

OUR IMPACT

2015 – 2017





INTRODUCTION

NAT is a unique policy and campaigning organisation dedicated to transforming the UK's response to HIV. Everyone deserves health and equality and we won't let HIV stand in the way.

We focus on influencing underlying law and policy and we seek to influence those in power whose actions have the biggest impact on the lives of people living with and affected by HIV in the UK.

With 30 years' experience fighting for health and equality in HIV, we have the expertise and practical resources needed to make a real difference. This report highlights some of the changes that we've achieved and the impact this has had in the last few years.

The past three years have been a whirlwind of enormously important developments for HIV.

These changes include the availability of PrEP (a pill that prevents HIV acquisition), and the first significant drops in the number of new HIV acquisitions since the beginning of the epidemic in the UK. Everyone at NAT is enormously proud of the substantial part we have played in securing important advancements during this time. We have faced and overcome challenges in defending HIV support services and protecting and enhancing HIV prevention, and our success has created exciting new opportunities.

Despite these gains, too many people continue to acquire this completely preventable condition and stigma still creates unacceptable damage to the health and happiness of those living with and affected by HIV. Changes to the health system, alongside chronic underinvestment, create enduring challenges.

Our ongoing work to ensure the best policy response to HIV remains crucial.

Our work is organised to create impact that contributes to our aims, and ultimately our long-term goals, below:

HIV DOES NOT STAND IN THE WAY OF HEALTH OR EQUALITY

PEOPLE LIVING WITH HIV LIVE WELL

A HALT TO THE SPREAD OF HIV

Partnership and collaboration is an integral part of everything we do at NAT. I must therefore thank our amazing staff team and our trustees, volunteers, activists, partners and our supporters who together enable us to do what we do.

Deborah Gold, Chief Executive

AIMS	LONG TERM OUTCOMES
Health and wellbeing	Everyone has the best possible health through access to good quality, free treatment.
	Everyone who needs it has access to social care and support.
	People living with HIV have healthy relationships and sex lives.
Legal equality	People living with HIV can access their full human and legal rights.
Fewer people with HIV living in poverty	People living with HIV can access benefits fairly and do not experience workplace discrimination.
Stigma free life	People living with HIV have stigma free lives.
People at risk of and living with HIV take action to reduce its acquisition	A reduction in undiagnosed and late diagnosed HIV.
	Everyone can access and understand HIV prevention methods.
	Everyone understands their HIV risk.

A photograph of a group of people in a meeting or conference. A man with a beard is speaking into a microphone. A woman with glasses is taking notes. The image has an orange tint.

HEALTH & WELLBEING

PEOPLE CAN TRUST THAT THE RESPONSE TO HIV WILL REMAIN EFFECTIVE IN A CHANGING NHS

We set out a vision for how the future NHS in England can meet the lifelong needs of people living with HIV.

The NHS is changing. The NHS Five Year Forward View described a radically different approach to health and care services for England. Systems and arrangements continue to develop at breakneck speed: new commissioning practices, Sustainability and Transformation Partnerships (STPs), local devolution. Our work has ensured that we know what this means for people living with HIV. In 2016 we held a national conference on HIV in the Future NHS, involving NHS officials, commissioners, doctors, nurses, people living with HIV and HIV charities. Our report, ***HIV in the future NHS***, is now informing NHS policy development on management of HIV as a long-term condition, and we continue to identify and disseminate guides to good practice. This work is now ensuring that HIV is not left behind and that HIV care is not compromised as the NHS changes around us.

PEOPLE AT RISK OF HIV ARE PROTECTED BECAUSE THE NHS ADOPTED A TREATMENT AS PREVENTION POLICY

We widened access to, and the impact of, treatment as prevention.

People whose viral load is suppressed on treatment cannot pass HIV on to others. NAT argued that people should be allowed to begin treatment earlier than usual if this would protect sexual partners from HIV transmission. We successfully lobbied the NHS to consider this as a priority and encouraged responses to a public consultation. As a result, NHS England agreed to change their policy.

Combined with increased testing and PrEP, treatment as prevention is a major contributing factor to the decreasing HIV diagnoses which have been recorded amongst men who have sex with men in London over the past two years.

Greater London and the South East **NHS**
Sexual Health Service
Royal Camden Infirmary
Islington, N1 3
Tel. 0208 888888
Fax. 0208 777777

PRIVATE AND CONFIDENTIAL
Mr A Brown
4 Blue Court, Grey Avenue
London
N19 7OL

The Results of Your Recent HIV Test are available

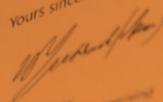
Dear Mr Brown,

I am writing to inform you that the results of your recent HIV screening are now available so we would urge you to make an appointment to review them at your earliest convenience. Results appointments are available at very short notice and can be with either a doctor, nurse or one of the centre's sexual health technicians. They can last anywhere between 15 minutes and an hour and regardless of the result will cover sexual health advice, future planning and an explanation of support we are able to give you moving forward.

To arrange an appointment, simply log on to www.royalcamdeninfirmary.nhs.uk/screen and select the appropriate service. Alternatively, you can call us directly on 0208 8888 8888 or to our walk-in centre which is operational from 12pm-6pm Monday to Saturday

If you have any questions at all about the content of this letter or above the sexual health services available to you please get in touch or take a look at the trust website.

Yours sincerely,



Dr. Jane Phillips
Consultant in Clinical Microbiology



HIV SERVICES KNOW MORE ABOUT HOW TO MEET THE NEEDS OF TRANS PEOPLE

We lifted the lid on the shocking lack of knowledge within the health system of HIV in transgender communities.

NAT's report *Trans* people and HIV* explored the factors associated with increased HIV risk for trans people, including risks associated with gender affirming medical procedures, the impact of transphobia on behaviour and mental health, barriers of access to health care, and the increased likelihood of trans people to engage in sex work. This work has led to a growing coalition with trans activists and organisations, in which we are lending our voice and expertise to this developing area of work.

MORE PEOPLE CAN ACCESS HIV CARE WITHOUT FEAR, REGARDLESS OF THEIR IMMIGRATION STATUS

We successfully delayed the expansion to primary care of NHS charging of migrants and forced the Government to review new regulations that pose a threat to public health.

NAT, working in partnership with our ally the Terrence Higgins Trust, successfully brought an end to an NHS Trust pilot that threatened to deter migrants from accessing HIV treatment (to which they are fully entitled) by asking them to bring ID to appointments to prove eligibility for NHS care. We also ensured that no further pilots like this were taking place in HIV and infectious disease units across the country.

NAT's consistent advocacy and sound policy argument delayed the extension to primary care of charging of migrants for NHS services. By playing a leading role in a coalition of charities fighting for migrant rights, we also opposed new and potentially harmful upfront charging for NHS services, pressuring the Government to formally review their new regulations. We also persuaded the Health Committee to open an inquiry into a data sharing arrangement between the NHS and immigration officials that we think violates patient trust and safety and could damage public health. This resulted in a demand from the Committee that this practice is suspended for a full review.

PEOPLE ARE PROTECTED FROM RISKY UNREGULATED SUPPLY OF POPPERS

We beat a potentially dangerous ban on poppers and made sure that they remained legal and safe to buy.

Our work on HIV is done in the context of a broader commitment to gay and bisexual men's health. In January 2016 Parliament voted to make amyl nitrite (poppers) illegal to sell. Criminalising the sale of poppers had the potential to endanger the health of men who have sex with men (MSM) by opening them to all the risks associated with the unregulated supply of substances from drug dealers. Further, criminalising poppers would have had a disproportionate impact on gay and bisexual men. Thanks to our work leading a campaign against this move, poppers were granted an exemption from the ban.

“I WOULDN'T BE WHERE I AM NOW WITHOUT MY LOCAL SUPPORT SERVICE. BRIGSTOWE CAME UNDER THREAT OF LOSING LOCAL GOVERNMENT FUNDING, SO MY THANKS GO TO NAT WHO WERE VITAL IN FIGHTING THE CUTS SO SERVICES COULD STAY OPEN”

— ALED OSBORNE

MANY PEOPLE LIVING WITH HIV CAN STILL ACCESS SUPPORT FROM SERVICES THAT WERE THREATENED WITH CLOSURE

We showed why HIV support services matter and used our evidence to campaign to keep them in place.

Around a third of people living with HIV access support services each year. They help individuals to cope with an HIV diagnosis, support with personal relationships, long term health, employment and finances, and ultimately lead to better health outcomes. Our report ***Why we need HIV support services*** collects the evidence for the need and value of these services. And our UK-wide ***State of the Nations*** survey revealed that funding for HIV support services dropped by around a third in one year with some organisations forced to close their doors. NAT set about to ensure that these vital services were protected.

We act whenever we hear of an area at risk of disproportionate cuts. That action includes writing directly to decision makers with our evidence, and working in coalition with allies in the sector, including through the #StopHIVCuts campaign. Through this action we improved the outlook for people living with HIV in Bristol, Leeds, south London, Oxfordshire and Milton Keynes, to name but a few areas.



LEGAL EQUALITY

PEOPLE SEEKING ASYLUM LIVING WITH HIV ARE NOT RE-LOCATED FAR FROM THEIR HIV CARE

We protected people seeking asylum living with HIV from damaging changes that would risk their HIV care.

Dispersal (moving people to other parts of the country) of people seeking asylum living with HIV is associated with concerning breaks in treatment for those who had previously been accessing HIV care. In 2016 we learned that a revision to official Government guidance was planned which would significantly dilute the duty to avoid dispersal of people seeking asylum in HIV care. But, based on our representations, the proposed amendments were dropped and we protected this essential need.



FAMILIES AND FRIENDS OF PEOPLE WHO HAVE DIED, AND WHO HAD HIV, CAN EMBALM THEIR LOVED ONE

We fought to end discrimination in the funeral care industry.

Embalming is an important part of funeral culture for many people. However, based on a medically outdated understanding of risk, guidance from the Health & Safety Executive (HSE) prevents funeral directors from embalming the bodies of people who had HIV. NAT has worked for many years on this issue, and the HSE is now poised to issue updated guidance finally removing this barrier.

PEOPLE LIVING WITH HIV ARE SAFER FROM UNNECESSARY AND HARMFUL CRIMINAL INVESTIGATION

We challenged inappropriate application of rape charges in a case involving HIV status deception and fought for better implementation of prosecution and police guidance in criminal investigations.

NAT leads the way on challenging the stigma and public health impact of criminal law being applied to HIV transmission. When the Crown Prosecution Service (CPS) charged someone with rape due to HIV status deception, NAT saw the far-reaching negative consequences and stepped in. We coordinated a meeting of experts and the CPS and successfully argued that the use of these charges was not appropriate or based on evidence of risk. We stopped a development in the law that would create fear and have huge public health implications.

NAT's work with local HIV organisations, clinicians, people living with HIV, the media and the police, ensures that guidance is followed and that people living with HIV are not unduly harmed by investigations that never should have happened or by poor investigation practice. We work with the media to ensure that reporting on cases that do end up in court is accurate and non-stigmatising. When the first conviction for intentional HIV transmission happened in 2017, NAT made sure that the press reported the case accurately and did not stigmatise a broader community of people living with HIV.

The background of the image is a dense field of red coins, likely South African Rand, which are slightly out of focus. The coins are scattered across the entire frame, creating a textured, metallic appearance. The lighting is dramatic, with some coins catching the light and others in shadow, emphasizing their circular shape and embossed details.

**FEWER
PEOPLE WITH
HIV LIVING
IN POVERTY**

PEOPLE LIVING WITH HIV CAN BETTER ACCESS DISABILITY BENEFITS

We made sure that people living with HIV and those who advise them understand benefits changes.

The phasing out of Disability Living Allowance (DLA) and introduction of a new benefit, Personal Independence Payment (PIP), has been a real source of anxiety for some – at the time that DLA was discontinued, 10% of people with diagnosed HIV were accessing the benefit. Our factsheet on PIP for people living with HIV, explained the process and how to make the best possible application. We also published a more detailed guide, *Prepare for PIP*, helping HIV support services and other welfare rights advisors who are supporting people living with HIV to navigate the changes. We published research into the early impact of PIP and we're using this to fight for better access.

We have long known that interviews for Employment & Support Allowance do not take good account of fluctuating conditions such as HIV. Following our intervention a new type of 'semi-structured' interview has been introduced, HIV is included in the training manual for assessors, and there are easy reminders on every desk to ensure that people living with HIV have the best chance of accessing this benefit if eligible.





STIGMA FREE LIFE

END STIGMA
TRANSMISSION
END STIGMA
#LETSENDIT

THOSE FIGHTING HIV STIGMA KNOW MORE ABOUT HOW TO DO IT

Our evidence made fighting HIV stigma easier.

Building on the literature on HIV stigma, NAT reviewed what the evidence tells us about what works in tackling HIV stigma and considered what this should mean for a UK strategy on HIV stigma. The resulting report *Tackling HIV stigma* is now paving the way for strategies and interventions that can be effective in the fight against stigma; this includes informing the development of an anti-stigma strategy for Scotland.

“I’VE BEEN HIV+
FOR 16 YEARS BUT
YOU NEVER KNOW
WHEN HIV RELATED
STIGMA MIGHT COME
AROUND AND BITE
YOU! IT’S GREAT TO
KNOW I CAN RELY ON
NAT TO HELP ME BEAT
HIV STIGMA EVERY
SINGLE TIME.”

— PAUL FLEMING

PRESS REPORTS ON HIV ARE MORE ACCURATE

**We challenge every
stigmatising or incorrect
report, and secure changes.**

We view every press story that mentions HIV, and check it for inaccuracies and stigma. We routinely contact publications to provide corrections and comment, ensuring that misleading and incorrect information is changed. In 2017 alone, we encountered and challenged problematic stories on a weekly basis. As a response to the spate of inaccurate stories we published new guidelines to help journalists avoid the most common pitfalls in reporting on HIV.



“THE MEDIA CAN DEMONISE PEOPLE LIVING WITH HIV. NAT SPEAKS OUT FOR US, CORRECTS THE HORROR STORIES, AND MAKES SURE THAT MISTAKES ARE NOT REPEATED. THIS IS CRUCIAL FOR STOPPING STIGMA.”

— JO JOSH

PEOPLE LIVING WITH HIV HAVE GREATER ACCESS TO FINANCIAL PRODUCTS

We ensured that access to financial products is not unfairly limited by an HIV diagnosis.

The financial services industry has been using an outdated and discriminatory framework to decide which financial products are available to people living with HIV, and how much of a premium is charged. We published evidence about this in our report *HIV and Finance*, and used this as a tool to engage with the industry.

Our work has already directly led to improved life insurance terms, and widened access to critical illness cover.

PEOPLE ACROSS THE UK USE OUR WORLD AIDS DAY CAMPAIGN EVERY YEAR TO SPREAD THE WORD

We challenged stigma on World AIDS Day again and again.

World AIDS Day is an opportunity to reinvigorate support for people living with and affected by HIV, to challenge myths and stigma and to share prevention messages. Every year we publish a new, topical campaign and supporting materials for use by everyone: people living with HIV, people who care about HIV and HIV services alike.

There are always events and promotional activities that get people interested. Just one highlight of our 2015 campaign **#RethinkHIV**, was our pop-up kissing booth in Soho Square – because kissing doesn't spread HIV, ignorance does. 2016's campaign **HIV stigma: not retro; just wrong** sparked huge interest nationwide, the hashtag #HIVnotretro was used 1,700 times on Twitter. The message, that stigma should be left in the past, was echoed in World AIDS Day messages from the Prime Minister, as well as other key political leaders.

In 2017 our campaign **Let's End It** was an optimistic rallying cry, hingeing on the recent progress on HIV. The #LetsEndIt hashtag was used 2,300 times on Twitter, including Tweets from the Mayor of London, Sadiq Khan, Dr Christian Jessen, Munroe Bergdorf and many other influencers.

KISSING DOESN'T SPREAD HIV



PERFORMING
ART'S
HOUSE

NAT

attitude

SINK
THE
PINK

WORLD AIDS DAY
December 2015

MORE PEOPLE CAN DONATE BLOOD SAFELY

We ensured that the blood donation policy is based on the latest evidence.

NAT has long campaigned for the rules around who can and cannot donate blood to be based on evidence, not prejudice and presumed risk. In the past, our influence led to the pivotal decision to remove the lifetime ban for men who have had sex with men to give blood and to instead have a 12-month deferral period since penetrative sex. But we didn't stop here and continued to push for further rule changes to ensure that restrictions genuinely increased the safety of the blood supply and did not discriminate. When a review of the rules was announced in 2016, we made sure that the latest evidence was used and that other groups, such as people who have previously been sex workers, or who have injected drugs, were not unnecessarily prevented from giving blood. The deferral period for gay men is now three months and, for the first time, lifetime bans will be removed for sex workers and people who have injected drugs in the past.

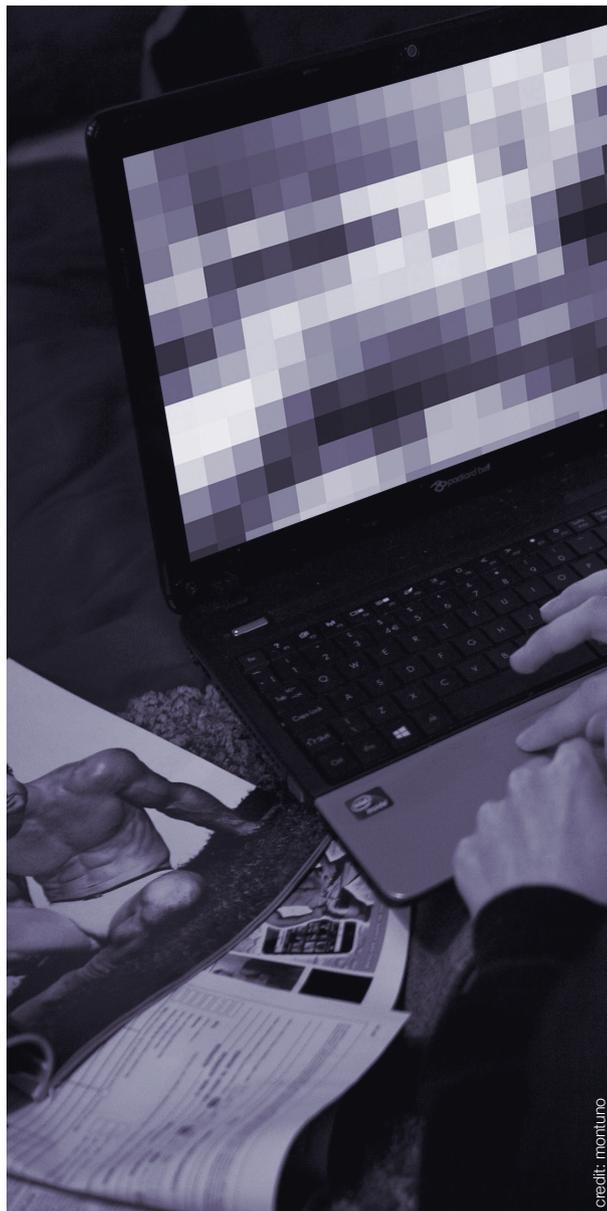


**PEOPLE AT
RISK OF AND
LIVING WITH HIV
TAKE ACTION
TO REDUCE ITS
ACQUISITION**

OUR WORK HELPED SECURE MANDATORY RELATIONSHIPS AND SEX EDUCATION

Our evidence made fighting HIV stigma easier.

We worked collaboratively over several years to present the undeniable evidence for Relationships and Sex Education (RSE) to be available for all young people in all schools, including promotion of our previous publication on the level of HIV knowledge in young MSM. This contributed to the Government's decision to make Relationships and Sex Education mandatory in all schools - a very significant achievement which will have a huge impact on future generations.



AT LEAST 10,000 PEOPLE AT RISK OF HIV WILL ACCESS PREP ON THE NHS, AND BE PROTECTED FROM ACQUIRING HIV

We secured access to PrEP on the NHS.

PrEP (pre-exposure prophylaxis) is an extremely effective way of preventing HIV acquisition, involving HIV negative people taking an antiretroviral drug either daily or timed around sex. When taken as prescribed it approaches 100% effectiveness. Throughout 2015 PrEP was being considered through NHS England's decision-making process. NAT took an active role in making the case for PrEP in community media, and in encouraging a good response to the stakeholder consultation on commissioning proposals.

However, in March 2016 NHS England unexpectedly announced that they were abandoning their decision-making process on whether to provide PrEP on the NHS. They came to the view that they did not have the legal power to commission PrEP as it is a prevention intervention. NAT did not agree, and despite our challenge, NHS England remained steadfast.

NAT then initiated judicial review proceedings to challenge NHS England in the courts and force them to conclude their decision-making process on PrEP. In August 2016, the Court ruled in favour of NAT. However, NHS England chose to appeal. In November 2016 the Court of Appeal also ruled in NAT's favour.

In December 2016, NHS England announced a national trial that would deliver PrEP to 10,000 people over three years. This would never have happened without the judicial review which demonstrated that NHS could commission this life changing drug.

NAT's vital legal work was accompanied by coordinated work with the HIV sector, keeping pressure on in the media and on social media, and in Parliament. Public interest in the case meant significant media coverage. This built significant public support and awareness of PrEP, meaning that more people will benefit from it more quickly.

We won the Civil Society Charity Award for Campaigning and Advocacy in 2017 in recognition of our work on PrEP.



WE KEPT INVESTMENT IN HIV ON THE POLITICAL AGENDA

We kept pushing to protect public health and HIV prevention at a national and local level.

Through parliamentary, civil service and activist engagement, NAT has consistently applied pressure on Government to commit funding to national HIV prevention activity. We ensured that investment direct from central government is at least maintained at the current level despite enormous general pressure on public health funds. Drawing on the evidence in our 2015 report, *Preventing HIV in the UK heterosexual population*, we also successfully advocated for the scope of the flagship national project, HIV Prevention England, to be widened to a broader population of people at risk of HIV.

We published crucial evidence about the cuts to HIV prevention services outside HIV clinics *UK investment in HIV prevention 2015/16 and 2016/17*, launching this work at the HIV Prevention England conference. The worrying findings about cuts in these crucial services is providing the evidence backbone of our work to challenge these cuts.

Our work to challenge Government's plans to end the ring-fence on local authorities' public health budget contributed to its decision to extend the ring-fence to 2020 and led to a Government consultation on the future of public health – a consultation we called for. This gives time to work with allies to better understand the impact and mitigate the harms from this plan.

PEOPLE WHO USE DRUGS ARE BETTER PROTECTED FROM HARM

We kept drugs policies evidence-based and made sure that local authorities will be held accountable for drug-related deaths.

Sharing injecting equipment is one of the main drivers of the HIV epidemic around the world, but in the UK we have kept HIV rates low among people who use drugs through a focus on reducing the harms from drug use. There have, however, been worrying signs that the Government is moving away from this approach. We created the Harm Reduction Group: a group of organisations and individuals committed to making the case for harm reduction. Through this we persuaded Public Health England to make explicit reference to harm reduction aims in their annual plans. And we secured a change to the public health monitoring framework to ensure that local authorities will have to report on drug-related deaths - this will be crucial in addressing the recent alarming increases in deaths from drug poisoning.



**FOR 30 YEARS YOU'VE HELPED
US FIGHT HIV. NOW, LET'S END IT.**

LET'S END THE EPIDEMIC

LET'S END STIGMA

LET'S END SCHOOLS' SILENCE

LET'S END THE LINK BETWEEN HIV AND POVERTY

LET'S END BARRIERS TO HAPPINESS

LET'S END SEXUAL HEALTH INEQUALITIES

YOUR SUPPORT OF NAT CAN MAKE THIS A REALITY.

LET'S GET THIS DONE TOGETHER BEFORE ANOTHER 30 YEARS PASSES BY.



OUR EVIDENCE BASE

Over the past three years, NAT has published the following reports, which can all be accessed on our website.

Tackling blood-borne viruses in prison	December 2017
Reporting HIV – How to get it right	November 2017
HIV and Finance: Exploring access to financial services for people living with HIV in the UK	July 2017
PIP and HIV: How Personal Independence Payment is working for people living with HIV	July 2017
UK investment in HIV prevention 2015/16 and 2016/17	June 2017
HIV support services: The state of the nations	April 2017
Access to formula milk for mothers living with HIV in the UK	April 2017
Trans* people and HIV	March 2017
Why we need HIV support services: A review of the evidence	March 2017
HIV: Training for care providers	December 2016
HIV in the future NHS	December 2016
Your rights: A guide to human rights and HIV (with HIV Scotland)	September 2016
Your choice: A guide to confidentiality and HIV in Scotland (with HIV Scotland)	September 2016
Your voice: A guide to disclosure and HIV (with HIV Scotland)	September 2016
Tackling HIV stigma: What works?	July 2016
Who has to pay? How NHS overseas visitors charges apply to migrants and asylum seekers in England	April 2016
HIV partner notification for adults: definitions, outcomes & standards	December 2015
Prepare for PIP	November 2015
Tackling HIV discrimination at work	October 2015
HIV: A guide for care providers	July 2015
Preventing HIV in the UK heterosexual population	July 2015

OUR THANKS

WE ARE ENORMOUSLY GRATEFUL TO OUR AMBASSADORS, CHAMPIONS, DONORS, FUNDRAISERS, VOLUNTEERS AND ALLIES FOR ALL THEIR SUPPORT OVER THIS PERIOD. QUITE SIMPLY, WE COULDN'T HAVE DONE THIS WITHOUT YOU.

**WE WOULD PARTICULARLY LIKE TO THANK
OUR MAJOR CORE FUNDER:**

MAC AIDS FUND

AND SIGNIFICANT DONORS DURING THIS TIME:

**COMIC
RELIEF**

**ELTON JOHN
AIDS FOUNDATION**

**FURTHER WARM THANKS GO TO ALL
OUR FUNDERS DURING THIS PERIOD:**

AbbVie Ltd

Agasha Trust

Barrow Cadbury Trust

European Centre for Disease
Prevention and Control

Evan Cornish Foundation

Gilead Sciences Ltd

Levi Strauss Foundation

Make a Difference Trust

Merck Sharp & Dohme Ltd

Northmoor Trust

Public Health England

Reckitt Benckiser

Scottish Government

T101 Limited

The Mary Kinross
Charitable Trust

The Monument Trust

The Parasol Foundation Trust

Trust for London

ViiV Europe

ViiV Healthcare UK Limited

YOU'VE HELPED US FIGHT HIV
NOW LET'S END IT



#LESENDIT



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