**Written evidence from Terrence Higgins Trust**

Terrence Higgins Trust is the UK’s largest HIV and sexual health charity, with service centres across England, Scotland and Wales. We are a campaigning organisation which advocates on behalf of people living with or affected by HIV or poor sexual health.

**Recommendations**

1. Public Health England, the Department of Health and Social Care and local authorities must increase efforts to ensure sexual health services meet the needs of people aged 50+
2. The UK Government must commit to ending new HIV infections in England by 2030
3. The UK Government must agree ambitious targets to reduce sexually transmitted infections (STIs) in England by 2030
4. The Department of Health and Social Care and Public Health England, working with all system and third sector stakeholders involved in HIV and sexual health, should draft a national system-wide HIV and sexual health action plan setting out how England will achieve HIV and STI targets by 2030
5. Public health, including sexual health, must be at the heart of the NHS 10 year plan
6. The Government’s Budget and Spending Review must include an uplift in public health funding to fully fund local sexual health services. In addition, there should be an allocation of resources to public health from the long-term NHS funding settlement
7. The ring-fence for local authority public health funding should remain indefinitely
8. Routine commissioning of HIV pre-exposure prophylaxis (PrEP) should commence as a matter of urgency and the cap on places within the PrEP trial scrapped in the meantime
9. New statutory relationships and sex education (RSE) must include adequate information on sexual health, with additional resources to schools to teach RSE to a high quality
10. The HPV vaccination for boys should be rolled out by September 2019 and the implementation of the programme for gay and bisexual men accelerated

**Trends in HIV and STIs**

11. We are at a historic moment in the HIV epidemic in the UK. If sustained action is taken, the current generation growing up today could be the last to see peers newly
infected with HIV in the UK. Yet, the same is not true for STIs. Some STIs – including gonorrhoea and syphilis are emerging once again in the UK.

12. Since the start of the HIV epidemic in England, new diagnoses continued to grow, peaking in 2005. 2016 saw a turning point in the epidemic with a 12% reduction in new HIV diagnoses from 2015. This decline has continued into 2017 with a 28% drop from 2015. Gay and bisexual men and black African communities remain disproportionately affected by HIV with the highest rates continually seen in these groups.

13. There were 422,147 new diagnoses of STIs in England in 2017. Little change was seen between 2016 and 2017 with only a 0.3% decline in new STI diagnoses.

14. England is seeing a re-emergence of syphilis and gonorrhoea. Syphilis diagnoses have increased by 20% between 2016-2017 and 148% since 2008. 2017 saw the highest number of syphilis diagnoses since 1949. Rates of gonorrhoea also continue to rise with a 22% increase in diagnoses between 2016-2017 and a 43% increase since 2013.

15. Chlamydia rates remain high- representing 48% of all STIs diagnosed in 2017 and England failing to meet the public health outcome framework indicator on chlamydia detection rate. Chlamydia diagnoses have fallen by 4% since 2013 but chlamydia testing rates have also fallen in that time.

16. England is seeing a reduction in genital warts – particularly in girls due to the successful girls HPV vaccination programme.

17. Young people (aged 15 to 24), BAME communities, and gay and bisexual men are most affected by STIs in England.

BAME communities

18. New HIV diagnoses are now reducing in black African communities, with 707 new diagnoses in 2017 accounting for 16% of new diagnoses. However, late diagnoses continue to be a significant issue, with 57% of black African individuals diagnosed with HIV late. The highest rates of STI diagnoses are seen among people of black ethnicity but there is insufficient data from Public Health England to better understand the STI burden in BAME communities.

Young people


2. PHOF indicator – chlamydia detection rate (15–24 year olds). Target is 2,300 per 100,000 people. As of 2017, England stands at 1,882 per 100,000.
19. In 2017 there were 502 HIV diagnoses in young people accounting for 12% of all new diagnoses. Young people aged 15-24 represented half of all new STI diagnoses in 2017. This group saw a 27% increase in gonorrhoea and a 22% increase in syphilis between 2016 and 2017. Diagnoses of genital warts in young people continue to decline due to the girls HPV vaccination programme. However, rates in boys of the same age are reducing slower than girls.

Gay and bisexual men

20. New HIV diagnoses in gay and bisexual men in the UK rose year on year until peaking in 2015. 2016 saw the first significant drop – of 21%– in new diagnoses. This trend continued in 2017, with a 31% drop from 2015. Gay and bisexual men consistently have the lowest rates of late HIV diagnoses (33%). STIs are increasing in gay and bisexual men. 2017 saw a 21% increase in gonorrhoea from 2016 (this is 52% of all new diagnoses of gonorrhoea), and a 17% increase in both chlamydia and syphilis. 78% of new diagnoses of syphilis in 2017 were in gay and bisexual men.

Women

21. In response to the recommendation within the Terrence Higgins Trust and Sophia Forum report Women and HIV: Invisible No Longer, in 2018 for the first time Public Health England included women specific data tables in its HIV surveillance report. The number of new HIV diagnoses is decreasing in women, although at a slower rate than the population as a whole- a 21% drop between 2015-2017. Late HIV diagnosis is a significant issue for women with half of all women diagnosed late. Women and girls accounted for 48% of all new STI diagnoses in 2017. There are some key STIs that disproportionately affect women including chlamydia (57% of all diagnoses in 2017) and genital herpes (64% of all new diagnoses in 2017).

People aged 50 and older

22. 873 people aged 50 and older were diagnosed with HIV in 2017. Although we are seeing an overall drop in diagnoses in this group in recent years, it is not matching the drop seen in the general population. More than a third of people accessing HIV care in 2017 were aged 50 and over. This figure is steadily increasing, and compares to less than one in five aged 50 and over accessing HIV care in 2007. People aged 50 and over are at greater risk of HIV late diagnosis with 55% of individuals aged 50-64 diagnosed late, rising to 61% for those aged 65 and over. The Chief Medical Officer in her 2015 annual report and a recent report from Terrence Higgins Trust shares

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concern that a lack of discussion on sex in older generations has created gaps in the provision of sexual health services for this age group.

Successful interventions in sexual health

HIV combination prevention

23. Public Health England\(^6\) has suggested that the recent declines in new HIV infections in England is due to combination HIV prevention. This includes availability of a range of prevention interventions including condoms, pre-exposure prophylaxis (PrEP), different types of HIV tests, treatment as prevention, and information and advice.

24. PrEP is a pill taken to prevent HIV infection and when used as prescribed, PrEP has been shown to be 100% effective at preventing HIV. The PROUD study in England\(^7\) showed there were no new cases of HIV among people taking PrEP as prescribed and PrEP remains an important new HIV prevention tool in the UK.

25. HIV treatment has continued to advance since its introduction in the 1990s. HIV medication reduces the amount of HIV virus in the blood to undetectable levels. This means the levels of HIV are so low as to be undetectable. Evidence\(^8\) is clear that when an individual living with HIV is on effective HIV treatment and has undetectable levels of the virus, the HIV virus cannot be passed on to others.

HIV surveillance and data availability

26. England has a world-leading HIV surveillance system. The Public Health England HIV surveillance team release into the public domain, high-quality surveillance data and should be commended for their new approaches to put people living with and affected by HIV at the heart of the work they do.

Living well with HIV

27. Since the availability of effective HIV medication in the 1990s, the quality of life of many individuals living with HIV has continued to improve. People living with HIV are reporting increased levels of wellbeing and life expectancy is now equivalent to the general population if diagnosis is early and treatment is obtained in a timely manner\(^9\). Progression to AIDS is now rare in the UK, with only 230 people diagnosed with AIDS in 2017, and 428 deaths in people living with HIV.

\(^6\) https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2017.22.25.30553

\(^7\) http://www.proud.mrc.ac.uk/

\(^8\) https://jamanetwork.com/journals/jama/fullarticle/2533066

\(^9\) UK CHIC Study (2014). Impact on life expectancy of HIV-1 positive individuals of CD+ cell count and viral load response to antiretroviral therapy.
Existing barriers to ending HIV and preventing good sexual health for all

**Government ambition around HIV and sexual health**

28. The UK Government is currently working towards the UNAIDS HIV 90-90-90 targets\(^{10}\). In 2016, England had nearly reached these targets – 88%-96%-97%.

29. The 90-90-90 targets are an effective global rallying call but should not reflect the ambition of a developed country like the UK. UN Sustainable Development Goal 3 and the UNAIDS Fast Track City Initiative are pushing to go further than 90-90-90 with commitments to work towards zero new HIV infections.

30. The UK Government has not yet committed to get to zero new HIV infections in the UK. It now has the opportunity to show leadership and commit to getting to zero HIV infections by 2030 – and invest in the HIV response to make this a reality.

31. There are no global targets around STIs (excluding HIV) and no overall targets within the UK. As part of the Public Health Outcomes Framework one indicator is included on chlamydia detection rates in young people aged 15-24. We believe the Government, alongside a sexual health action plan (see below) should agree, as part of a consultative process, ambitious targets to tackle STIs in England by 2030.

**National action plan on tackling STIs and HIV**

32. There is currently no system-wide national strategy or action plan setting out England’s ambition to tackle new HIV and STI infections and how this ambition can be achieved.

33. In 2013 the Department of Health launched its framework for sexual health improvement in England\(^{11}\) followed in 2015 by Public Health England’s strategic action plan on health promotion for sexual and reproductive health and HIV\(^{12}\). Whilst welcome, neither documents were system wide – setting out how each stakeholder could contribute to HIV and STI prevention, and provided no clarity on the entirety of what is needed to tackle HIV and STIs.

\(^{10}\) This refers to the targets of, by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive antiretroviral therapy, 90% of all people receiving antiretroviral therapy will have viral suppression.


34. We want to see a system-wide national sexual health action plan – setting out how England will achieve HIV and STI targets by 2030.

**NHS 10 Year Plan**

35. It has been proposed that the NHS 10 Year Plan will include a priority around prevention. This must include public health and primary prevention. Sexual health is an issue for most of the population and across the life-course. Public health including sexual health must be at the heart of the NHS 10 Year Plan.

**Impact of the Health and Social Care Act**

36. The Act transferred responsibility for local public health services from the NHS to local authorities. However, aspects of STI prevention and HIV treatment and care are also the responsibility of NHS England, CCGs, and Public Health England.

37. Efforts have been undertaken to reduce fragmentation that the 2012 Act caused. But issues remain. For instance, funding for PrEP in England has been subject to legal proceedings because of a dispute over who is responsible for funding PrEP. The UK Court of Appeal ruled that NHS England did have responsibility for funding the drug as it was defined as HIV treatment but the fact remains that this issue was only settled though court action. As demonstrated by PrEP, the Health and Social Care Act has eroded the lines of responsibility for commissioning HIV and sexual health interventions. Efforts should continue to be undertaken to mend the outstanding fractures in the sexual health and HIV system in England.

38. Terrence Higgins Trust supports responsibility for public health, including sexual health, sitting with local authorities. Local authorities should be able to work across their portfolio of responsibilities to address the social determinants of poor sexual health as well as delivering sexual health prevention services. We do not support any new wholesale restructure of the health system. But this should not mean that public health is treated as second class to the NHS or seen as a non-essential “nice to have”.

**Impact of cuts to public health funding**

39. Local authority public health grant funding is being cut by £600 million between 2015/16 and 2019/20. The cuts to the public health grant imposed on local authorities by national government has resulted in financial pressures that are directly affecting frontline HIV and sexual health services with a continued decline in the number and volume of services local authorities are providing.

40. Data collected by South East London sexual health clinics, indicated that in a one-month period, 1,094 people were turned away from sexual health clinics in that area.
as clinics did not have enough capacity to see everyone who needed their services. Over half (54%) of those turned away reported that they had symptoms of an STI. New data from BASHH indicates that 63% of sexual health clinicians said they were having to turn away patients on a weekly basis and 19% of respondents said they were having to turn away more than 50 patients from their service every week.

41. Public Health England data has indicated that demand for sexual health services is rising – a 13% increase in attendance between 2013 and 2017 – but with no rise in resources to deal with this demand.

42. Non-mandated primary prevention services are also being significantly harmed with National AIDS Trust analysis indicating that HIV prevention funding in areas of high prevalence has dropped by a third in two years.

43. The result is that sexual and reproductive health services are at crisis point and no longer able to meet current levels of demand.

44. As part of the new NHS settlement, the NHS will receive increased funding of £20.5 billion per year by the end of five years. Yet the funding does not include local authority public health funding. There is currently no funding settlement for the local authority public health grant past 2019/20 and no solution from the government to the very urgent demand being seen in sexual health services now.

45. We want to see an increase in investment in public health, including sexual health. This includes a scale up of investment through the upcoming Government Budget and Spending Review, alongside allocation of resources to public health from the long-term NHS funding settlement.

Public health ring-fence

46. Since 2013, local authority funding for public health has been ring-fenced. The ring-fence has been vital in ensuring that public health services, including sexual health services, are maintained and meet the needs of local populations. We remain concerned that once the ring-fence is removed from the public health grant in 2021, further redistribution of funds to other parts of the system may result. We therefore want to see the ring-fence for public health local authority funding remain indefinitely.

Late HIV diagnoses and un-diagnosed HIV

47. The most recent estimate from Public Health England suggest there were 89,400 people living with HIV in England in 2016. However, of these, around 10,400 (12%) were undiagnosed and did not know that they were living with HIV, and 43% were diagnosed with HIV late. Public Health England must work across the system to understand and take action to reduce late diagnosis of HIV and reduce the number of people unaware they are living with HIV.

**Availability of PrEP in England**

48. PrEP is currently available on the NHS in Scotland and Northern Ireland and through an uncapped study on the NHS in Wales. In England, PrEP has been made available for 13,000 people through the three year IMPACT Trial, which commenced in October 2017. Demand for the trial has far outstripped trial capacity with places for gay and bisexual men unavailable or in short supply across the country. Responsibility for the commissioning of PrEP lies with both NHS England and local authorities and we believe that routine commissioning of PrEP is now a matter of urgency so that all who could benefit from PrEP can have access to it.

**Relationships & Sex Education (RSE)**

49. RSE lessons play a crucial role to inform and empower young people to make informed choices about their sexual health, minimise their risk of HIV and be able to form healthy and fulfilling relationships.

50. Young people are not currently receiving consistent RSE within school. One in seven young people surveyed by Terrence Higgins Trust\(^{16}\) reported they received no RSE lessons. 95% of young people did not receive LGBT-inclusive lessons, 75% did not learn about consent and half of young people rated their lessons as either ‘poor’ or ‘terrible’.

51. The Government has committed to introducing compulsory RSE lessons in all secondary schools in England from 2020. This is welcome but must be matched with guaranteeing schools have access to quality and accurate RSE resources to facilitate lessons and training opportunities for teaching staff. Lessons should provide young people with knowledge about where and how to access local sexual health services, and up to date information about sexual health, STIs and HIV.

**HPV vaccination**

52. Boys are **not** currently provided the HPV vaccine which protects against several preventable cancers and genital warts. Girls are offered the vaccine through a school-based programme. In July 2018, the UK Government announced it would

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implement the advice of the Joint Committee on Immunisations and Vaccines, which recommended extending the vaccine to boys. We want to see this started by latest September 2019 and crucially must also include a catch-up programme so boys up to the age of 18 can receive this vaccine.

53. In April 2018, Public Health England announced a full HPV vaccine programme for gay and bisexual men would be rolled out, following a successful pilot. As of September 2018, none of the sexual health clinics other than those involved in the initial pilot are providing the vaccine.\(^{17}\) As such, only 32% of sexual health clinics in England are providing this potentially life saving vaccine for gay and bisexual men.

**A system that enables people living with HIV to live, and age, well**

54. People living with HIV have increased levels of co-morbidities compared to their HIV negative peers and this increased burden can significantly impact health and wellbeing\(^{18}\). There is concern for the future, with 84% of Terrence Higgins Trust survey respondents concerned about how they will manage multiple health conditions in the future. Ensuring people living with HIV are supported to live well not only benefits the individual, but is vital for broader public health as evidence now shows that individuals who take HIV medication and who remain healthy are unable to pass the HIV virus onto others.

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