released an updated drugs strategy which stated its overall aims as being a reduction in all illicit and other harmful drug use, and an increase in the rate of individuals fully recovering from their dependence.[86](#)

An abstinence-based treatment approach has been disputed by many groups who say this is only a realistic target for a minority of drug users and that many would finish treatment too early, leading to a relapse.[87](#) In 2018, UK-based civil society organisations reported to Harm Reduction International that the move toward abstinence-based treatment, coupled with a lack of funding, was resulting in some people on OST being forced to reduce their dosage to ineffective levels.[88](#)

## HELP US HELP OTHERS

Avert.org is helping to prevent the spread of HIV and improve sexual health by giving people trusted, up-to date information.

We provide all this for FREE, but it takes time and money to keep Avert.org going.

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Every contribution helps, no matter how small.

[PLEASE DONATE NOW](#)

## HIV education and awareness

### School education

In the UK, state schools have to provide sex and relationship education (SRE) but private schools do not. Parents also have the right to withdraw their children from SRE, though few do so.<sup>89</sup>

In a review of the National Curriculum in 2013, the UK government said that all state schools "should make provision for personal, social, health and economic education (PSHE), drawing on good practice"<sup>90</sup> and that SRE is an "important and necessary part of all pupils' PSHE education."<sup>91</sup>

However, in the same year, a report by Ofsted - the official body that regulates schools in England - reported that curriculum provision for this subject area was only 'good' or 'better' in two-thirds of schools.<sup>92</sup>

In 2017, the UK government went further by making it a statutory requirement for primary schools (ages 5-10) to provide relationships education, for secondary schools (ages 11-16) to provide relationships and sex education and for both to provide personal, social, health and economic education. This new law will be effective from September 2019.<sup>93</sup>

### Public awareness

In the early years of the HIV epidemic, there were a number of high-profile awareness campaigns in the UK that warned the public about how HIV is transmitted and calling for people to adopt safer sex behaviours.

In 2011, the UK government launched a new initiative called, 'National HIV Testing Week' that aimed to increase HIV awareness and testing among key affected populations in England.<sup>94</sup> The campaign week continues in November each year, before World AIDS Day, and seeks to reduce the number of people living with HIV unknowingly and those who diagnose late. It also promotes regular testing among groups most vulnerable to HIV.

In 2013, the HIV testing week became part of the broader HIV Prevention England *It Starts With Me* campaign, which targets men who have sex with men and black Africans. The primary objective of the campaign is to increase the level of HIV testing among these groups, reduce the rates of late diagnoses and new HIV infections, and encourage condom use. <sup>95</sup>

The 2017 evaluation of *It Starts With Me* involving online surveys of around 1,400 men who have sex with men and around 440 black Africans found that around one in four (27%) of those who were aware of National HIV Testing Week tested for HIV as a result. Around one in four (23%) of those aware of the campaign reported ordering an HIV home-testing kit and 16% said they had used a condom as a result of this awareness.<sup>96</sup>

## Antiretroviral treatment (ART) availability in the UK

The number of people living with HIV and accessing ART in the UK has continued to increase, from 84% of all people living with HIV in the UK in 2010 to 90% in 2017.

Of the 92% of people diagnosed with HIV, 98% were on treatment, 97% of whom virally suppressed. This equates to 87% of all people living with HIV in the UK being virally suppressed, meaning they will

be unable to pass HIV onto others. The UK has now met all three [UNAIDS 90/90/90 targets](#).<sup>97</sup>

ART coverage across all populations at higher risk of HIV mirrors overall treatment coverage rates, with the slight exception of younger people and people who inject drugs. For example, in 2017, 7% of HIV-positive people who inject drugs were not retained in care, compared to 3% of gay and bisexual men. Young people (aged 15-24) living with HIV on treatment have a viral suppression rate of 87%, which is 10% lower than the overall viral suppression rate for people on ART.<sup>98</sup>

Improvements in HIV care mean that people living with diagnosed HIV are growing older. In 2016, more than a third (39%) of people accessing HIV care were aged 50 and above, compared with 17% in 2007.<sup>99</sup>

To ensure all people diagnosed with HIV achieve viral suppression and untransmittable levels of HIV, in 2013, NHS England began implementing the UNAIDS- and WHO-recommended 'Treat all' policy of immediate treatment for HIV as soon a diagnosis is made.<sup>100 101</sup> As of April 2018, full funding was made available for immediate ART for all people newly diagnosed with HIV in England.

As a result of these changes, the time between people being diagnosed with HIV and starting on treatment has dropped. In 2016, 72% of people diagnosed with HIV initiated treatment within 90 days, compared to 49% in 2013.<sup>102</sup> However, the waiting time varies widely between clinics.

## Civil society's role in the UK

One of the most significant civil society achievements in the UK in recent years has been in advocating for PrEP. Communities have led in pushing for PrEP to be made available in the UK, both through the National Health Service (NHS) and for purchase online.

In October 2015, the community-run website [www.IwantPrEPnow.co.uk](http://www.IwantPrEPnow.co.uk) was launched. It provides individuals interested in using PrEP with information on what it is and how it is taken. It also enables users to buy generic versions of the drug (which are not available to buy in the UK) through the site. It was estimated that in January 2016, 3,000 people were buying PrEP this way.<sup>103</sup> In 2016, new infections among gay men fell by 21% compared to the year before, it is thought that internet access to PrEP was a significant contributing factor in this drop.<sup>104</sup>

Furthermore, 2016 saw the National AIDS Trust successfully sue the National Health Service (NHS) for its decision to remove PrEP from the list of medicines being considered for funding.<sup>105</sup> Following the trial, in September 2017, the NHS announced it would launch a three-year national PrEP trial (as described in the PrEP section above).

## Barriers to HIV prevention in the UK

### Stigma and discrimination

As in many other parts of the world, [HIV-related stigma and discrimination](#) prevent many people in the UK from accessing the services they need.

The 'UK Stigma Index 2015', a survey of more than 1,500 people living with HIV, found that a considerable number of people hold stigmatising attitudes towards those living with HIV. Around one in five people reported being excluded from family events because of their HIV status and 20%

reported sexual rejection after telling someone their status. A third of all participants feared being rejected by a sexual partner (35%) and had avoided sexual encounters (33%) in the last 12 months due to their status.[106](#) A new HIV Stigma Index survey is being carried out in 2019.[107](#)

The effects of stigma are far reaching. For instance, a 2018 survey of women living with HIV in the UK found more than half had experienced violence due to their HIV status and nearly a third (31%) had avoided or delayed attending healthcare in the past year because they feared being discriminated against.[108](#)

A 2014 survey among black Africans living with HIV reported that a third had been discriminated against because of their HIV status. Half of this number said they had been discriminated against by healthcare workers (including doctors, dentists and hospital staff). As a result, many are not confident in health service provision and confidentiality.[109](#)

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It's amazing that despite the advances in treatment, people's attitudes are still exactly the same.

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- *Black African woman living in London, diagnosed with HIV in 1996.*[110](#)

Some people from high-risk groups also face increased levels of sexual and intimate partner violence, which further increase their vulnerability to HIV. For example, a study among UK-based gay, bisexual and other men who have sex with men found high rates of intimate partner violence, with around 45% reporting ever being a victim, and 19.5% reporting being perpetrators.

The study found that a strong association between intimate partner violence (experienced over the course of a lifetime or within the last year) and depressive symptoms. Depression can, in turn, decrease health-seeking behaviours such as getting tested for HIV or accessing HIV treatment. It can also increase sexual risk taking, drug and alcohol use, all of which increase HIV vulnerability.[111](#)

Similarly, a 2017 study carried out among people attending HIV services in England and Wales found 41% of trans people felt depressed or anxious, compared to 23% of other participants. In addition, 12% felt they had been refused healthcare or that their treatment had been delayed as a result of their HIV in the past year, compared to 7% of other participants.[112](#)

### Positive Voices

Valuable insights into the experiences of people living with HIV are being gathered through Positive Voices, one of the largest ever surveys of people living with HIV in England and Wales.

The initiative is run by Public Health England in partnership with University College London and Imperial College London. It was piloted in 2014 before being fully implemented in 2017. The first full survey included 4,400 respondents; equivalent to 5% of people in HIV care. It is due to be carried out every three years.

The 2017 results suggest stigma still affects many people living with HIV in the UK. Around 8% said healthcare workers treated them differently due to their HIV status, and 5% had been

refused healthcare or had treatment delayed as a result of being HIV-positive. One in 10 said they avoided seeking healthcare when they needed it, and one in three said they felt uncomfortable asking a doctor about their HIV.[113](#) [114](#)

## Lack of HIV knowledge

There is also evidence that levels of HIV knowledge among the UK public is low. A survey by the National AIDS Trust in 2014 found that only 45% of people could correctly identify all of the ways HIV is and is not transmitted, and an increasing proportion incorrectly believed it can be transmitted via routes like kissing (16%).[115](#)

Talking about the need to educate the general public about HIV, Deborah Gold, Chief Executive of the National AIDS Trust said:

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It's alarming to see just how many people believe you can get HIV from kissing, sneezing, or coughing. Lack of understanding leads to stigma and discrimination towards people living with HIV.[116](#)

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## Structural barriers

While HIV treatment was made free to people from overseas in 2012, many migrants living with HIV in the UK face other difficulties in accessing treatment, care and support.[117](#) Undocumented migrants in particular find it difficult to register with a local General Practitioner (GP): they are often required to prove their identity and do not understand NHS entitlement rules or how to apply for treatment.[118](#)

## Funding for the HIV response in the UK

In 2015, the government announced it intended to cut [funding for HIV prevention](#) by 50% in the financial year 2015/16 to £1.2 million. This equated to less than £1 for each person targeted by existing prevention programmes.[119](#)

However, a campaign against the cuts led by the National AIDS Trust was successful and the overall amount spent remained more or less stable at £2.4 million.[120](#)

Since 2013, local authorities have been primarily responsible for sexual health services in England. The Terrence Higgins Trust estimates that, in real terms, the local authority public health budget has been cut by £700 million between 2014/15 and 2019/20. This has led to sexual health service budgets being reduced by 25% during this time.[121](#)

In 2018, a joint survey of members of the British HIV Association and the British Association of Sexual Health and HIV, which both represent professionals working in HIV care, found three-quarters reporting that reduced HIV funding had affected access to HIV prevention, advice and condoms. Around 41% said access to STI testing had also been reduced.[122](#)

# The future of HIV and AIDS in the UK

The UK has made significant progress in the provision of antiretroviral treatment over the past decade. However, gaps in HIV prevention and education mean men who have sex with men and black Africans are still at a heightened risk of HIV.

Late diagnosis rates are still too high and have an impact on individual health outcomes as well as on public health. In addition to better access to testing services, in order to prevent new infections, there needs to be renewed efforts to increase HIV awareness and knowledge across the country through both public campaigns and education in schools. Stigma and discrimination within healthcare services also needs to be addressed to encourage more of those who need to be reached to come forward.

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