

# Annual Review 2009/10



**Shaping attitudes.  
Challenging injustice.  
Changing lives.**

TRANSFORMING  
THE UK'S  
RESPONSE  
TO HIV



**NAT is the UK's leading charity dedicated to transforming society's response to HIV. We provide fresh thinking, expert advice and practical resources. We campaign for change.**

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**Shaping attitudes.  
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### **Our Vision**

Our vision is a world in which people living with HIV are treated as equal citizens with respect, dignity and justice, are diagnosed early and receive the highest standards of care, and in which everyone knows how, and is able, to protect themselves, and others, from HIV infection.

### **Our Strategic Goals**

All our work is focused on achieving four strategic goals:

- ▶ Effective HIV prevention in order to halt the spread of HIV.
- ▶ Early diagnosis of HIV through ethical, accessible and appropriate testing.
- ▶ Equitable access to treatment, care and support for people living with HIV.
- ▶ Eradication of HIV-related stigma and discrimination.

### **How We Work**

We believe we make the most lasting and positive impact on the greatest number of lives by changing attitudes, behaviour, decisions and policies - and we seek to influence those whose actions have the biggest impact on the lives of people affected by HIV in the UK.

We listen to people living with, and affected by, HIV and those who support them and we put the needs and rights of HIV positive people at the heart of everything we do. We pride ourselves on being independent and evidence-based. We are committed to partnership working and we work in a collaborative and productive manner with a range of partner organisations to share experience and knowledge and make the greatest collective difference.

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# Message from the Chair

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I am extremely proud to introduce NAT's achievements throughout 2009/10. This period has been full of challenges. At a time of economic crisis, a new coalition Government and ongoing budget cuts, NAT's work to provide expert advice, fresh thinking and practical resources has continued to be in high demand. From shaping new thinking on the psychological support needs of people living with HIV, to campaigning for increased legal rights for people with HIV in new legislation, the impact of our work this year has enhanced the lives of many people living with HIV and will continue to do so.

NAT continues to build upon its nationally recognised reputation for high quality, independent and evidence-based campaigning. Working with partners in the disability field we ensured that the 2010 Equality Act includes new legal protections for people living with a disability – including HIV. In addition, we were successful in securing an amendment to the Act which prohibits an employer asking about HIV or other health conditions during the recruitment process - removing a major barrier to people with HIV applying for jobs.

Our long-term campaign to ensure that people with HIV are given the same protection from hate crime as people with other disabilities came to fruition in 2010 when the Crown Prosecution Service changed its policy.

Another significant achievement has been working with the Association of Chief Police Officers (ACPO) to produce Investigation Guidance for police in England, Wales and Northern Ireland in relation to prosecutions for reckless or intentional HIV transmission. This work was crucial because there were many accounts of investigations which misunderstood the law, undermined confidentiality and had little grasp of HIV, and the new guidance will not only reduce unnecessary investigations but also ensure that people living with HIV who are investigated are treated with sensitivity and respect.

This report cannot detail all of the many achievements of the past year. But the broad variety of NAT's work – from researching the impact of changes to benefits to providing resources on HIV testing for gay men - is a testament to the importance of an independent policy-based charity that has a sole focus on HIV in the UK.

The sheer volume of NAT's work would not have been possible without the help of our vast team of supporters, and I would like to take this opportunity to thank each and every one of them. There is still much more to be done to achieve an informed society where everyone knows how to protect themselves and others from HIV infection and in which people with HIV are treated with respect, care and justice, and we will rely on your support to help us achieve this vision next year and beyond.



**Dame Denise Platt DBE**



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# Prevention and Testing

**Shaping new thinking on the importance of early diagnosis and putting HIV testing back on the agenda. Campaigning to make sure HIV prevention is prioritised in the UK.**

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**Over a quarter of people with HIV in the UK have not been diagnosed. In 2009, of those people who were diagnosed, over half were diagnosed after the point at which treatment should have begun. HIV testing rates amongst the groups most affected, including gay and bisexual men and black African men and women, are still far too low.**

Not only does undiagnosed and late diagnosed infection affect an individual's health, there is also evidence showing that undiagnosed HIV is responsible for over 50 per cent of all new infections.

It is now recommended that sexually active gay men (or men who sometimes have sex with other men) have an HIV test at least once a year. In partnership with GMFA and BASHH and with support from the Health Protection Agency we produced a new testing leaflet explaining to gay men why it is important to have regular HIV tests and how they can have a test. 250,000 leaflets were requested by over 150 clinics across the UK and feedback has been very positive.

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**The symptoms of early-stage HIV infection are being commonly missed or misdiagnosed by healthcare professionals and by the 'gatekeepers' to GP and A&E services.**

More than seven out of every ten people who have recently been infected with HIV experience symptoms. The most common are fever, rash, severe sore throat and swollen glands, all occurring together. These symptoms appear soon after infection and last for a few weeks, after which they go away, usually leaving the person symptom-free for a number of years. In order to reduce the number of people undiagnosed or diagnosed late it is vital that these symptoms of early HIV infection are better recognised and people are directed to testing.

Following our success in influencing NHS Direct last year, NAT has worked with out-of-hours GP service providers to ensure that the diagnostic software systems used are able to recognise the symptoms of sero-conversion illness and operators recommend people exhibiting symptoms of early infection have an HIV test. All the out-of-hours systems have now been updated to include the sero-conversion illness symptoms.

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**The number of gay men diagnosed with HIV remains at an unacceptably high level and new tests show that one in six gay men diagnosed in 2009 were infected in the last four to five months. New approaches are needed to reduce the number of new infections.**

Following an expert seminar in June 2009 to analyse the complex issue of partnership patterns amongst 

“ One of GMFA's priorities is to ensure gay men are certain of their HIV status, which is why regular testing is a frequent theme in our campaigns. We were happy to partner with NAT on their 'Get Tested' resource to help spread further this crucial message.”

**Chris Patmore, Project Manager - GMFA**

gay and bisexual men in the UK and their link with HIV transmission, NAT produced a comprehensive report, *Partnership Patterns and HIV prevention amongst men who have sex with men (MSM)*.

This report builds on the starting point of the 2009 seminar, incorporating further research carried out by NAT within the HIV sector, to produce detailed conclusions and a set of recommendations for addressing the issue.

The report highlights the need for more research to improve understanding of the partnership patterns of MSM so that services can be developed which are tailored to these patterns and are therefore more effective in reducing HIV transmission. It also emphasised the importance of continuing work to challenge homophobia in the media and in schools and reduce its harms.

These recommendations have already stimulated debate and influenced the new national prevention framework for men who have sex with men.

**There is still no cure or vaccine for HIV. Greater investment in research is needed if we are to find new options to prevent the high level of new infections every year.**

In 2009/10, NAT continued to be the leading UK voice on the need to invest in the development of new HIV prevention technologies. As the UK partner of both the International AIDS Vaccine Initiative and the International Partnership for Microbicides, we maintained our position as the focal point for the campaign to boost investment in new prevention technologies (NPTs) and continue to keep the UK government informed about developments.

Our annual update meeting in May 2010 looked specifically at the challenges of a new Government and the contribution of NPTs to the advancement of the Millennium Development Goals.



“ I'd been ill for quite a while with stomach pains and I'd been losing weight rapidly. It got to a stage where I was so ill the doctor told me I needed to go to hospital and only then was it suggested I had an HIV test. I was told I was positive and that I'd developed an HIV-related illness that was quite serious. I was in hospital for a month. One test three years earlier would have saved me from all that.”

**Gary**

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# Health and Social Care

**Campaigning for people with HIV to receive appropriate care and support to enable them to live healthily and with dignity.**

**The specific social care needs of people living with HIV are widely recognised, and yet the future of funding for HIV social care is under threat.**

Building on the review of the AIDS Support Grant (ASG) we published at the start of the year, NAT actively campaigned to safeguard the future of social care services for people living with HIV, in particular writing to the new Coalition Health team highlighting the importance of ring-fenced funding for HIV social care, and asking them to reinstate the ASG's ring-fence.

We are continuing our campaigning activities at a local level, emphasising the importance of HIV social care services to local authorities through a campaign which encourages and supports individuals to contact their local councillor to raise concerns.

**People living with HIV are concerned about their confidentiality but uncertain about what their rights are within a healthcare setting. Worries can range from fears about someone discovering their HIV status, to experiencing discrimination from healthcare staff.**

NAT undertook a review of confidentiality in healthcare looking at three main questions: Why does medical confidentiality matter? What should people expect from the NHS? And what do changes to NHS information sharing mean for people living with HIV? This led to the development of our report, *Confidentiality in healthcare for people living with HIV* which answers these questions, including sections on contact tracing, criminalisation, testing in different settings, and new NHS IT systems. We have received a lot of positive feedback on this report and have started work on a leaflet for people living with HIV which sets out this information in a simple and accessible format.

**“ I wanted to thank you for the expert seminar on psychological support. You have really put your finger on a crucial issue and the mix of your policy skills and the issues was enormously enabling. I came away with a very positive view of both the day and the future of this initiative.”**

**Professor Lorraine Sherr, Head of Psychological Health Unit - UCL**

“ For the first three months, I couldn't remember a thing the consultants said. I was in too much shock... I've been very lucky to get seen at a pain management clinic where I have now been given counselling and coping strategies about how to come to terms with everything.”

**Robin**

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**HIV care can be so focused on medical treatment and physical health that sometimes the important issues around mental and emotional well-being are overlooked.**

NAT set out to explore the psychological support needs of people living with HIV. Working in partnership with three organisations supporting people living with HIV (George House Trust, GMFA and Positively Women), we held focus groups of people living with HIV to get a snap-shot of people's experiences. These shaped and fed into an expert seminar looking at the type of support HIV positive people need and what services are currently available.

The seminar, which was hugely successful, was the first step in addressing the gaps and inconsistencies in psychological support services for people living with HIV. Many recommendations came out of the day, including the need for specific national standards for psychological support for people living with HIV. NAT is now working in partnership with the British Psychological Society, MedFASH and other key stakeholders to develop these standards.

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**Increasingly the key decisions in planning HIV prevention, treatment and care services are made at the local level by Primary Care Trust (PCT) Commissioners.**

We have continued to provide support to the HIV and Sexual Health Commissioners Group for England and facilitate information sharing

between members. This group is a vital forum to develop best practice to improve the health and social care of people living with HIV.

NAT carried out an evaluation of the Commissioners Group, which found that the overwhelming majority of Commissioners felt that, as a result of the meetings, they had developed and improved their commissioning practice.

We also introduced a new 'Commissioners Area' of the NAT website as a platform to facilitate the exchange of information between Commissioners. This area had over 400 page views in the first month of its launch.

We have continued to work with partners to encourage local activism on sexual health issues. Local campaigners have been able to take action on late diagnosis of HIV by emailing their PCT to encourage them to take action to reduce late diagnoses of HIV.



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# Poverty and Social Disadvantage

Changing the lives of some of the most vulnerable people living with HIV in the UK, by working to ensure that they get the understanding, treatment, care and support that they need.

Detention, removal and repatriation can result in interruption to HIV treatment for asylum seekers, who have a right to the same quality of NHS care as the general public.

Following production of our practical resources, *Detention, Removal & People living with HIV*, we held a seminar for healthcare staff in Immigration Removal Centres (IRCs) in November 2009 in partnership with the British HIV Association to assess how it was being used in practice. The feedback we received showed that the resource is recognised and consistently used across the detention estate to ensure that refused asylum seekers living with HIV are treated appropriately and with respect. Our resource has also been drawn upon in court cases to delay or reverse removal decisions, where the asylum seeker has not received an acceptable standard of HIV treatment prior to removal.

HIV prevalence in Caribbean communities is higher than in the white population but their HIV prevention needs are not recognised.

Drawing on data from a number of sources including the Health Protection Agency (HPA), we produced a report, *HIV and black Caribbean communities in the UK* – the first publication of its kind. The report, which achieved coverage in the BME media, showed that between 2004 and 2008, Caribbean people accounted for 3% of all new diagnoses even though Caribbean people only make up 1% of the UK population. We are now calling for an increased focus on the needs of this group and for specific HIV prevention and testing strategies for Caribbean communities in the UK.



**“ I consider NAT’s leaflet ‘Housing and HIV’ to be excellent advice and long overdue in alerting housing providers and support organisations of the difficulties in accessing housing for HIV positive people.”**

**Local Authority Manager**

**“ NAT’s report ‘Unseen Disability, Unmet Needs’ highlights exactly the complex problems we see our clients facing day to day when going through the process of Work Capability Assessment; that issues of illness and treatment are often neither understood nor recognised.”**

**Lynn Johnson, Welfare Rights Worker - Positive East**

**Disability-related benefits provide vital financial support to help people living with HIV stay healthy and participate fully in society, whether or not they are in employment, but the Government introduced significant changes to these.**

We monitored the impact of major changes to disability benefits to identify the impact on people living with HIV. Our review of the Work Capability Assessment (WCA) test for the new Employment and Support Allowance (ESA) collected data about the experiences of people living with HIV who have applied for ESA and the expert knowledge of benefits advisers who have helped them with their claims and appeals. The report of the review will inform our campaigning work to make sure that people living with HIV who apply for disability benefits are assessed fairly, by someone who understands their disability and the barriers they face.

**A significant number of people living with HIV are in poor housing which impacts on their health.**

Our practical guide for housing officers, *Housing and HIV*, has had a big impact since it was released in June 2009. We undertook an evaluation of the guide which found that most local authorities and support organisations who used it had found it relevant and useful in their work, with a number of them doing something differently as a result of this resource. The leaflet has been so popular that we have had to arrange for a re-print of the leaflet in 2010.

**Some people with HIV in the UK are unable to access free HIV treatment and care.**

The Department of Health requires certain migrants (refused asylum seekers and visa overstayers in particular) to pay for HIV treatment. HIV is the only infectious disease where charges are made in this way. These unaffordable bills deter people from testing and accessing care, endangering their own health and public health generally.

In 2009 NAT intervened on this issue during the passage of the Health Bill through Parliament and secured a Government Review of whether charging for HIV treatment should continue. NAT then provided evidence to the review; the outcome of which is now awaited.

**“ It’s great that NAT is speaking out for people living with HIV like me as the benefits system goes through even more changes and reform.”**

**John**



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# The Law, Human Rights and Discrimination

**Campaigning to ensure laws protect people living with HIV and educating decision-makers to ensure they uphold the rights of people living with HIV.**

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## **People living with HIV still experience discrimination.**

NAT played a central role in increasing legal protection against discrimination through the new Equality Act. The Act prohibits discrimination by perception (for example someone who is gay and assumed to have HIV), and by association (for example the friend or partner of someone with HIV is now also protected from discrimination). Harassment of people with HIV is for the first time made unlawful when accessing goods and services. The Act also enables someone who has been discriminated against on the basis of the interaction of two grounds (for example HIV and sexuality, or HIV and race) to seek legal redress.

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## **People with HIV did not receive the same protection from hate crime as other people with disabilities.**

Although the law protects people with a disability from hate crime, and HIV has been defined as a disability since 2006, the Crown Prosecution Service (CPS - the prosecution authority for England and Wales) had decided that people with HIV were not included in this protection.

After representations from NAT, the CPS changed its policy and confirmed that people with HIV now enjoy exactly the same level of protection as other disabled people from hate crime.

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## **Employers in the UK were allowed to ask questions about HIV status on application forms and within the recruitment process, even if it was not relevant to the position.**

NAT led a campaign, with Rethink, the mental health charity, for the Equality Act to prohibit employers from asking questions about health or disability in advance of a job offer. We were successful in adding an amendment to the Equality Act 2010. It is now unlawful for an employer to ask about HIV or other health conditions during the recruitment process - removing a real obstacle to people with HIV applying for jobs.

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## **Some police investigations alleged criminal HIV transmission were prolonged unnecessarily, misunderstood the law and breached the rights of people with HIV.**

Since 2003 there have been prosecutions for reckless or intentional HIV transmission in England and Wales. In 2008, following action by NAT, the CPS published helpful prosecution guidelines providing clarity for people with HIV on the law. NAT then got agreement from the Association of Chief Police Officers (ACPO) to work with NAT to develop Investigation Guidance for police in England, Wales and Northern Ireland. This was urgently needed because there were many accounts of investigations which misunderstood the law, undermined confidentiality and had little grasp of HIV. The ACPO Investigation Guidance was published in 2009, the first Guidance of its kind anywhere in the world, and sets out important information and standards for police to follow in these cases.

**“ We worked with NAT to produce ‘Investigation Guidance relating to the Criminal Transmission of HIV’ and their guidance on this complex issue was invaluable. We couldn’t have done it without their expertise.”**

**Ellie O’Connor, Detective Superintendent - Metropolitan Police**

### **Prosecutions for HIV transmission and exposure are taking place in Scotland.**

Since 2001 there have been four prosecutions for HIV transmission in Scotland but in the most recent of these cases in 2009, the accused was additionally convicted of exposing three women to the risk of HIV transmission. No such charge is possible in the rest of the UK. Exposure charges are of particular concern since there is no clarity as to what constitutes exposure and people with an HIV diagnosis are being singled out by the law for punishment for unsafe sex when HIV is most commonly transmitted by the undiagnosed.

In response, NAT initiated a process to persuade the Crown Office (the prosecution authority in Scotland) to agree clear and fair prosecution guidelines around HIV transmission and exposure (there is none at present, causing great uncertainty and worry for people living with HIV). A conference was held in May 2009 to begin to make the case for Scottish guidelines and this important work continues.

### **New public health law had worrying implications for HIV.**

New regulations to control the spread of infectious disease had the potential to be misapplied by local authorities and magistrates to people with HIV when they were not appropriate or effective for such a long-term and stigmatised condition, which cannot be transmitted by everyday contact.

After extended representations by NAT, the Department of Health and the Welsh Assembly Government both published Guidance on the new regulations during 2009/10 which made clear that HIV was not a condition to which these powers would ordinarily apply.

### **Any man who has ever had sex with another man is banned from donating blood in the UK.**

NAT were instrumental in securing a comprehensive review of current lifetime bans on blood donation and were part of the Steering Group appointed to take this forward. The review is expected to report early in 2011.

### **People living with HIV in the UK continue to be excluded from undertaking a number of different healthcare roles, when other countries have lifted restrictions.**

NAT was represented on a high level working group established to review evidence relating to healthcare roles. Recommendations from this group are expected to be published in 2010/11.



**Angelina**

**“ The fact that employers can no longer ask about HIV when recruiting will make a really big difference to the lives of people living with HIV. This is a key achievement by NAT!”**

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# Public Awareness and the Media

Shaping attitudes by educating journalists, teachers and all who influence public understanding about HIV.

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**Public knowledge about HIV is low and most people do not understand what it is like to live with HIV.**

In 2009 we used the opportunity of World AIDS Day to communicate about the reality of living with HIV in the UK today. We devised the campaign “HIV: Reality” using real stories from people living with HIV and HIV positive models.

The campaign received an excellent response and was covered in the national media. The Sun ran a double-page spread about the campaign featuring the stories of three people living with HIV and “This Morning” on ITV interviewed someone living with HIV on World AIDS Day.

We used social networks to drive traffic to our World AIDS Day website. Sarah Brown and Stephen Fry were two of our supporters who sent messages about our campaign to their followers on Twitter and the World AIDS Day website received over 200,000 visitors in just one month. More than 200 people living with, or personally affected by HIV, submitted their stories to our website proving a powerful message to the many thousands of visitors.

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**Media reporting on HIV has improved but inaccurate articles still occur perpetuating myths fuelling HIV-related stigma.**

We monitored the media on a daily basis and challenged inaccurate and stigmatising coverage wherever it occurred – writing to a wide range of publications to highlight inaccuracies and misunderstandings. As a result we secured a number of letters, corrections and changes to online headlines and copy.

We now have more than 100 people living with HIV taking part in our *Press Gang*, a virtual group of HIV positive people who are committed to improving media reporting, and through continued encouragement and support increased their level of activity.

We also updated our guidelines for journalists on reporting HIV and secured support from the NUJ, Society of Editors and Press Complaints Commission.

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**Despite high prevalence of HIV amongst gay men and Africans, HIV isn't given the prominence it deserves in media targeting these communities.**

During the year we held media briefings for both the gay media and BME media and collaborated with the African Health Policy Network (AHPN) on an event for African media. As a result we saw an increase in both quantity and quality of coverage of HIV.

**“ As a journalist, pitching an HIV story can be tricky because editors instantly think of HIV as being downbeat, so I say no - look at the people who we’re speaking to, they’ve actually got really amazing stories that could have a big impact on people.”**

**Kate Wighton, Deputy Health Features Editor - The Sun**

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**There is a lack of political commitment to HIV in the UK, and no clear strategic vision as to how to address HIV into the next decade.**

We secured messages of support for our World AIDS Day website from Prime Minister Gordon Brown and party leaders Nick Clegg and David Cameron - the first time that all party leaders spoke of the challenges of HIV in the UK.

In advance of the General Election in May 2010, we produced clear ‘election asks’ and engaged with the Manifesto leads in the three main political parties.

Following the election, we wrote promptly to all new MPs in areas of high HIV-prevalence to highlight the issue and secured a series of meetings.

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**Many young people receive very little information about HIV at school but the number of young gay men diagnosed with HIV is increasing.**

During the year, we collaborated with other charities to campaign for sex and relationships education (SRE) to be made compulsory in all schools.

We specifically made the case for HIV and same-sex relationships to be appropriately covered. We developed an Early Day Motion (EDM) calling for better HIV education for young gay men and secured more than 100 signatures from MPs across all parties.

We are delighted that national guidance on SRE now includes specific reference to both HIV and same-sex relationships.



**“ The thing that was unnerving for me, probably even more than me accepting the diagnosis, was wondering how am I going to disclose to other people? People in my world didn’t have the resources or information to accept the diagnosis the way that I had.”**

**Alastair**

# Influencing National Policies and Legislation

We have established robust monitoring processes which allow us to continually review parliamentary debate and evolving legislation in order to identify possible implications for people living with HIV. As a result, we were able to influence a number of important pieces of legislation including the Equality Bill and secondary legislation governing the public health powers created by the Health and Social Care Act. We also influenced consideration of the Equal Treatment Directive in the European Parliament.

## We also responded to a wide range of consultations including:

The Department of Children, Schools and Families on Curriculum Reform, especially Sex and Relationships Education

The Department of Health on Health Protection Regulations

The Work and Pensions Select Committee on decision-making and appeals in the benefits system

BHIVA/BASHH on HIV, the law and the work of the clinical team

Government Equalities Office on Equal Treatment Directive

UK Border Agency on reform of asylum support and on refusing entry or stay to NHS debtors

The Department of Health on the future of social care

The Greater London Assembly on the Mayor's Health Inequalities Strategy

The Scottish Government on public sector equality duties and on the draft HIV Action Plan

The National Institute of Clinical Excellence on increasing the uptake of HIV testing among men who have sex with men

The Welsh Assembly Government on social care reform

The Equalities and Human Rights Commission on disability-related harassment

The Department of Health on access to NHS treatment for foreign nationals

In addition, we responded to a number of consultations on Equality Schemes, to ensure that Government departments are thinking about HIV when drawing up their schemes, including the Home Office Diversity and Equality Scheme, the Communities and Local Government Single Equality Scheme, and the Care Quality Commission Equality and Human Rights Scheme.

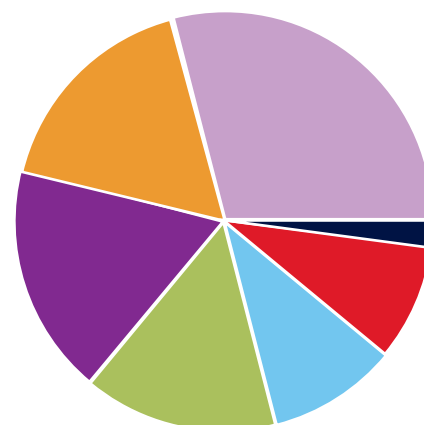
# Financial Information

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These pie charts summarise information extracted from NAT's annual financial statements which have been agreed by the Board of Trustees and audited by Target Winters Ltd. The figures relate to NAT as a stand-alone charity and show only the net income from our trading subsidiary.

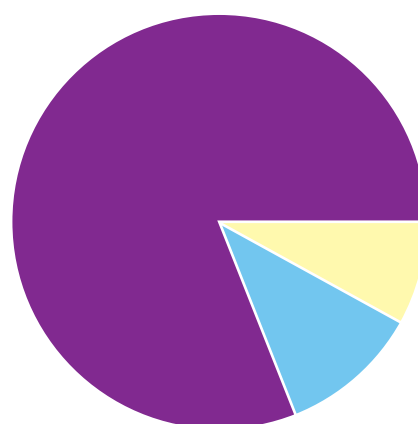
## Income

	£	%
Grant making trusts & foundations	234,200	29
Government & other statutory funders	150,400	18
Corporate supporters	134,800	17
Individual & community fundraising (including legacies)	121,600	15
Events & other income	82,100	10
Partnership agreements	71,000	9
Investment & net trading	16,100	2
<b>Total income</b>	<b>810,200</b>	<b>100</b>



## Expenditure

	£	%
Core policy work	680,700	81
Fundraising and publicity	94,200	11
Governance	60,900	8
<b>Total expenditure</b>	<b>835,800</b>	<b>100</b>



A more detailed report on the financial position and activities of NAT and its subsidiary, Aware Ltd, during 2009/10 can be found in the annual report and financial statements, which can be requested from [info@nat.org.uk](mailto:info@nat.org.uk) or by calling 020 7814 6767.

Over **80** pence in every pound donated to NAT goes directly to fund our core policy work.

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# People Making It Happen

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## Trustees (as at 30 June 2010)

Dame Denise Platt DBE  
Howard Charman  
Dr Valerie Delpech  
Graham Duncan  
Professor Paul Flowers  
Martin Green  
Judy Hague  
David Johnson  
Pat Knowles MBE  
Robert MacKay  
Rebecca Mbewe  
John Nicholls  
Dr Barry Peters  
Gary Watson  
Dr Neil Wooding

*We would also like to thank Winnie Ssanyu-Sseruma who stood down as an NAT Trustee in March 2010.*

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## Ambassadors (as at 30 June 2010)

Lord Puttnam CBE  
Professor Michael Adler CBE  
John Bowis OBE  
Mark Chataway  
Lady Falconer of Thoroton  
Rt Hon Lord Fowler  
David Grayson CBE  
Rt Hon Sir Patrick Nairne GCB MC  
Robin Pauley  
Baroness Prashar CBE  
Dame Ruth Runciman

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## Staff (as at 30 June 2010)

Yusef Azad  
Director of Policy & Campaigns  
Eleanor Briggs  
Assistant Director of Policy & Campaigns  
Chris Dew  
Director of Finance & Resources  
Laura Dunkeyson  
Policy & Parliamentary Officer  
Deborah Jack  
Chief Executive  
Nicola Jacobs  
Policy Officer  
Stef McCarthy  
Assistant to the Chief Executive's Office  
Jo Murch  
Fundraising Officer  
Gary Paul  
Finance Manager  
Sarah Radcliffe  
Policy Officer  
Katherine Sladden  
Communications Manager  
Doug Templeton  
IT Officer  
Anthony Townsend  
Trading Manager  
Myriam Volk  
Fundraising Officer  
Juliet Whitley  
Office Administrator

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## Consultants

Hannah Bate  
Edwin Bernard  
Emma Bickerstaff  
Maurice Hebert

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## Fundraising Event Committee

Martin Dibben  
Mark Leverton  
Robert MacKay  
Sarah McGougan  
Peter O'Neill  
Mark Phillips  
Howard Shaughnessy  
Gerry Wade

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## Volunteers and Interns

We would also like to thank the many volunteers and interns who gave their time and energy freely during 2009/10 to help achieve all we did. Special thanks to:

Dean Ashton  
Laurence Byrne  
Peter Croxford  
John Cruickshank  
Amy Derber  
Judith East  
Tiburcio Fortes  
Kate Foster  
Timothy Gerig  
Mark MacKenzie  
Katie McLagan  
Juliette Meinrath  
Paul Nicol  
Toby Palm  
Rebecca Rawle  
Priyanka Shekharan  
Patrick Sholl  
Helena See  
Ben Vincent  
Nicola Waghorn  
Lilly Whitham  
Gary Whittaker

# Our Partners, Alliances and Networks

As a small organisation, strategic alliances and partnerships are crucial to our success. This year we have worked with, and drawn on the expertise of, a number of different organisations. These include:

- African Health Policy Network (AHPN)
- All Party Parliamentary Group on HIV and AIDS (APPGA)
- British Association for Sexual Health and HIV (BASHH)
- Birkbeck College
- Body & Soul
- British HIV Association (BHIVA)
- British Psychological Society
- Brook
- Camden Citizens Advice Bureau
- Cara Trust
- Chartered Institute of Housing
- Children's HIV Association (CHIVA)
- Equality & Human Rights Commission (EHRC)
- Food Chain
- fpa
- Gay Men's Health
- George House Trust
- GMFA
- Hestia Housing
- Health Protection Agency (HPA)
- HIV Scotland
- Hodge Jones & Allen LLP
- Human Rights Lawyers Association
- HYPnet
- International AIDS Vaccine Initiative (IAVI)
- International Partnership for Microbicides (IPM)
- Liberty
- MedFASH
- Metropolitan Housing Trust
- Mind
- NAM
- National Union of Journalists
- NCB Children and Young People HIV Network
- NHIVNA
- Positive East
- Positively Women
- Press Complaints Commission (PCC)
- Rethink
- Royal College of Psychiatrists
- Sigma Research
- Southern Region HIV Social Workers Network
- Stop AIDS Campaign
- Terrence Higgins Trust (THT)
- The People Living with HIV Stigma Index
- The Society of Editors
- Waverley Care

**We are also active members of a wide range of networks and fora including:**

Advisory Board to the National African HIV Prevention Programme (NAHIP)

AIDS Action Europe

Disability Benefits Consortium (DBC)

Entitlement Working Group

Equality and Diversity Forum

EU HIV/AIDS Civil Society Forum

EU HIV/AIDS Thinktank

Government's Independent Advisory Group on Sexual Health and HIV

UK Consortium on AIDS & International Development

Sex Education Forum



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**TRANSFORMING  
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RESPONSE  
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