Written evidence from Dr Timothy Hildebrandt

Dear Dr Wollaston,

I am writing in response to your Committee’s enormously valuable inquiry into sexual health. As Associate Professor of Social Policy at the London School of Economics and Political Science, in 2016 I conducted the first, and so far only, public opinion survey on NHS provision of PrEP. This research looked at how potential prejudice toward various beneficiaries of PrEP might affect support for its provision.

This research was conducted during a time of significant, negative media coverage which painted PrEP as an expensive lifestyle drug supporting a small number of gay men to maintain dissolute lifestyles. Stemming from this exposure, there was expectation that public opinion would be negative towards the idea of the provision of PrEP.

My research found that, contrary to expectations and against the prevailing media narrative, support for NHS-provisioned PrEP was high across all perceived beneficiary groups: to the extent that they exist, prejudices toward beneficiaries do not necessarily move support for provision of the drug itself.

Of the group surveyed, 44% approved of the NHS supplying PrEP and 29% strongly approved, giving an overall approval rating of 73%. This came from a total of 738 respondents, balanced in terms of representativeness of the British general population.

Concurrently with this research the NHS confirmed that they would not fund the commissioning and provision of PrEP for HIV prevention, but did set out its commitment to working with other commissioners to explore possible provision given the benefits. After the High Court reversed the NHS’s decision, the NHS commissioned a study looking at the issues around large-scale PrEP implementation.

The study was to be conducted by a charity, St Stephen’s AIDS Trust, which closed suddenly, and the study has still not been undertaken. It is understandably a significant concern that time has been wasted while more people are becoming infected. Ministers continue to note that they are awaiting the conclusions from the ongoing PrEP trial, the Board of which is currently considering increasing the number of places available on the trial before decisions are made.

This pace is unacceptable and unnecessary. Large studies in the UK and worldwide have shown both that PrEP provision is a very effective way of preventing HIV. And research published in the Lancet last year shows that access to PrEP can save billions of pounds in lifetime treatment for those newly infected with HIV. Given that the benefits of providing PrEP are proven, it appears that fear of public outcry is the primary concern preventing the NHS from changing their policy.
My research suggests that this concern is ill-founded and should not be taken into account as a reason to delay the full provision of PrEP. In addition, as the Committee will be aware in September 2018 the High Court overturned the drug patent extension for a highly effective anti-HIV drug, opening the door for generic versions of the PrEP drug to be made available in the UK at a fraction of the previous cost.

Given this breakthrough, and the evidence of public support for the provision of PrEP to prevent HIV infection, it will be important for the Committee to challenge both the NHS and the Department for Health on what hurdles they still believe need to be overcome to ensure PrEP can be provided on the NHS as soon as possible.

I would be happy to provide further evidence and information if useful.

Yours sincerely,

Dr Timothy Hildebrandt