



TRANSFORMING  
THE UK'S  
RESPONSE  
TO HIV



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I am delighted to introduce this review of NAT's progress in the past year. This was a year of change for NAT, and one which saw continued challenges in the fight against HIV, as well as some exciting developments that offer real opportunities.

HIV is completely preventable, but the number of people living with HIV in the UK has trebled in the last 10 years. One in five people with HIV in the UK are undiagnosed. That is why our work to ensure an effective policy response to HIV is as important as ever. Our goals cover five key areas:

#### **Enhanced understanding of the facts about HIV and living with HIV in the UK**

Our Ipsos MORI report highlighted a shocking lack of knowledge about HIV amongst the general public, finding that one in five people don't know you can get HIV from sex without a condom.

#### **Early diagnosis of HIV through ethical, accessible and appropriate testing**

A vital way to ensure better testing in the NHS is to look at why people aren't offered a test when presenting with HIV-related symptoms. NAT worked with BHIVA to provide guidance to clinics on how they could address this issue with the rest of the NHS.

#### **Equitable access to treatment, care and support for people living with HIV**

This year we convinced the Government to introduce 'semi-structured interviews' as a way of assessing people for disability benefits. This is a much fairer way of assessing fluctuating conditions such as HIV.

#### **Eradication of HIV-related stigma and discrimination**

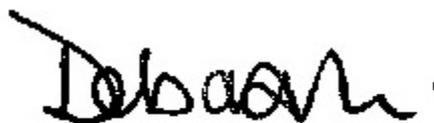
To ensure people with HIV are treated fairly and with respect in the NHS we launched our online training resource for health and social care workers. This resource has been accessed 11,551 times.

#### **Effective HIV prevention in order to halt the spread of HIV**

This year we provided the evidence to prove money being spent on HIV prevention has fallen dramatically over the past ten years. We have made, and will continue to make, the case for increased focus and spending in this area.

You will find information on these and our many other achievements during the past year in this Annual Review. I am enormously grateful to our incredible staff team and to our trustees, volunteers, activists, partners and numerous supporters for all they do to enable NAT to continue its vital work of shaping attitudes, challenging injustice and changing lives.

I'd also like to mention Susie Parsons, who steered NAT so well as our interim Chief Executive. Susie sadly passed away shortly after leaving NAT. She is missed by everyone here.



Deborah Gold, Chief Executive



## ENHANCED UNDERSTANDING OF THE FACTS ABOUT HIV AND LIVING WITH HIV IN THE UK

Misunderstanding about HIV is driving the epidemic in the UK: it results in new transmissions, it fuels stigma and discrimination, and it builds unnecessary anxiety about HIV. One of our key goals is to educate people about the realities of HIV transmission, and what it is like to live with HIV.

### Confronting myths about HIV

- ➔ In December we released our research with Ipsos MORI, 'HIV: Public Knowledge and Attitudes'. The results were shocking. Less than half (45%) of the British public understand how HIV is and isn't transmitted. We also found a depressing rise in the number of myths people believe about how HIV is transmitted. We launched the research in the media for World AIDS Day, reaching 28 million people over this period. We brought together key decision-makers in national and local policy at a conference at London City Hall to share the survey and debate how the issues could be resolved. This important research will now form the basis of our campaigning for policy change to raise knowledge levels among the general public.
- ➔ Our HIVAware website provides people with clear, up-to-date information about HIV, busts myths and has practical advice about how to protect yourself. The site was visited nearly half a million times this year. A poll on our website reveals over half of visitors are under 25 and 50% of all visitors come to the site because they are worried they have HIV themselves.
- ➔ NAT continues to challenge journalists writing incorrectly about HIV. This year we have contacted numerous journalists over stigmatising and incorrect writing about HIV. For example, we provided statistics and facts to balance incorrect journalism about the myth of HIV health tourism. We have also continued to run Press Gang, a network of people living with HIV who challenge stigmatising and incorrect media coverage.

### Campaigning for Sex and Relationships Education

- ➔ Our Boys Who Like Boys (BWLb) report, a survey of 1,000 14 to 19-year-old young men who were attracted to other boys/men, found over three-

quarters didn't receive any same-sex sex education and over half had been bullied for their sexuality. When the BWLB report was released we secured the front page of the Independent, prompting Education Secretary Nicky Morgan to respond in the media. Our Government lobbying around the report led to a commitment from the Labour Party and Lib Dems on compulsory Sex and Relationships Education (SRE).

- ➔ Our #SameSexSRE campaign with QX magazine brought together grassroots campaigners to directly lobby the Government to take into consideration the needs of LGBT young people in sex education. It was so successful it was nominated for Sexual Health Media Campaign of the Year at the UK Sexual Health Awards.

### Educating the next generation

- ➔ Our free schools pack gives teachers the resources to teach their students about HIV in a sensitive and realistic fashion. The pack has been accessed nearly 4,000 times this year.

One teacher told us: "I hope to use the schools pack to develop activities for my lessons on HIV/AIDS in the nearest future. I only wish I had gotten these earlier."



## Policy in practice – Making the case for PrEP

**We know PrEP works, we know it will help reduce the number of new diagnoses in the UK, BUT it's not currently available on the NHS.**

We want that to change, and in order to make that happen we need to put pressure on a number of key stakeholders.



1

NAT was instrumental in recruiting people for the PROUD Trial, the UK's biggest study into the effectiveness of PrEP. Yusef Azad, our Director of Strategy, also sat on the PROUD Study Community Engagement Group.

2

NAT brought together community groups who are passionate about getting PrEP in the UK. Together we created a community statement - outlining our reasons for supporting PrEP and calling on the Government to approve it on prescription.



3

Once the PROUD trial (amongst others) had proved PrEP would be a powerful prevention tool in the UK, we made the case in the press - communicating benefits not just in terms of cost effectiveness but also the impact it could have on people's lives.



4

We themed our Pride parade outfits around PrEP - becoming PrEP superheroes for the day. We were delighted to win Best Campaigning Group at the official Pride awards.

5

We are still working hard. We are putting in our views to the NHS consultations on PrEP and encouraging others to also do so. We have re-visited the community statement opening out the ask for signatures, leading to over 2,500 people and organisations signing up.



But we're not there yet. If you want to get involved in our campaigning on PrEP and a number of other issues, join our Activist Network on our website [nat.org.uk](http://nat.org.uk)



## EARLY DIAGNOSIS OF HIV THROUGH ETHICAL, ACCESSIBLE AND APPROPRIATE TESTING

Late HIV diagnosis seriously increases the risk of ill-health and death for the person with HIV. It also means that they have been living unaware of their HIV status for several years, which results in a greater risk of onward transmission. In 2014 40% of people were still diagnosed late. NAT works to improve rates of HIV testing.

### Driving improved clinical practice

NAT identified two areas where clinical practice could be developed to reduce late diagnosis rates. The first was to support 'look-backs' within the healthcare system when people are diagnosed with HIV at a very late stage. For most people in this group they have previously accessed healthcare, often with HIV-associated conditions, which have not been picked up by NHS staff. NAT approached BHIVA (the British HIV Association) who agreed to our request that professional advice be developed for HIV clinics, advising them how to raise the issue of missed opportunities for HIV testing with other parts of the NHS. The new 'look-back' guidance we worked on with BHIVA will be an important tool in improving awareness and learning among NHS staff on when to offer HIV tests.

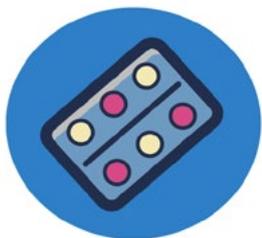
The second area was HIV partner notification. This involves contacting current and past sexual partners of those diagnosed with HIV who may be at risk, advising them to have an HIV test. It is very effective at identifying people with HIV who have yet to be tested. NAT saw the need to improve the consistency and quality of HIV partner notification across sexual health clinics. In particular there were no agreed standards and outcome measures to drive improvements in performance. NAT initiated a process to develop such standards, partnering with BASHH (the British Association of Sexual Health and HIV), BHIVA and the Society of Sexual Health Advisers. The new HIV partner notification guidance can be used by commissioners and providers to improve performance – we are confident it will increase the numbers diagnosed through this essential intervention.

### Communicating home-testing

After years of campaigning by NAT and others, in April 2014 the first HIV home testing kit went on sale in the UK. With mounting media interest we seized the opportunity to get more information out about home testing, what it was and why it would be a useful tool to increase the number of people getting tested for HIV. Sixty-seven media articles quoted us, meaning we could reach a huge national audience and that the general public had accurate information on home testing.

### Highlighting the lack of local testing

Our report on '*HIV prevention across England's high prevalence local authorities: 2013/14 and 2014/15*' showed that 60% of these councils were not investing in any HIV testing outside of the sexual health clinic. We demonstrated that guidelines on HIV testing are not being followed - many high prevalence local authorities are not following public health guidelines which recommend testing in GP or hospital settings. This is now informing our work throughout 2015/16 to promote testing and to strengthen NICE guidance on HIV testing. In the follow up survey we will be able to see whether this has improved or if fewer local authorities are investing in testing.



## EQUITABLE ACCESS TO TREATMENT, CARE AND SUPPORT FOR PEOPLE LIVING WITH HIV

Treatment is one of the success stories of the epidemic in the UK. Almost all people with diagnosed HIV (91%) are on antiretroviral treatment (ART) and 95% of those on ART have achieved 'viral suppression', meaning HIV can no longer be detected in their blood and they can consider themselves 'non-infectious'.

### Ensuring treatment for all

- ➔ In the next step of our campaign for universal access to HIV treatment for everyone living in the UK, regardless of residency status, Northern Ireland this year passed a law to guarantee free HIV treatment to everyone who needs it. The decision took into account the strong evidence-base we provided for the benefits of overturning charging for HIV treatment and we also mobilised others to respond along the same lines. This means that three of the four nations of the UK (England, Scotland and Northern Ireland) now have legally guaranteed free access for all.
- ➔ Free access to GP services is vital to support HIV prevention and treatment, as primary care is a key site of diagnosis for many migrants who would otherwise not be offered an HIV test. For this reason we campaigned against the introduction of primary care charging in England. This was originally due to be introduced in Spring 2015 but instead was 'deprioritised' by the Government. The public health arguments we made were instrumental in the watering down and eventual delay of the plans to extend charging, and we will continue to fight against any proposal to re-prioritise the issue.

### Sharing HIV expertise with the care sector

- ➔ As the demographic of people living with HIV grows older, care is increasingly an issue. In response, NAT developed new guidance for care workers on how to support older people living with HIV.

### Fighting for fairer, more accurate benefits assessments

- ➔ This year the Government committed to taking forward one of our key recommendations for improving benefits assessments for people living with HIV. The 'semi-structured interview' approach to the work capability assessment (WCA) was something we developed with other fluctuating conditions charities as part of the Independent Review of the WCA. We believe this approach will make the WCA more transparent and will give everyone living with unseen disabilities like HIV a fair chance of having their barriers to work understood – rather than assumptions being made about what they are and aren't able to do.
- ➔ We have also provided expert input to improve the training and resources on HIV available to assessment providers.
- ➔ Along with the National HIV Nurses Association (NHIVNA) we published a guide for people living with HIV about how to collect and provide medical evidence to make the strongest possible application for the support they need.



## ERADICATION OF HIV-RELATED STIGMA AND DISCRIMINATION

The Stigma Index 2015, found that half of people with HIV feel ashamed of their status and 18% felt suicidal over it. Stigma and discrimination is an unnecessary and devastating part of living with HIV.

### Challenging stigma in the NHS

We know HIV-related stigma in healthcare is a huge issue affecting many people living with HIV, presenting barriers to care and to HIV testing. We got 22 NHS Trusts in England to sign up to a commitment to 'No HIV Stigma' in their services for World AIDS Day 2014. These Trusts sent our e-learning resource on HIV out to their staff, increasing knowledge and awareness of HIV. Many also published further information on HIV and on HIV stigma through email communications and intranet systems. We also partnered with NHS Employers, who sent an article about 'No HIV Stigma' to all their contacts in teams across the NHS creating a spike in interest in our online resources and further raising awareness of the issue of HIV stigma. Following the success of our World AIDS Day partnership we were asked to attend the NHS Employers Disability Summit.

Our training resource for health and social care workers has been accessed 11,551 times since it was launched this year. The training improves people's knowledge of HIV as well as helping them feel confident about treating and caring for someone living with HIV.

### Confidentiality in the NHS

Everyone who uses the NHS wants to ensure that their medical information is kept confidential. This is especially true for many people with HIV because of the stigma which still surrounds the condition. The way the NHS deals with patient confidentiality has changed over the years and there is now awareness both of the importance of privacy but also the need to share patients' medical information to ensure they get the best care. Despite the importance of the subject, little was known about the knowledge, experience and views of people with HIV on HIV patient information and NHS confidentiality.

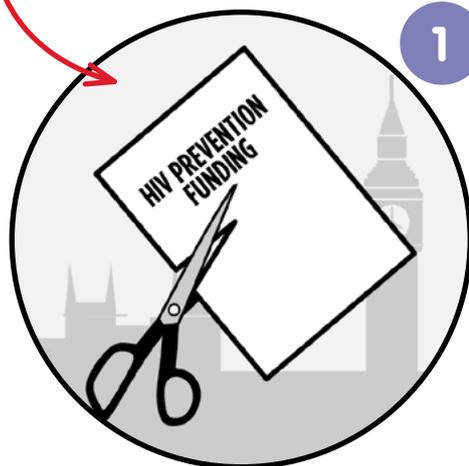
NAT undertook a review of current policy in the NHS in England on confidentiality of medical information and, as part of this project, surveyed a cross-section of people with HIV as well as conducting focus groups. The report 'HIV Patient Information and NHS Confidentiality' was the basis for our guide for people living with HIV, 'Confidentiality in the NHS: Your Information, Your Rights' which has been very well received as the first comprehensive guide for people with HIV in England on this subject. A reprint has been necessary to meet demand and the work in England has prompted a similar initiative for people with HIV in Scotland. Work on this issue has fed into NAT's current campaigning, for example on maintaining separate records systems for sexual health clinics.



## Policy in practice – Saving the National Prevention Budget

**Thanks to our survey of high prevalence local authorities we know HIV prevention activity varies across the country.**

In 2014/15 there was a small national prevention programme, run by HIV Prevention England, worth approximately £2.4m, targeting those at increased risk. This three-year programme was due to end in April 2015. When we pushed the Government to announce their plans for the future, this is what happened.



1

On World AIDS Day 2014 Earl Howe, representing the Government in the House of Lords, stated that the funding for the National HIV Prevention Programme would probably be 'pared back' due to 'funding constraints'. A cut in the region of 50% was revealed at an event a week later.

This was at a time when local HIV prevention funding had fallen dramatically over the previous decade and we were seeing no decline in the number of people getting HIV.

2

NAT moved fast and built a campaign opposing these short-sighted cuts. We published a detailed briefing for key MPs and Peers, including the Shadow Minister, and liaised with parliamentary researchers on their teams – prompting questions for the Minister in parliament.

3

We wrote to the Minister for Public Health and rallied 1,500 others to protest in writing.



4

We worked with other organisations and the media to promote our campaign to reverse the decision, drawing attention to the issue.



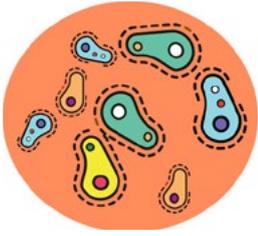
5

The Government responded within a week and agreed not to cut the overall funding for national HIV prevention.

**Campaign Success!**



But the work hasn't stopped there... The future of the programme is a top priority for us. We're continuing to make the case for an increase in national investment in HIV prevention.



## EFFECTIVE HIV PREVENTION IN ORDER TO HALT THE SPREAD OF HIV

New HIV diagnoses show no sign of declining. In 2014 there were 6,151 new HIV diagnoses in the UK - including a record number of gay and bisexual men (3,360). Improved HIV prevention is the only way to start seeing a sustainable reduction in these numbers.

### Making the case for prevention locally

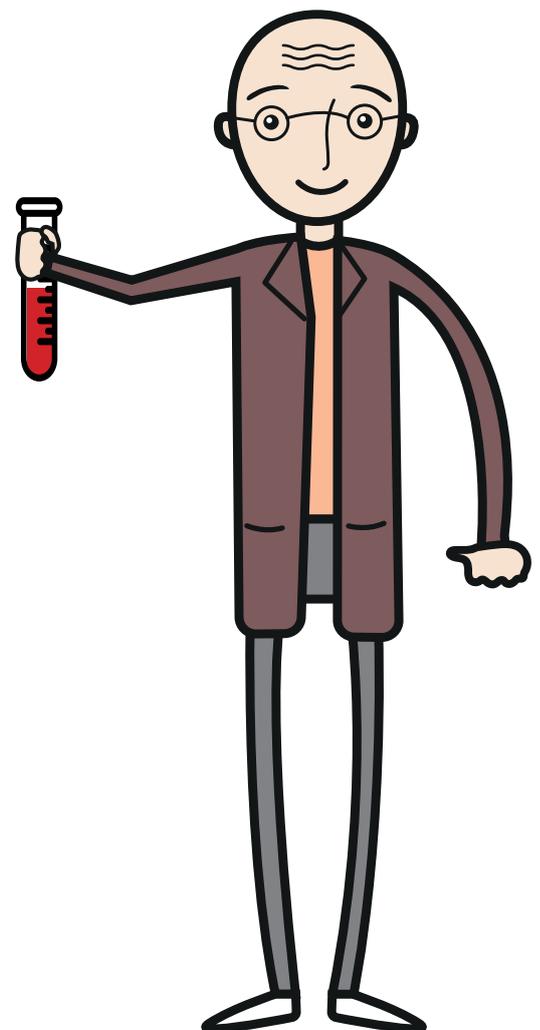
Our report '*HIV prevention in England's high prevalence local authorities: 2013/14 and 2014/15*' demonstrated a massive decrease in HIV prevention spending in the past 15 years. We showed that local authorities with a high prevalence of HIV spent approximately £10m on HIV prevention and testing services a year since taking over responsibility for public health – a fraction of the £55m budget in 2001/02.

We used our evidence to convince MPs to support our campaign opposing cuts to the national HIV prevention programme.

Following this report we've presented at conferences involving key public health professionals and commissioners and it's contributed to the development of future planning for HIV prevention policy including a new strategy for sexual and reproductive health. Local Directors of Public Health and Commissioners have also received bespoke information from us on how they compare with average levels of spend and some are using our data to make the case for increased investment in their area.

### Opening up the debate on the HIV prevention needs of heterosexuals

NAT developed an action plan for preventing HIV in the heterosexual population, in response to ongoing high rates of HIV transmission amongst heterosexual men and women living in the UK. Working with experts in the field of epidemiology, we dug below the surface to question assumptions about which heterosexuals are most at risk and how best to support HIV prevention. We have made sure these findings are heard by decision-makers who are responsible for the future of the national HIV prevention programme for England.

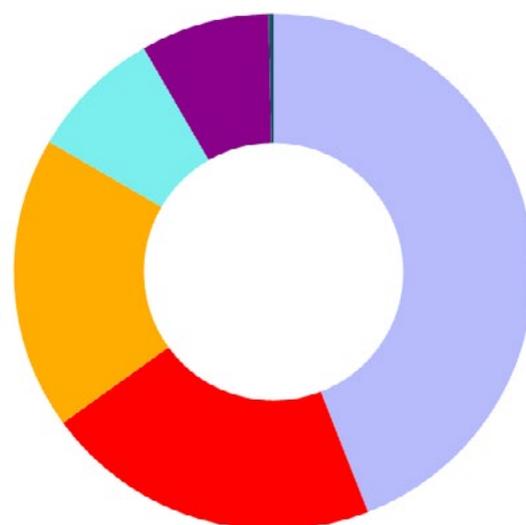


## FINANCIAL INFORMATION

These charts summarise information extracted from NAT's annual financial statements which have been agreed by the Board of Trustees and audited by Chiene + Tait Chartered Accountants.

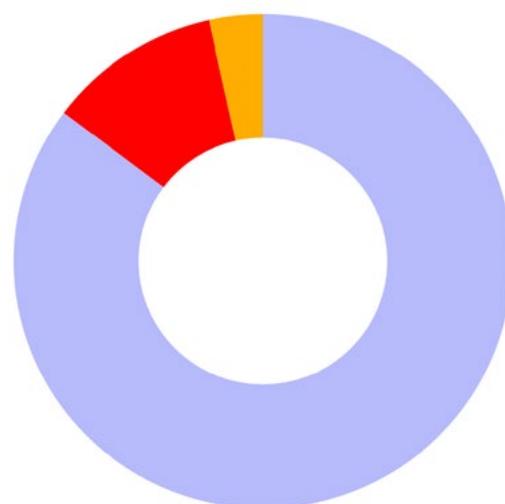
### INCOME

	£	%
■ Grant making trusts & foundations	310,529	44
■ Corporate supporters	147,710	21
■ Individual & community fundraising (including legacies)	129,316	18
■ Fundraising events	58,298	8
■ Government & other statutory funders	56,572	8
■ Investment & net trading	2,109	1
<b>Total income</b>	<b>704,534</b>	<b>100</b>



### EXPENDITURE

	£	%
■ Core policy work	657,334	85
■ Fundraising & publicity	86,870	11
■ Governance	26,891	4
<b>Total expenditure</b>	<b>771,095</b>	<b>100</b>



A more detailed report on the financial position and activities of NAT during 2014/15 can be found in our 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.

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Susie Parsons

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Nathalie Cooper (Fundraising Officer)  
Deborah Gold (Chief Executive)  
Cheryl Gowar (Policy & Campaigns Officer)  
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Daniel Vincent (Policy & Campaigns Officer)

## Consultants

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Nicky Perry  
Dr Iain Reeves  
Dr Ann Sullivan  
Dr Steve Taylor  
Dr Lee Winter  
Sarah Zetler

## Volunteers and Interns

We would also like to thank the many volunteers and interns who gave their time and energy freely, including:

### Interns

Ayse Ugurlu  
Rosie Walsh  
Bryony McFarland

### Volunteers

Lewis Allet  
George Aristidopoulos  
Aastha Arora  
Rotimi Awolusi  
Serena Barker-Singh  
Bobbie Benson  
Amanda Boateng  
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Prishal Makwana	Care Quality Commission	MEDFASH
Jamie McCloskey	Children's HIV Association (CHIVA)	METRO
Kayleigh Moss	Christian Aid	Metropolitan Police
Samantha Nakirya	Paul Clift	Migrant Rights Network
Julian Northcote	Crohn's and Colitis UK	Mind
Mark Packwood	Department of Health	MS Society
Elliot Pentland	Disability Benefits Consortium (DBC)	NAM
Ben Porter	Doctors of the World UK	National HIV Nurses Association (NHIVNA)
Nick Preddy	Professor Jonathan Elford (City University)	National Users Network
Benn Reynolds	Entitlement Working Group	National Voices
Sidonie Sakula-Barry	Equality and Diversity Forum	Naz Project London
Kenneth Smailes	Equanomics	NCB Children and Young People HIV Network
Louise Smedley	EU HIV/AIDS Civil Society Forum	NHS England
Diane Strode	Expert Advisory Group on AIDS (EAGA)	NHS Employers
Matt Tanner	Ibi Fakoya (University College London)	Dr Funso Olarinde
Sally Thomas	Ffena Network	OLD Research Institute
Kathryn Vaughan	Lord Norman Fowler	Online Buddies
Chi Vu	Food Chain	Parkinson's UK
Lucy Wade	Forum Link	People living with HIV Stigma Index
Mike Wade	Forward-ME Group	Positive Action
Hao Wang	Dr Caroline Foster (Imperial College London)	Positive East
Richard Wilson	Gaydar (CPC Connect)	Positive Life
	George House Trust	Positively Ageing Forum
	GMFA	Positively UK
	Baroness Joyce Gould	Dr Mary Poulton
	Grindr	Pozfem
	Greater London Authority	PSHE Association
	Halve It campaign	Public Health England
	Harm Reduction Group	Rainbow Project
	Harm Reduction International	Regional Asylum Activism Project
	Hepatitis C Trust	Release
	Herpes Viruses Association	Rebate
	HIV Prevention England	Reshape
	HIV Scotland	Royal College of Nursing (RCN)
	HIV Social Workers Network	Professor Caroline Sabin (University College London)
	Hornet	Sanctuary Group
	i-Base	Scottish Care
	IDHDP	Sex Education Forum
	IDPC	SHEU, Exeter University
	Cliff Joannou (Attitude Magazine)	Sigma Research
	Khurram Arif	Skills for Care
		Soa Aids Netherlands

**Key external partners and networks in 2014/15**

ACT UP London  
African Advocacy Foundation  
African Health Policy Network (AHPN)  
Bisi Alimi  
All Party Parliamentary Group on HIV and AIDS  
All Sorts Youth  
Edwin Bernard  
BHA  
Bish training  
Lord Guy Black  
Body & Soul  
British Association for Sexual Health and HIV (BASHH)  
British HIV Association (BHIVA)  
Brook  
Cara Trust  
Care and Support Alliance  
Care England

Social Care Institute for Excellence  
Society of Sexual Health Advisers  
Sophia Network  
Specialised Healthcare Alliance  
STaSS  
Still Human, Still Here  
Stonewall  
Student Stop AIDS  
Terrence Higgins Trust (THT)  
United Kingdom Home Care Association  
UKCAB  
Professor Matthew Weait  
Yorkshire MESMAC  
Waverley Care

**We would also like to thank the following individuals and organisations for their generous support and time:**

AbbVie  
AIDS Action Europe  
Andy Bell  
Attitude Magazine  
Aviva  
Baker McKenzie  
Bank of America  
Maureen Barclay (Mercury Phoenix Trust)  
Barclays  
Barclaycard  
Christopher Biggins  
Ben Cohen  
Bristol-Myers Squibb  
Commonwealth Bank of Australia  
Jasper Conran  
Elton John AIDS Foundation  
EY  
Alexis Gauthier (Gauthier Soho)  
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Dr Christian Jessen  
Donna Lalek (Lloyds TSB)  
Shaun Leane  
Levi Strauss Foundation  
Lloyd's Register  
London Gay Big Band  
L'Oreal  
Lulu Guinness  
MAC AIDS Fund  
MAC Cosmetics UK  
Robert MacKay  
Make A Difference Trust  
Mark Mangla  
Men@Play  
Merck, Sharpe & Dohme  
Millivres Prowler Group  
Ministry of Justice  
Monument Trust  
Nationwide Building Society  
The Online Clinic (UK) Ltd  
Online Medical Services  
Orbis Investments  
Parasol Foundation  
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RBS International  
RBS Wealth Management  
Harry Richards (REPORTØGRAPHY)  
Royal Bank of Canada  
Royal Vauxhall Tavern  
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Sink The Pink  
Somebody Cares  
Starbucks  
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Transport for London  
The Trowbridge Gallery  
Trust for London

Viiv Healthcare  
Waterbaby Flowers  
WH Smiths  
WKM Productions  
**And all NAT's friends**

# SHAPING ATTITUDES CHALLENGING INJUSTICE CHANGING LIVES

You can help us continue to make a difference.

NAT relies on the support of people like you to continue our important work - shaping attitudes, challenging injustice and changing lives.

To find out about our plans for next year and how you can support us, visit:  
[www.nat.org.uk](http://www.nat.org.uk)

You'll also find us on Twitter @Nat\_AIDS\_Trust and Facebook

## [www.nat.org.uk](http://www.nat.org.uk)

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